**New Application: Abdominal Radiology**

**Review Committee for Radiology**

**ACGME**

**Oversight**

**Participating Sites**

* + - 1. Does the Sponsoring Institution sponsor ACGME-accredited programs in the following at the primary clinical site? [PR I.B.1.b)]
    1. Gastroenterology  YES  NO
    2. General surgery  YES  NO
    3. Obstetrics and gynecology  YES  NO
    4. Oncology  YES  NO
    5. Pathology  YES  NO
    6. Urology  YES  NO

Briefly explain any “NO” responses. (Limit response to 200 words)

|  |
| --- |
| Click here to enter text. |

**Resources**

1. Briefly describe the facilities and space available for fellow education, including study space, conference space, and access to computers. [PR I.D.1.a)-I.D.1.b).(1)] (Limit response to 200 words)

|  |
| --- |
| Click here to enter text. |

1. List the number of units available to fellows at each participating site used by the program. Include units in other departments, e.g., GI and GU. Site numbers in the table below should correspond to their listing in the ACGME’s Accreditation Data System (ADS). [PR I.D.1.c

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| --- | --- | --- | --- | --- |
| **Computed Tomography (CT) Equipment**  Multidetector CT units (for each unit list number of detectors) | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Ultrasound (US) Equipment** (include manufacturer, model, date installed) | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Magnetic Resonance Imaging (MRI) Equipment** (include manufacturer, model, date installed)  For each scanner, list field strength | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **PET or PET CT or PET MR** (include manufacturer, model, date installed) | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

1. Briefly describe the pathology and laboratory services available to support the program. [PR I.D.1.d)] (Limit response to 200 words)

|  |
| --- |
| Click here to enter text. |

1. Briefly describe fellows’ access to subspecialty-specific reference material, including medical literature databases. [PR I.D.3.] (Limit response to 200 words)

|  |
| --- |
| Click here to enter text. |

1. Provide the following information for the most recent 12-month period. [PR I.D.1.e)] Site numbers in the table below should correspond to their listing in ADS. Use the same reporting period throughout the application document.

| Reporting Period: | From: Click here to enter a date. | To: Click here to enter a date. |
| --- | --- | --- |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| Hospital bed capacity | # | # | # | # |
| Diagnostic radiology cases | # | # | # | # |

1. Abdominal Radiology Procedures

Provide the data requested below regarding the number of procedures performed at each site that participates in the program for the most recent 12-month period (same period as indicated in 5 above). Site numbers in the table below should correspond to their listing in ADS. [PR I.D.1.e); IV.B.1.b).(2).]

| **Exam** | **CPT** | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| --- | --- | --- | --- | --- | --- |
| **CT Scan** | | | | | |
| CT abdomen with and without contrast | 74170 | # | # | # | # |
| CT abdomen with contrast | 74160 | # | # | # | # |
| CT abdomen without contrast | 74150 | # | # | # | # |
| CT angio abdomen with and without contrast | 74175, 74174, 72191 | # | # | # | # |
| **CT and US Aspiration/Drainage** | | | | | |
| CT/US aspiration or drainage, visceral, percutaneous | 49405 | # | # | # | # |
| CT/US aspiration or drainage, peritoneal or retroperitoneal | 49406 | # | # | # | # |
| CT/US aspiration or drainage – transvaginal or transrectal | 49407 | # | # | # | # |
| **CT Biopsy** | | | | | |
| Biopsy/abdomen/pelvis/ retroperitoneum | 49180 (biopsy), 77012/CT Guidance | # | # | # | # |
| Biopsy – liver | 47000 77012/CT Guidance | # | # | # | # |
| Biopsy – pancreas | 48102 77012/CT Guidance | # | # | # | # |
| **Nuclear Medicine** | | | | | |
| Renal scan (MAG3) | 78707 | # | # | # | # |
| Gallium scan tumor | 78802 | # | # | # | # |
| Hepatobiliary system imaging with quantitative measurements | 78226, 78227 | # | # | # | # |
| **PET** | | | | | |
| Tumor image PET/CT skull base to mid-thigh | 78815 | # | # | # | # |
| Tumor image PET/CT whole body | 78816 | # | # | # | # |
| **Ultrasound** | | | | | |
| Abdomen complete | 76700 | # | # | # | # |
| Abdomen limited (gall bladder, liver, pancreas) | 76705 | # | # | # | # |
| Retroperitoneal complete | 76770 | # | # | # | # |
| Retroperitoneal limited (kidney, ureters) | 76775 | # | # | # | # |
| **Pelvis US Complete** | **76856** | # | # | # | # |
| Pelvic US limited | 76857 | # | # | # | # |
| **US Biopsy** | 49180, 76942 | # | # | # | # |
| Biopsy/liver | 47000, 76942 Ultrasound Guidance | # | # | # | # |
| US/biopsy/pancreas | 48102, 76942 Ultrasound Guidance | # | # | # | # |
| **Abdominal Paracentesis with Imaging** | 49083 | # | # | # | # |
| **MRA/MRI** | | | | | |
| MRA abdomen | 74185 | # | # | # | # |
| MRI abdomen with and without contrast | 74183 | # | # | # | # |
| MRI abdomen with contrast | 74182 | # | # | # | # |
| MRI abdomen without contrast | 74181 | # | # | # | # |

**Other Learners and Other Care Providers**

1. Briefly explain the distinction between the diagnostic radiology residents and the fellows in terms of clinical activities and level of responsibility. [PR I.E.2.] (Limit response to 200 words)

|  |
| --- |
| Click here to enter text. |

**Personnel**

**Program Director**

1. What percentage of time will the program director spend in the subspecialty? [PR II.A.3.c)]  
    # %

**Program Coordinator**

1. Will there be a program coordinator available to the program? [PR II.C.1.]  YES  NO

Briefly explain if “NO.” (Limit response to 200 words)

|  |
| --- |
| Click here to enter text. |

**Educational Program**

**ACGME Competencies**

**Patient Care and Procedural Skills**

1. Briefly describe how fellows will demonstrate competence in providing consultation with referring physicians or services. [PR IV.B.1.b).(1).(a)] (Limit response to 200 words)

|  |
| --- |
| Click here to enter text. |

1. Provide examples of how fellows will follow standards of care for practicing in a safe environment, attempt to reduce errors, and improve patient outcomes. [PR IV.B.1.b).(1).(b)] (Limit response to 200 words total for all examples provided)

|  |
| --- |
| * + Click here to enter text.   + Click here to enter text.   + Click here to enter text. |

1. Briefly describe how graded responsibility and supervision will be implemented for the fellows’ interpretation of and development of competence in performing all specified exams and invasive studies. [PR IV.B.1.b).(1).(c) and IV.B.1.b).(2).(b)] (Limit response to 200 words)

|  |
| --- |
| Click here to enter text. |

1. Will fellows demonstrate competence in the interpretation of the following?
2. Plain films and contrast enhanced conventional radiography studies of the GI and GU tracts, including Barium contrast studies and urography [PR IV.B.1.b).(1).(d).(i)]  YES  NO
3. All ultrasonic examinations of the solid and hollow organs and conduits of the GI tract and of the kidneys, retroperitoneal spaces, the bladder, and male and female reproductive organs and conduits [IV.B.1.b).(1).(d).(ii)]  YES  NO
4. All CT examinations of the solid and hollow organs and conduits of the GI and GU tracts and associated vessels and space [PR IV.B.1.b).(1).(d).(iii)]  YES  NO
5. All MRI examinations of the abdomen, including magnetic resonance cholangiopancreatography and magnetic resonance angiography [PR IV.B.1.b).(1).(d).(iv)]  YES  NO

Briefly explain any “NO” responses. (Limit response to 200 words)

|  |
| --- |
| Click here to enter text. |

1. Briefly describe how fellows will demonstrate competence in educating diagnostic and interventional radiology residents, and if appropriate, medical students and other professional personnel in the care and management of patients? [PR IV.B.1.b).(1).(e)] (Limit response to 200 words)

|  |
| --- |
| Click here to enter text. |

**Medical Knowledge**

1. Briefly describe how fellows will demonstrate knowledge and understanding of the indications and complications of percutaneous nephrostomy, and transhepatic cholangiography, tumor embolization, and percutaneous ablation. [PR IV.B.1.c).(2)] (Limit response to 200 words)

|  |
| --- |
| Click here to enter text. |

1. Briefly describe how fellows will demonstrate knowledge of the prevention and treatment of complications of contrast administration. [PR IV.B.1.c).(5)] (Limit response to 200 words)

|  |
| --- |
| Click here to enter text. |

**Didactic Experiences**

1. Will didactic activities include the following?
2. Intradepartmental conferences [PR IV.C.3.a).(1)]  YES  NO

(Frequency

1. Multidisciplinary conferences [PR IV.C.3.a).(2)]  YES  NO

(Frequency)

1. Peer-review case conferences and/or morbidity and mortality conferences [PR IV.C.3.a).(3)]  
     YES  NO

Briefly explain any “NO” responses. (Limit response to 200 words)

|  |
| --- |
| Click here to enter text. |

1. Will there be a journal club? [PR IV.C.3.b)]  YES  NO

(Frequency)

Briefly explain if “NO.” (Limit response to 200 words)

|  |
| --- |
| Click here to enter text. |

1. Will the regularly scheduled didactic activities include scheduled presentations by the fellows? [PR IV.C.3.c).(1)]  YES  NO

Briefly explain if “NO.” (Limit response to 200 words)

|  |
| --- |
| Click here to enter text. |

1. Briefly describe the policy for fellow attendance and participation at local conferences and/or national meetings or medical education courses. [PR IV.C.3.d)] (Limit response to 200 words)

|  |
| --- |
| Click here to enter text. |

1. For all formal didactic sessions, enter the schedule of planned didactic experiences. Include the specific title of each listed activity. Add rows as necessary. Use the same 12-month reporting period as in other tables throughout this application document. [PR IV.C.4.a)]

|  |  |  |
| --- | --- | --- |
| Reporting Period (Planned 12-month period): | From: Click here to enter a date. | To: Click here to enter a date. |

| **Type and Frequency** | **Title** |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |

**Fellow Experiences**

1. Will fellows have daily image interpretation sessions, under faculty review and critique, in which fellows reach their own diagnostic conclusions? [PR IV.C.4.c)]  YES  NO

Briefly explain if “NO.” (Limit response to 200 words)

|  |
| --- |
| Click here to enter text. |

1. Will fellows maintain a procedure log and record their involvement in both diagnostic and invasive cases? [PR IV.C.4.d)]  YES  NO

Briefly explain if “NO.” (Limit response to 200 words)

|  |
| --- |
| Click here to enter text. |

**Fellow Scholarly Activity**

* + - 1. Briefly describe how fellows will be instructed in the fundamentals of experimental design and performance, and interpretation of results. [PR IV.D.3.a)] (Limit response to 200 words)

|  |
| --- |
| Click here to enter text. |

1. Will all fellows engage in a scholarly project? [PR IV.D.3.b)]  YES  NO

Briefly explain any “NO” responses. (Limit response to 200 words)

|  |
| --- |
| Click here to enter text. |

1. Briefly describe how the program will ensure the results of fellows’ research projects will be disseminated in the academic community. [PR IV.D.3.b).(2)] (Limit response to 200 words)

|  |
| --- |
| Click here to enter text. |