Evaluation Mechanisms for the OSUMC Radiology Residency Curriculum

Evaluating resident’s knowledge, skills, and performance is continually done to ensure that the objectives and standards listed in the Rotation Descriptions and Duty Sheets are met. Evaluation mechanisms in use by the program are consistent with those described in "Competencies Definitions and Practice Performance Measurements from the RRC for Diagnostic Radiology"

Evaluation Method Codes

In the individual Rotation Descriptions contained in the Radiology Residency Curriculum Description, letter codes have been used to indicate which evaluation mechanisms are most commonly applied to any given set of objectives. This simplifies the Rotation Descriptions to make it easier to find important information about competencies, goals, and objectives.

These Evaluation Method Codes should be interpreted with the following considerations in mind:

• The same code for two different groups of objectives, within the same rotation or between different rotations, does not necessarily mean that the evaluation process will be identical. For example, an "objective test" can be written, or can be administered as an oral exam. It may occur at the end of the year, or at the end of one month of a rotation. Each evaluation activity will be adapted to the content of the rotation and the experience level of the resident.

• There is no one-to-one correspondence, in terms of timing, between the evaluation methods indicated by the letter codes and the objectives to which they are attached. Some methods are applied on a yearly basis, covering several rotations, while others are applied at the end of one month of a rotation (even if the complete rotation requires more than one month's experience).

• Some evaluation mechanisms tend to be "nested" under others. For example, Direct Observation (D) and Evaluation of Quality of Reports (C) are considered when faculty perform Global Evaluations (A) of residents.

The Code List

The letter codes used in the Rotation Descriptions are listed below, with brief descriptions of the activities involved:

A. Global Evaluation of Residents by Faculty. Faculty indicate whether the resident is below, at, or above expected competency levels for each of the goals, attached to the six competency areas, that are common to all rotations in the department. This form is completed monthly, on New Innovations.

B. 360 Degree Evaluations. 360 degree Feedback is collected on each resident either annual or biannual. This feedback is "global", that is, it is not tied to specific rotations or subspecialties.

C. Evaluation of quality of reports. Quality of reports is monitored throughout each rotation, and the supervising faculty incorporate their observations into the Global Evaluation of Residents (A).

D. Direct Observation or OSCE. Direct observation of critical procedures and processes is most commonly part of the ongoing activity in a rotation, and supervising faculty incorporate their observations into the Global Evaluation of Residents (A).
E. **Resident Learning Portfolio.** Documentation of resident participation in conferences and courses, as well as any self-assessment modules that may be completed.

F. **Case/Procedure Logs.** Case logs are reviewed on a yearly basis. Logs meet the requirements for vascular and interventional procedures. Residents are also responsible for keeping a case log book for nuclear medicine therapies. Case logs for other areas are in the process of development.

G. **Objective Tests.** Objective tests may be written or oral. Among department activities in this area are monthly objective tests at the end of some rotations, Rad Primer routine tests, participation in the ACR In-Service Test, and mock oral boards given in winter of the 4th year of residency. Resident performance on the Physics, Writtens and Oral boards by the AOBR are also documented during residency.

H. **Journal Club.** Journal Club is a monthly activity which gives residents an opportunity to demonstrate their ability to access, interpret, and apply the radiology literature to enhance their skills and knowledge, and to improve the quality of patient care.

I. **Documentation of Participation in Hospital and Departmental Activities.** Graduate Medical Education Committee (Chief Resident), Radiology Department meetings (required), Medical Staff meetings (required) and other hospital committees (residents required to be a part of 1 hospital committee for the academic year) are among the many activities residents are involved.
Itemized List of Evaluations included and used or are in the process of being implemented replacing past evaluations.

Page 4: Resident Evaluation by Faculty

Page 6: Resident Evaluation by Technologist/Ultrasonographer/Nurse

Page 7: Resident Evaluation by Peer

Page 9: Resident Evaluation by Patient

Page 10: Resident Self Evaluation

Page 12: Resident Portfolio

Page 21: AOCR Annual Program Director’s Annual Resident Evaluation

Page 24: AOCR Program “Complete” Summary – Final Resident Assessment

Page 25: Faculty Evaluation by Resident

Page 27: Annual Program Evaluation by Resident

Page 28: Program Evaluation by Faculty

Page 29: Radiology Milestones
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_________
OSUMC Radiology Resident Evaluation by: (please circle one below)

<table>
<thead>
<tr>
<th>Technologist</th>
<th>Ultrasonographer</th>
<th>Nurse</th>
</tr>
</thead>
</table>

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:
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

   ♦ 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?
PATIENT CARE SURVEY

Please take a moment to evaluate the following OSUMC radiology resident.

PHYSICIAN 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 Self Evaluations

Instructions for Self Evaluations

1. In keeping with the ACGME Milestones initiative this evaluation rates residents on continuum of achievement.
2. Please select the appropriate level of achievement for yourself as resident:

Level 1: I demonstrate milestones expected of one who has had some education in diagnostic radiology.
Level 2: I am advancing and demonstrate additional milestones.
Level 3: I continue to advance and demonstrate additional milestones; I consistently demonstrate the majority of milestones targeted for residency.
Level 4: I have advanced so that I now substantially demonstrate the milestones targeted for residency. This level is designed as the graduation target.
Level 5: I have advanced beyond performance targets set for residency and I am demonstrating “aspirational” goals which might describe the performance of someone who has been in practice for several years. It is expected that only a few exceptional residents will reach this level.

Patient Care & Technical Skills - Milestones

PCTS 1: Consultant
  __Level 1: Uses evidence-based imaging guidelines. Appropriately uses the medical record to obtain patient information.
  __Level 2: Recommends appropriate imaging of common conditions.
  __Level 3: Recommends appropriate imaging of uncommon conditions.
  __Level 4: Integrates current research and literature with guidelines to recommend imaging.
  __Level 5: Participates in research, development, and implementation of imaging guidelines.

PCTS 2: Competence in Procedures 1
  __Level 1: Competently performs basic procedures with minimal attending intervention.
  __Level 2: Competently performs intermediate procedures with minimal attending intervention.
  __Level 3: Competently performs advanced procedures with minimal attending intervention.

PCTS 3: Competence in Procedures 2
  __Level 1: Recognizes and manages complications of basic procedures.
  __Level 2: Recognizes and manages complications of intermediate procedures.
  __Level 3: Recognizes and manages complications of advanced procedures.

Medical Knowledge – Milestones

MK1: Protocol selection and optimization of images
  __Level 1: Selects appropriate protocols for basic imaging, including on-call protocols.
  __Level 2: Selects appropriate protocols for intermediate imaging.
  __Level 3: Selects appropriate protocols for advanced imaging. Demonstrates knowledge of physical principles to optimize image quality.
  __Level 4: Independently modifies protocols as determined by clinical circumstances. Applies physical principles to optimize image quality.
  __Level 5: Teaches and/or writes imaging protocols.

MK2: Interpretation of examinations
  __Level 1: Makes core observations, formulates differential diagnoses, and recognizes critical findings. Differentiates normal from abnormal.
  __Level 2: Makes secondary observations, narrows the differential diagnosis, and describes management options.
  __Level 3: Provides accurate, focused, and efficient interpretations. Prioritizes differential diagnoses and recommends management.
  __Level 4: Makes subtle observations. Suggests a single diagnosis when appropriate. Integrates current research and literature with guidelines to recommend management.
  __Level 5: Demonstrates expertise and efficiency at a level expected of a subspecialist. Advances the art and science of image interpretation.

Professionalism – Milestones

PROF1: Professional Values and Ethics
  __Level 1: Demonstrates professional behavior.
  __Level 2: Is an effective health care team member.
  __Level 3: Is an effective health care team leader.
  __Level 4: Serves as a role model for professional behavior.
  __Level 5: Participates in local and national organizations to advance professionalism in radiology. Mentors others regarding professionalism and ethics.

Interpersonal and Communications Skills – Milestones

ICS1: Effective communication with patients, families and caregivers.
  __Level 1: Communicates information in routine, uncomplicated circumstances. Obtains informed consent.
  __Level 2: Communicates under direct supervision, in challenging circumstances, difficult information.
  __Level 3: Communicates under indirect supervision, in challenging circumstances, difficult information.
  __Level 4: Independently communicates complex and difficult information, such as errors, complications, adverse events, and bad news.
**ICS2: Effective communication with members of the health care team: Written/Electronic**

- **Level 1:** Generates accurate reports with appropriate elements required for coding.
- **Level 2:** Efficiently generates clear and concise reports that do not require substantive faculty member correction on routine cases.
- **Level 3:** Efficiently generates clear and concise reports that do not require substantive faculty member correction on complex cases.
- **Level 4:** Efficiently generates clear and concise reports that do not require substantive faculty member correction on all cases.
- **Level 5:** Generates tailored reports meeting needs of referring physician. Develops templates and report formats.

**ICS2: Effective communication with members of the health care team: Verbal**

- **Level 1:** Communicates urgent and unexpected findings according to institutional policy and ACR guidelines.
- **Level 2:** Communicates findings and recommendations clearly and concisely.
- **Level 3:** Communicates appropriately under stressful situations.
- **Level 4:** Communicates effectively and professionally in all circumstances.
- **Level 5:** Leads interdisciplinary conferences. Serves as a role model for effective communication.

**Practice-Based Learning and Improvement – Milestones**

**PBLI1: Radiation Safety**

- **Level 1:** Describes the mechanisms of radiation injury and the ALARA concept.
- **Level 2:** Accesses resources to determine exam-specific average radiation dose information.
- **Level 3:** Communicates the relative risk of exam-specific radiation exposure to patients and practitioners.
- **Level 4:** Applies principles of Image Gently and Image Wisely.
- **Level 5:** Promotes radiation safety.
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 completion)

1.

2.
**PATIENT CARE**

Hospital required modules completed: Yes ____  No _____

Module completed with dates certificates uploaded to myPortfolio:

Patient Care module: ________
Radiation safety module: ________
Lines and catheter module: ________
MRI Safety 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?
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**

<table>
<thead>
<tr>
<th>2.1</th>
<th>The resident demonstrated competency in the understanding and application of clinical medicine to osteopathic patient care.</th>
<th>☐ Deficient</th>
<th>☐ Appropriate for level of training</th>
<th>☐ Meets competency</th>
<th>☐ Exceptional</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.2</td>
<td>The resident knows and applies the foundations of clinical and behavioral medicine appropriate to Diagnostic Radiology with application of all appropriate osteopathic correlations.</td>
<td>☐ Deficient</td>
<td>☐ Appropriate for level of training</td>
<td>☐ Meets competency</td>
<td>☐ Exceptional</td>
</tr>
<tr>
<td>2.3</td>
<td>The resident demonstrated a desire to continually improve his/her medical knowledge and that of others.</td>
<td>☐ Deficient</td>
<td>☐ Appropriate for level of training</td>
<td>☐ Meets competency</td>
<td>☐ Exceptional</td>
</tr>
</tbody>
</table>

**Competency 3: Osteopathic Patient Care**

<table>
<thead>
<tr>
<th>3.1</th>
<th>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.</th>
<th>☐ Deficient</th>
<th>☐ Appropriate for level of training</th>
<th>☐ Meets competency</th>
<th>☐ Exceptional</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.2</td>
<td>The resident demonstrated proper technique in planning and performing imaging and image-guided procedures including osteopathic diagnosis and treatment relative to radiology.</td>
<td>☐ Deficient</td>
<td>☐ Appropriate for level of training</td>
<td>☐ Meets competency</td>
<td>☐ Exceptional</td>
</tr>
<tr>
<td>3.3</td>
<td>The resident provided radiology services consistent with osteopathic philosophy, including preventative medicine and health promotion based on current scientific evidence.</td>
<td>☐ Deficient</td>
<td>☐ Appropriate for level of training</td>
<td>☐ Meets competency</td>
<td>☐ Exceptional</td>
</tr>
</tbody>
</table>
### Competency 4: Interpersonal and Communication Skills in Osteopathic Medical Practice

<table>
<thead>
<tr>
<th>4.1</th>
<th>The resident demonstrated effectiveness in developing appropriate doctor-patient relationships.</th>
<th>☐ Deficient</th>
<th>☐ Appropriate for level of training</th>
<th>☐ Meets competency</th>
<th>☐ Exceptional</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.2</td>
<td>The resident exhibited effective listening, written and oral communication skills in professional interactions with patients, families, and other healthcare professionals.</td>
<td>☐ Deficient</td>
<td>☐ Appropriate for level of training</td>
<td>☐ Meets competency</td>
<td>☐ Exceptional</td>
</tr>
<tr>
<td>4.3</td>
<td>The resident demonstrated an awareness of psychosocial issues and incorporates health promotion into clinical practice.</td>
<td>☐ Deficient</td>
<td>☐ Appropriate for level of training</td>
<td>☐ Meets competency</td>
<td>☐ Exceptional</td>
</tr>
</tbody>
</table>

### Competency 5: Professionalism in Osteopathic Medical Practice

<table>
<thead>
<tr>
<th>5.1</th>
<th>This resident demonstrated respect for his/her patients and families and advocated for the primacy of his/her patient’s welfare and autonomy.</th>
<th>☐ Deficient</th>
<th>☐ Appropriate for level of training</th>
<th>☐ Meets competency</th>
<th>☐ Exceptional</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.2</td>
<td>The resident adhered to ethical principles in the practice of medicine.</td>
<td>☐ Deficient</td>
<td>☐ Appropriate for level of training</td>
<td>☐ Meets competency</td>
<td>☐ Exceptional</td>
</tr>
<tr>
<td>5.3</td>
<td>The resident demonstrated awareness and proper attention to issues of culture, religion, age, gender, sexual orientation, and mental and physical disabilities.</td>
<td>☐ Deficient</td>
<td>☐ Appropriate for level of training</td>
<td>☐ Meets competency</td>
<td>☐ Exceptional</td>
</tr>
<tr>
<td>5.4</td>
<td>The resident demonstrated awareness of one’s own mental and physical health.</td>
<td>☐ Deficient</td>
<td>☐ Appropriate for level of training</td>
<td>☐ Meets competency</td>
<td>☐ Exceptional</td>
</tr>
</tbody>
</table>

### Competency 6: Osteopathic Medical Practice-Based Learning and Improvement

<table>
<thead>
<tr>
<th>6.1</th>
<th>The resident treated patients in a manner consistent with the most up-to-date information on diagnostic and therapeutic effectiveness (traditional and osteopathic).</th>
<th>☐ Deficient</th>
<th>☐ Appropriate for level of training</th>
<th>☐ Meets competency</th>
<th>☐ Exceptional</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.2</td>
<td>The resident performed self-evaluations of clinical practice patterns and practice-based improvement activities using a systematic methodology.</td>
<td>☐ Deficient</td>
<td>☐ Appropriate for level of training</td>
<td>☐ Meets competency</td>
<td>☐ Exceptional</td>
</tr>
<tr>
<td>6.3</td>
<td>The resident understood research methods, medical informatics, and the application of technology as applied to medicine.</td>
<td>☐ Deficient</td>
<td>☐ Appropriate for level of training</td>
<td>☐ Meets competency</td>
<td>☐ Exceptional</td>
</tr>
</tbody>
</table>

### Competency 7: System-Based Practice Osteopathic Medical Practice

<table>
<thead>
<tr>
<th>7.1</th>
<th>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.</th>
<th>☐ Deficient</th>
<th>☐ Appropriate for level of training</th>
<th>☐ Meets competency</th>
<th>☐ Exceptional</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.2</td>
<td>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.</td>
<td>☐ Deficient</td>
<td>☐ Appropriate for level of training</td>
<td>☐ Meets competency</td>
<td>☐ Exceptional</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Competency</th>
<th>Consistently Meets Competencies</th>
<th>Exceptional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Osteopathic Philosophy, Principles and Manipulative Treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Knowledge and Its Application into Osteopathic Medical Practice</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Osteopathic Patient Care</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Interpersonal and Communication Skills in Osteopathic Medical Practice</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Professionalism in Osteopathic Medical Practice</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Osteopathic Medical Practice-based Learning and Improvement</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>System-based Osteopathic Medical Practice</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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 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
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 feedback?

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:
Faculty Evaluation of the Residency Program

Please use this scale to answer questions 1-10:

1- Strongly Disagree; 2- Disagree; 3- Neutral; 4- Agree; 5- Strongly Agree

____1. PATIENT/CASE VOLUME: There are a sufficient number and variety of patients/cases to facilitate high quality resident/fellow education.

____2. CURRICULUM: The residency/fellowship program curriculum provides the appropriate educational experiences for residents/fellows to analyze, investigate and improve patient care practices.

____3. PROGRAM DIRECTOR: The program director effectively communicates with program faculty members to understand their role in resident/fellow education and development.

____4. ADMINISTRATIVE SUPPORT: There are adequate administrative support services to facilitate faculty participation in resident/fellow education.

____5. SUPERVISION: The program resident/fellow supervision policy has been clearly communicated to program faculty and is used by the program.

____6. TRANSITION OF CARE: The program transition of care/hand-off policy and tools have been distributed to program faculty and they are used.

____7. EVALUATION: Program faculty receive regular and timely feedback about their teaching and supervision skills.

____8. FACULTY DEVELOPMENT: There are beneficial resources available for program faculty to improve their teaching and supervision skills.

____9. SCHOLARLY ACTIVITY: Program faculty have the adequate resources to participate in scholarly activities.

____10. FACULTY: The program faculty provide the diversity of experience and expertise to accomplish the goals and objectives of the program.

Please describe the strengths of the residency: 

Please describe the opportunities for improvement in the residency:
### Diagnostic Radiology Milestones

**ACGME REPORT WORKSHEET**

<table>
<thead>
<tr>
<th>Level 5</th>
<th>Level 4</th>
<th>Level 3</th>
<th>Level 2</th>
<th>Level 1</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Recommended management</em></td>
<td><em>Recommended management</em></td>
<td><em>Recommended management</em></td>
<td><em>Recommended management</em></td>
<td><em>Recommended management</em></td>
</tr>
<tr>
<td><em>Residency Program</em></td>
<td><em>Residency Program</em></td>
<td><em>Residency Program</em></td>
<td><em>Residency Program</em></td>
<td><em>Residency Program</em></td>
</tr>
<tr>
<td><em>As defined by the Residency Program</em></td>
<td><em>As defined by the Residency Program</em></td>
<td><em>As defined by the Residency Program</em></td>
<td><em>As defined by the Residency Program</em></td>
<td><em>As defined by the Residency Program</em></td>
</tr>
<tr>
<td><em>American College of Radiology (ACR) Appropriateness Criteria</em></td>
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<td><em>American College of Radiology (ACR) Appropriateness Criteria</em></td>
</tr>
<tr>
<td><em>Uses established evidence-based imaging guidelines</em></td>
<td><em>Uses established evidence-based imaging guidelines</em></td>
<td><em>Uses established evidence-based imaging guidelines</em></td>
<td><em>Uses established evidence-based imaging guidelines</em></td>
<td><em>Uses established evidence-based imaging guidelines</em></td>
</tr>
</tbody>
</table>

### Possible Methods of Assessment/Examples:

- 360 Evaluation/Multi-rater/Peer
- Direct observation and feedback
- End-of-Year Examination
- End-of-Rotation Global Assessment
- Self-Assessment and Reflection/Portfolio
- Simulation/OSCE
- Simulation/End-of-Year Examination
- Simulation/End-of-Year Examination
- Simulation/OSCE

**Comments:**

---

**PCTSI: Consultant**

*Patient Care and Technical Skills (Residents must be able to meet previous year milestones when evaluated at a specific level)***
### Patient Care and Technical Skills

<table>
<thead>
<tr>
<th>PCTS2: Competency in Procedures</th>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Level 5
- Able to perform the following procedures:  
  - Adult and pediatric fluoroscopic studies  
  - Image-guided biopsies  
  - Image-guided interventions  
  - Ultrasound-guided venous access  
  - Hands-on adult and pediatric ultrasound  
  - Drainage of effusions and abscesses  
  - Independent performance of complex procedures

#### Level 4
- Recognizes and manages complications of advanced procedures  
- Competently performs advanced procedures, as defined by the residency program

#### Level 3
- Recognizes and manages complications of intermediate procedures  
- Competently performs intermediate procedures, as defined by the residency program

#### Level 2
- Recognizes and manages complications of basic procedures  
- Competently performs basic procedures, as defined by the residency program

#### Level 1
- Independent performance of procedures  
- Able to perform the following procedures:  
  - Adult and pediatric fluoroscopic studies  
  - Image-guided biopsies  
  - Image-guided interventions  
  - Ultrasound-guided venous access  
  - Hands-on adult and pediatric ultrasound  
  - Drainage of effusions and abscesses  
- Able to independently perform the following procedures:  
  - Adult and pediatric fluoroscopic studies  
  - Image-guided biopsies  
  - Image-guided interventions  
  - Ultrasound-guided venous access  
  - Hands-on adult and pediatric ultrasound  
  - Drainage of effusions and abscesses

- Level not achieved: Has not reached Level 1

#### 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 Reflection/Portfolio
- Simulation/OSCE
- Self-Assessment and Reflection/Portfolio
- Procedural competency checklists
- Direct observation and feedback
- End-of-Rotation Global Assessment
- Case/Procedure Logs, including complications
- 360 Evaluation/Multi-rater/Peer
### Medical Knowledge

**MK1: Protocol selection and optimization of images**

<table>
<thead>
<tr>
<th>Level</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
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<tr>
<td>3</td>
<td></td>
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<tr>
<td>2</td>
<td></td>
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<tr>
<td>1</td>
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</tr>
</tbody>
</table>

**Has not achieved**

- Level 1: Protocol selection and optimization of images

#### Possible Methods of Assessment/Examples:
- End-of-Rotation Global Assessment
- Direct observation and feedback
- Self-assessment and Reflections/Portfolio
- Core exam
- OSCE/simulation
- Core exam
- Core exam
- Core exam
- Core exam
- Core exam

---

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<table>
<thead>
<tr>
<th>Medical Knowledge</th>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MK2: Interpretation of Examinations</strong></td>
<td></td>
</tr>
<tr>
<td>Core exam</td>
<td>•</td>
</tr>
<tr>
<td>Rate of major discrepancies</td>
<td>•</td>
</tr>
<tr>
<td>Review of reports</td>
<td>•</td>
</tr>
<tr>
<td>ER preparedness test</td>
<td>•</td>
</tr>
<tr>
<td>Interprets correctly with resident</td>
<td>•</td>
</tr>
<tr>
<td>Direct observation and feedback</td>
<td>•</td>
</tr>
<tr>
<td>End-of-Rotation Global Assessment</td>
<td>•</td>
</tr>
</tbody>
</table>

Possible Methods of Assessment/Examples:
- End-of-Rotation Global Assessment
- Direct observation and feedback
- ER preparedness test
- Review of reports
- Rate of major discrepancies
- Core exams

<table>
<thead>
<tr>
<th>Level 5</th>
<th>Level 4</th>
<th>Level 3</th>
<th>Level 2</th>
<th>Level 1</th>
</tr>
</thead>
</table>
| Demonstrates expertise in area and identifies expected and unexpected observations
| Advances the art and science of imaging, integrates current literature and expertise of a subspecialist
| Provides accurate, focused interpretation
| Describes management, distinguishes normal from abnormal
| Differentiates normal from abnormal, critical findings

Has not achieved Level 1
### SBP 1: Quality Improvement (QI)

<table>
<thead>
<tr>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Describe departmental QI initiatives</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level 4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Describe the departmental incident/occurrence reporting system</strong></td>
</tr>
<tr>
<td><strong>Incorporate QI into clinical practice</strong></td>
</tr>
<tr>
<td><strong>Participate in the departmental incident/occurrence reporting system</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Identify and begin a systems-based practice project incorporating QI methodology</strong></td>
</tr>
<tr>
<td><strong>Complete a systems-based practice project as required by the ACGME Review Committee</strong></td>
</tr>
<tr>
<td><strong>Describe national radiology quality programs (e.g., National Radiology Data Registry, accreditation, peer-review)</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lead a team in the design and implementation of a QI project</strong></td>
</tr>
<tr>
<td><strong>Routinely participate in root cause analysis and feedback</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level 1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Has not achieved</strong></td>
</tr>
</tbody>
</table>

**Comments:**

Possible Methods of Assessment/Examples:

- End-of-Rotation Global Assessment
- 360 Evaluation/Multi-rater/Peer
- Direct observation and feedback
- Self-assessment andReflection/Portfolio
- Semi-annual evaluation with Program Director
- Written feedback on project (with mentor)
- Critical incidents reporting and feedback
- Project presentation feedback (faculty, peers, others in system)
- Semi-annual evaluation with Program Director
- Self-assessment and Reflection/Portfolio
- Direct observation and feedback
- 360 Evaluation/Multi-rater/Peer
- End-of-Rotation Global Assessment
### Systems-based Practice

<table>
<thead>
<tr>
<th>SBP2: Health care economics</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level 1</strong></td>
</tr>
<tr>
<td>Has not achieved</td>
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<td></td>
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</tbody>
</table>

#### Description of Levels

- **Level 5**: Describes the mechanisms for reimbursement, including types of payors.
- **Level 4**: Describes the technical and professional components of imaging costs.
- **Level 3**: Describes the technical and professional components of imaging costs.
- **Level 2**: Describes the technical and professional components of imaging costs.
- **Level 1**: Describes the technical and professional components of imaging costs.

#### 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

- Agency for Healthcare Research and Quality modules
- Institute for Health Care International modules
- Annual Q/A session with head of billing
- End-of-Rotation Global Assessment

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**Comments:**

- [ ]
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<table>
<thead>
<tr>
<th>Practice-based Learning and Improvement</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contrast Agents:</strong></td>
<td></td>
</tr>
<tr>
<td>Has not achieved Level 5</td>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Radiation Safety:</strong></td>
<td></td>
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<tr>
<td>Has not achieved Level 1</td>
<td></td>
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<tr>
<td><strong>MR Safety:</strong></td>
<td></td>
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<tr>
<td>Has not achieved Level 1</td>
<td></td>
</tr>
<tr>
<td><strong>Sedation:</strong></td>
<td></td>
</tr>
<tr>
<td>Has not achieved Level 1</td>
<td></td>
</tr>
</tbody>
</table>

Possible Methods of Assessment/Examples:
- End-of-Rotation Global Assessment
- 360 Evaluation/Multi-rater/Peer
- Simulation/OSCE
- Direct observation and feedback
- Self-assessment and reflection/Portfolio
- Direct observation and feedback
- Simulation/OSCE
- 360 Evaluation/Multi-rater/Peer
- End-of-Rotation Global Assessment
- Self-assessment and reflection/Portfolio
- Direct observation and feedback
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- End-of-Rotation Global Assessment
- Self-assessment and reflection/Portfolio
- Direct observation and feedback
- Simulation/OSCE
- 360 Evaluation/Multi-rater/Peer
- End-of-Rotation Global Assessment

**PBLI:** Patient safety; contrast agents; radiation safety; MR safety; sedation

**Level 5:** Repeated successful operations of conscious sedation, appropriate for the patient, with significant complications

**Level 4:** Repeated successful operations of conscious sedation, appropriate for the patient, with complications

**Level 3:** Successful operations of conscious sedation, appropriate for the patient

**Level 2:** Basic knowledge of conscious sedation

**Level 1:** No evidence of conscious sedation

**Has not achieved Level 5:** Has not achieved Level 5

**Has not achieved Level 1:** Has not achieved Level 1

**Comments:**
- End-of-Rotation Global Assessment
- 360 Evaluation/Multi-rater/Peer
- Simulation/OSCE
- Direct observation and feedback
- Self-assessment and reflection/Portfolio
- Completion of institutional safety modules, BCLS/ACLS
### PBLI2: Self-Directed Learning

<table>
<thead>
<tr>
<th>Level</th>
<th>Comments</th>
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<tbody>
<tr>
<td>1</td>
<td>Has not achieved level 1</td>
</tr>
<tr>
<td>2</td>
<td>Level 2: Evaluates and modifies learning plan based on self-reflection</td>
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<tr>
<td>3</td>
<td>Level 3: Evaluates and modifies learning plan</td>
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<tr>
<td>4</td>
<td>Level 4: Learns and modifies learning plan and prepares feedback</td>
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<tr>
<td>5</td>
<td>Level 5: National levels learning at local and institutional levels</td>
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</tbody>
</table>

#### Possible Methods of Assessment/Examples:
- Core exam
- Resident teaching and feedback
- Self-Assessment and Reflection/Portfolio
- Semi-annual evaluation meeting with program director
- End-of-Rotation Global Assessment
- Residents and program feedback
## Practice-based Learning and Improvement

### PBLI3: Scholarly activity

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Has not achieved</td>
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</tbody>
</table>
| 2     | Level 1: Documents training in critical thinking skills and research methods
| 3     | Level 2: Identifies potential scholarly projects
| 4     | Level 3: Begins scholarly project
| 5     | Level 4: Completes and presents a scholarly project |

Comments:

Possible Methods of Assessment/Examples:

- End-of-Rotation Global Assessment
- Self-assessment and reflections/portfolio
- Core exam
- Peer assessment and feedback on project (with mentor)
- Journal club discussions
- Written feedback on project (with mentor)
- Completion of AJR Self-Assessment Modules or CITI modules

Version 12/2012
<table>
<thead>
<tr>
<th>Level</th>
<th>Has not achieved</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
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### Professional Values and Ethics

- Demonstrates professional behaviors listed in the second column.
- Exemplifies professional behavior as a role model for team members.
- Serves as a role model for patients.
- Advocates for patient interests.
- Maintains patient confidentiality.
- Fulfills institutional and program requirements related to professionalism and ethics.
- Attends required and ethical training.
- Recognizes the importance and priority of patient care.
- Demonstrates adherence to ethical and legal principles of patient care.
- Recognizes personal limitations and seeks help when appropriate.
- 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.
- Exhibits tolerance and respect for colleagues when needed.
- Recognizes personal responsibilities.
- Participates in local and national organizations to advance professionalism in radiology.
- Mentors others regarding professionalism and ethics.
- Is an effective health care team member.
- Demonstrates pro-social justice and patient autonomy, and places priority of patient welfare, and team leader.
- Demonstrates pro-social justice, leadership, and team member.
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
- Professionalism Mini-Evaluation Exercise (P-MEX)
- Critical incidents
- Peer assessments

Comments:

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Suggested Educational Tools:

1. Teaching and Assessing Professionalism: A Program Director's Guide by the ABP and APPD – see Chapter 8: Measuring Professionalism
   - ABRF Online Modules on Ethics and Professionalism

3. Online Modules on Ethics and Professionalism


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# Interpersonal and Communication Skills

<table>
<thead>
<tr>
<th>ICS1: Effective communication with patients, families, and caregivers</th>
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<tbody>
<tr>
<td><strong>ICS1:</strong> Effective communication with patients, families, and caregivers</td>
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<thead>
<tr>
<th>Level 5</th>
<th>Level 4</th>
<th>Level 3</th>
<th>Level 2</th>
<th>Level 1</th>
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<tbody>
<tr>
<td><strong>Communications:</strong></td>
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<tr>
<td>Serves as role model for patient-centered communication</td>
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<td>Develops patient-centered educational materials</td>
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<tr>
<td><strong>Interpersonal and Communication Skills:</strong></td>
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<tr>
<td>Effectively communicates complex and difficult information, such as errors, adverse events, and bad news</td>
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<td>Communicates, under direct supervision in the following circumstances:</td>
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<tr>
<td>- Cognitive impairment</td>
<td>- Cultural differences</td>
<td>- Language barriers</td>
<td>- Adverse events, complications, and bad news</td>
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<tr>
<td>- Complex, difficult and high-stakes information</td>
<td>- Critical situations</td>
<td>- High-stakes situations</td>
<td>- High-stakes situations</td>
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<tr>
<td>Serves as role model for effective and compassionate communication</td>
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<tr>
<td>Communicates in uncomplicated circumstances about imaging and examination results</td>
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</table>

**Possible Methods of Assessment/Examples:**
- On-demand and multi-rater/peer evaluation
- Simulation and OSCE
- Direct observation and feedback
- Electronic portfolio/online assessment
- Self-assessment and reflections
- End-of-rotation Global Assessment

**Comments:**
- Potentially incorporate relevant ACGME accreditation requirements.
- Ensure comprehensive feedback and assessment methods to support skill development.
- Regularly update and refine evaluation tools to align with evolving educational standards.

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### Interpersonal and Communication Skills

#### ICS 2: Effective Communication with Members of the Health Care Team

<table>
<thead>
<tr>
<th>Comments</th>
<th>Level 5</th>
<th>Level 4</th>
<th>Level 3</th>
<th>Level 2</th>
<th>Level 1</th>
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</thead>
<tbody>
<tr>
<td>Verbal:</td>
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<tr>
<td>Written/Electronic:</td>
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<td>Developed interdisciplinary communication as role model for effective communication.</td>
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<td>Interpersonal conferences and professional interactions meet the needs of referring physicians.</td>
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<td>Generated tailored reports.</td>
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<td>Leads interdisciplinary conferences.</td>
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<td>Serves as a role model for effective communication.</td>
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<tr>
<td>Direct observation and feedback.</td>
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<tr>
<td>End-of-Rotation Global Assessment.</td>
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</table>

**Possible Methods of Assessment/Examples:**

- End-of-Rotation Global Assessment
- 360 Evaluation/Multi-rater/Peer Assessment
- Simulation/OSCE (Intradepartmental and Team)
- Direct observation and feedback
- Self-assessment and reflection/Portfolio
- Direct observation and feedback
- End-of-Rotation Global Assessment
- Simulation/OSCE (Intradepartmental and Team)
- Direct observation and feedback
- Self-assessment and reflection/Portfolio

**Guidelines to institutional policy and ACR:**

- Adherence to transfer-of-care policies
- Effective communication with referring physicians
- Adherence to institutional policy and ACR
- Adherence to institutional policy and ACR
- Adherence to institutional policy and ACR
- Adherence to institutional policy and ACR
- Adherence to institutional policy and ACR

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