**New Application: Nuclear Radiology**

**Review Committee for Radiology**

**ACGME**

**Participating Sites**

1. How does each of the participating sites contribute to the educational program? [PR I.B.]

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

* + - 1. Describe the nature of fellow participation on rotations at the participating sites. [PR I.B.1.]

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

1. Provide the name and 10-digit program ID of the ACGME-accredited diagnostic radiology program with which the fellowship program is associated. [PR I.B.1.a)]

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

**Program Personnel and Resources**

**Program Director**

What percentage of time does the program director spend in the subspecialty? [PR II.A.4] # %

**Other Program Personnel**

1. Is there a program coordinator available to the program? [PR II.C.2.a)] [ ]  YES [ ]  NO

If no, explain.

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

1. Does the program coordinator have sufficient time and resources to support the administration and educational conduct of the program? [PR II.C.2.a)] [ ]  YES [ ]  NO

If no, explain.

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

**Resources**

1. Briefly describe the facilities and space, including study space, conference space, and access to computers, available for the education of fellow. [PR I.D.1.c)]

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

1. Describe resources available for point of service teaching and learning utilized during read out session. The description should include the availability of electronic resources. [PR I.D.1.]

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

1. Complete only for sites to which rotations total a minimum of 3 months. [PR I.D.1.]

|  | **Site #1** | **Site #2** | **Site #3** |
| --- | --- | --- | --- |
| Nuclear Radiology (square feet) | square feet | square feet | square feet |
| Physics (square feet) | square feet | square feet | square feet |
| Radiological Research (square feet) | square feet | square feet | square feet |
| Other: specify | square feet | square feet | square feet |
| **Allocation of Space:** |
| Number of examining rooms controlled by Nuclear Radiology (including any rooms used to perform patient examinations) | # | # | # |
| Number of nuclear examining rooms not controlled by Radiology, but located in Nuclear Radiology space | # | # | # |
| Number of Nuclear Radiology staff offices | # | # | # |
| Number of conference rooms available to Nuclear Radiology for regular use | # | # | # |
| Number of Nuclear Radiology resident offices/lounges | # | # | # |

1. List number of units available to residents in each site. Include units in other departments, e.g., cardiology, GI and GU. Append copy of current equipment list. Add rows as necessary. [PR I.D.1.]

| **Nuclear Radiology Equipment** | **Site #1** | **Site #2** | **Site #3** |
| --- | --- | --- | --- |
| In Vivo Imaging/Counting |  |  |  |
| Single or Multi Probe Counting Systems |  |  |  |
| Tomographic Imaging Systems (specify) |  |  |  |
| Cameras |  |  |  |
| Stationary, standard or large field |  |  |  |
| Mobile |  |  |  |
| In Vitro Laboratory |  |  |  |
| SPECT |  |  |  |
| SPECT/CT |  |  |  |
| PET/CT |  |  |  |
| Other Nuclear Imaging Equipment (specify)  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Provide the data requested below regarding the number of procedures performed at each site that will participate in the program for the most recent 12-month period. [PR. I.D]

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

| **Procedure** | **CPT code** | **Site #1** | **Site #2** | **Site #3** |
| --- | --- | --- | --- | --- |
| **Endocrine** [PR IV.A.2.a).(1).(e).(ii)] |
| Thyroid Scan | 78012, 78013, 78014 | # | # | # |
| Thyroid Carcinoma-Whole Body Scan | 78018 | # | # | # |
| Parathyroid Scan | 78070 | # | # | # |
| TOTAL |  | # | # | # |
| **GI** [PR IV.A.2.a).(1).(e).(iii)] |
| Hepatobiliary Scan | 78226, 78227 | # | # | # |
| GI Bleed Scan | 78278 | # | # | # |
| Gastric Emptying Scan | 78264 | # | # | # |
| Meckel diverticulum | 78290 | # | # | # |
| TOTAL |  | # | # | # |
| **Musculoskeletal** [PR IV.A.2.a).(1).(e).(v)] |
| Bone Scan | 78300, 78305, 78306, 78315, 78320 | # | # | # |
| **Cardiovascular** [PR IV.A.2.a).(1).(e).(i)] |
| Myocardial Perfusion Gated SPECT | 78451, 78452, 78453, 78454 | # | # | # |
| Multigated Cardiac Blood Pool Scan | 78472, 78473 | # | # | # |
| TOTAL |  | # | # | # |
| **Respiratory System** [PR IV.A.2.a).(1).(e).(ix)] |
| Lung VQ Scan | 78579, 78582, 78597, 78598 | # | # | # |
| **CNS** [PR IV.A.2.a).(1).(e).(vi)] |
| Brain SPECT | 78607 | # | # | # |
| Brain PET | 78608, 78609 | # | # | # |
| CSF study | 78630, 78650 | # | # | # |
| TOTAL |  | # | # | # |
| **Genitourinary** [PR IV.A.2.a).(1).(e).(iv)] |
| Renal Scan | 78707, 78708, 78709 | # | # | # |
| **Tumor and Infection** [PR IV.A.2.a).(1).(e).(vii).(c)] |
| Tumor localization (planar/SPECT) | 78800, 78801, 78802, 78803 | # | # | # |
| Tumor PET | 78811, 78812, 78813 | # | # | # |
| Tumor PET/CT | 78814, 78815, 78816 | # | # | # |
| Inflammatory/ Infection localization | 78805, 78806, 78807 | # | # | # |
| Lymphoscintigraphy | 78195 | # | # | # |
| TOTAL |  | # | # | # |
| **Radiopharmaceutical Therapy** [PR IV.A.2.a).(2).(b)-(b).(i).(c)] |
| Oral | 79005 | # | # | # |
| Intravenous | 79101 | # | # | # |
| Intra-arterial | 79445 | # | # | # |
| TOTAL |  | # | # | # |

1. All information requested must be included for each site listed in ADS.

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

|  | **Site #1** | **Site #2** | **Site #3** |
| --- | --- | --- | --- |
| Total beds in facility | # | # | # |
| Adult Admissions | # | # | # |
| Pediatric Admissions | # | # | # |
| # cutoff age for pediatrics | # | # | # |
| Newborn nursery admissions | # | # | # |
| Neonatal intensive care unit admissions | # | # | # |
| Total Admissions (enter on this line) | # | # | # |
| Adult Outpatient visits | # | # | # |
| Pediatric Outpatient (include neonates) | # | # | # |
| Total Outpatients Visits | # | # | # |

\*Note: The cutoff age used by each participating site for pediatric patients should be indicated.

**Fellow Appointments**

1. How will the program director ensure the subspecialty program in nuclear radiology will not dilute or detract from the educational opportunities available to residents in the core diagnostic radiology resident program? [PR I.E.]

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

1. Explain the distinction between the diagnostic radiology residents and the fellows in terms of clinical activities and level of responsibility. [PR I.E.]

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

**Educational Program**

For the competency tables below, 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.

Are the program goals and objectives for each rotation made available annually to fellows and faculty members? [PR IV.A.1.a)] [ ]  YES [ ]  NO

If no, explain:

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

**Patient Care**

1. For the patient care and procedural areas listed in the table below, identify the learning activities, settings and evaluation methods for the fellows.

| **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** |
| --- | --- | --- |
| Provide consultation with referring physicians or services[PR IV.A.2.a).(1).(a)] | * Click here to enter text.
 | * Click here to enter text.
 |
| Actively participate in educating diagnostic radiology residents, and if appropriate, medical students and other professional personnel in the care and management of patients[PR IV.A.2.a).(1).(b)] | * Click here to enter text.
 | * Click here to enter text.
 |
| Follow standards of care for practicing in a safe environment, attempt to reduce errors, and improve patient outcomes[PR IV.A.2.a).(1).(c)] | * Click here to enter text.
 | * Click here to enter text.
 |
| Perform and interpret all specified exams and/or invasive studies under close, graded responsibility and supervision[PR IV.A.2.a).(1).(d)] | * Click here to enter text.
 | * Click here to enter text.
 |
| Demonstrate competence interpreting cardiac imaging, including myocardial perfusion imaging procedures performed with radioactive perfusion agents in association with treadmill and pharmacologic stress [PR IV.A.2.a).(1).(e).(i).(a)] | * Click here to enter text.
 | * Click here to enter text.
 |
| Demonstrate competence interpreting cardiac imaging, including radionuclide ventriculography performed with ECG gating for evaluation of ventricular performance [PR IV.A.2.a).(1).(e).(i).(b)] | * Click here to enter text.
 | * Click here to enter text.
 |
| Demonstrate competence interpreting endocrinologic studies, including thyroid and parathyroid imaging, as well as octreotide and other receptor-based imaging studies[PR IV.A.2.a).(1).(e).(ii)] | * Click here to enter text.
 | * Click here to enter text.
 |
| Demonstrate competence interpreting gastrointestinal studies of the salivary glands, esophagus, stomach, and liver, both reticuloendothelial function and the biliary system, also to include studies of gastrointestinal bleeding and Meckel diverticulum[PR IV.A.2.a).(1).(e).(iii)] | * Click here to enter text.
 | * Click here to enter text.
 |
| Demonstrate competence interpreting genitourinary tract studies, including renal perfusion and functional procedures, renal scintigraphy with pharmacologic interventions, renal transplant evaluation, and vesicoureteral reflux[PR IV.A.2.a).(1).(e).(iv)] | * Click here to enter text.
 | * Click here to enter text.
 |
| Demonstrate competence interpreting musculoskeletal studies, including bone scanning for benign and malignant disease[PR IV.A.2.a).(1).(e).(v)] | * Click here to enter text.
 | * Click here to enter text.
 |
| Demonstrate competence interpreting neurologic studies, including cerebral perfusion with both SPECT and/or PET, cisternography, and CSF flow studies[PR IV.A.2.a).(1).(e).(vi)] | * Click here to enter text.
 | * Click here to enter text.
 |
| Demonstrate competence interpreting PET imaging[PR IV.A.2.a).(1).(e).(vii)] | * Click here to enter text.
 | * Click here to enter text.
 |
| Demonstrate competence interpreting PET imaging, including the brain, to include studies of dementia, epilepsy, and brain tumors[PR IV.A.2.a).(1).(e).(vii).(a)] | * Click here to enter text.
 | * Click here to enter text.
 |
| Demonstrate competence interpreting PET imaging, including myocardial perfusion studies[PR IV.A.2.a).(1).(e).(vii).(b)] | * Click here to enter text.
 | * Click here to enter text.
 |
| Demonstrate competence interpreting PET imaging, including oncology, to include studies of tumors of the lung, head and neck, esophagus, colon, thyroid, and breast, as well as melanoma, lymphoma, and other tumors as the indications become established[PR IV.A.2.a).(1).(e).(vii).(c)] | * Click here to enter text.
 | * Click here to enter text.
 |
| Demonstrate competence interpreting oncology studies, including sentinel node localization, fluorodeoxyglucose, adrenal, somatostatin-receptor imaging, and other agents as they become available[PR IV.A.2.a).(1).(e).(viii)] | * Click here to enter text.
 | * Click here to enter text.
 |
| Demonstrate competence interpreting pulmonary studies of perfusion and ventilation performed with radiolabeled macroaggregates and radioactive gas or aerosols, for both diagnostic and quantitative assessment of perfusion and ventilation[PR IV.A.2.a).(1).(e).(ix)] | * Click here to enter text.
 | * Click here to enter text.
 |
| Apply low-dose radiation techniques in both adults and children[PR IV.A.2.a).(2).(a)] | * Click here to enter text.
 | * Click here to enter text.
 |
| Participate in therapeutic administration of radiopharmaceuticals, including patient selection, informed consent, understanding and calculating of the administered dose, counseling of patients and their families on radiation safety issues, and patient follow up after therapy. [PR IV.A.2.a).(2).(b)] | * Click here to enter text.
 | * Click here to enter text.
 |
| Documentation of specific applications should include participation in a minimum of 10 cases of oral administration of less than or equal to 33 millicuries of sodium iodine I-131, for which a written directive is required[PR IV.A.2.a).(2).(b).(i).(a)] | * Click here to enter text.
 | * Click here to enter text.
 |
| Documentation of specific applications should include participation in a minimum of 5 cases of oral administration greater than 33 millicuries of sodium iodine I-131, for which a written directive is required[PR IV.A.2.a).(2).(b).(i).(b)] | * Click here to enter text.
 | * Click here to enter text.
 |
| Documentation of specific applications should include participation in a minimum of 5 cases of parenteral administration of any beta admitter, or a photon-emitting radionuclide with a photon energy less than 150 KeV, for which a written directive is required, and/or parenteral administration of any other radionuclide, for which a written directive is required[PR IV.A.2.a).(2).(b).(i).(c)] | * Click here to enter text.
 | * Click here to enter text.
 |
| Demonstrate competence in performing pediatric nuclear radiology cases (a minimum of 100 cases must be performed)[PR IV.A.2.a).(2).(c)] | * Click here to enter text.
 | * Click here to enter text.
 |
| Maintain current basic life support certification[PR IV.A.2.a).(2).(d)] | * Click here to enter text.
 | * Click here to enter text.
 |

1. Briefly describe how fellows will provide consultation with referring physicians or services.
[PR IV.A.2.a).(1).(a)]

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

1. Describe how fellows will be educated in and apply low dose radiation techniques in both adults and children and how they become skilled in preventing and treating complications of contrast administration. [PR IV.A.2.a).(2).(a), IV.A.2.b).(2)]

*Limit to 200 words*

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

**Medical Knowledge**

1. Describe the activities and settings in which fellows will be given opportunities to develop knowledge in the following topics and evaluation methods used.

| **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** |
| --- | --- | --- |
| Demonstrate a level of expertise in the knowledge of those areas appropriate for a nuclear radiologist specialist[PR IV.A.2.b).(1)] | * Click here to enter text.
 | * Click here to enter text.
 |
| Including radiation safety rules and regulations, including those set by the NRC and/or other agreements stating rules, local regulations, and the ALARA principles, as well as personnel occupational radiation exposure and radiation protection[PR IV.A.2.b).(1).(a).] | * Click here to enter text.
 | * Click here to enter text.
 |
| Demonstrate knowledge of low dose radiation techniques in both adults and children, and how to prevent and/or treat complications of contrast administration[PR IV.A.2.b).(2)] | * Click here to enter text.
 | * Click here to enter text.
 |
| Develop skills in preparing and presenting educational material for medical students, graduate medical staff, and allied health personnel[PR IV.A.2.b).(3)] | * Click here to enter text.
 | * Click here to enter text.
 |
| Demonstrate a level of expertise in the didactic curricular knowledge of instrumentation: principles of instrumentation used in detection, measurement, and imaging of radioactivity with special emphasis on gamma cameras, including SPECT and PET devices, as well as software image fusion methodologies[PR IV.A.2.b).(6)] | * Click here to enter text.
 | * Click here to enter text.
 |
| Demonstrate a level of expertise in the didactic curricular knowledge of physics: structure of matter, modes of radioactive decay, particle and photon emissions and interactions of radiation with matter [PR IV.A.2.b).(7)] | * Click here to enter text.
 | * Click here to enter text.
 |
| Demonstrate a level of expertise in the didactic curricular knowledge of radiation biology and protection: biological effects of ionizing radiation, means of reducing radiation exposure, calculation of the radiation dose, evaluation of radiation overexposure, medical management of persons overexposed to ionizing radiation, management and disposal of radioactive substances, and establishment of radiation safety programs in accordance with federal and state regulations [PR IV.A.2.b).(8)] | * Click here to enter text.
 | * Click here to enter text.
 |
| Demonstrate a level of expertise in the didactic curricular knowledge of radiopharmaceuticals: reactor, cyclotron, and generator production of radionuclides, radiochemistry, pharmacokinetics, and formation of radiopharmaceuticals[PR IV.A.2.b).(9)] | * Click here to enter text.
 | * Click here to enter text.
 |

1. List the settings and activities in which fellows will be given opportunities to develop expertise in their knowledge of the following Diagnostic Imaging and Non-imaging Nuclear Radiology Application and Therapeutic Applications. Also specify the method(s) that will be used to assess fellow competence in each area. [PR IV.A.2.b).(5)-IV.A.2.b).(5).(e)]

| **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** |
| --- | --- | --- |
| Diagnostic use of radiopharmaceuticals, to include clinical indications, technical performance, and interpretation of in vivo imaging of the body organs and systems, and using external detectors and scintillation cameras, including SPECT and PET[PR IV.A.2.b).(5).(a)] | * Click here to enter text.
 | * Click here to enter text.
 |
| Exercise and pharmacologic stress testing, to include the pharmacology of cardioactive drugs and physiologic gating techniques[PR IV.A.2.b).(5).(b)] | * Click here to enter text.
 | * Click here to enter text.
 |
| Non-imaging studies: application of a variety of non-imaging procedures, including instruction in the principles of radioimmunology, preparation of radiolabeled antibodies, uptake measurements, and in-vitro studies[PR IV.A.2.b).(5).(c)] | * Click here to enter text.
 | * Click here to enter text.
 |
| Techniques and applications of molecular imaging and fusion imaging[PR IV.A.2.b).(5).(d)] | * Click here to enter text.
 | * Click here to enter text.
 |
| Therapeutic uses of unsealed radiopharmaceuticals, to include: patient selection and management, including dose administration and dosimetry, radiation toxicity, and radiation protection considerations in the treatment of metastatic cancer and bone pain, primary neoplasms, solid tumors, and malignant effusions; and the treatment of hematologic, endocrine, and metabolic disorders[PR IV.A.2.b).(5).(e)] | * Click here to enter text.
 | * Click here to enter text.
 |

1. Will residents be required to learn to operate, utilize or program any phase of computer utilization, specifically part of nuclear units? [PR IV.A.2.b).(6)] [ ]  YES [ ]  NO

If yes, describe briefly:

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

**Practice-based Learning and Improvement**

Describe the activities and settings in which fellows will be given opportunities to develop knowledge in the following topics and evaluation methods used.

| **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** |
| --- | --- | --- |
| Use quality control procedures for imaging devices, laboratory instrumentation, and radiopharmaceuticals[PR IV.A.2.c).(3)] | * Click here to enter text.
 | * Click here to enter text.
 |

**Interpersonal and Communication Skills**

Describe the activities and settings in which fellows will be given opportunities to develop knowledge in the following topics and evaluation methods used.

| **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** |
| --- | --- | --- |
| Communicate effectively with patients, colleagues, referring physicians, and other members of the health care team, concerning imaging and procedure appropriateness, informed consent, safety issues, and the results of imaging tests or procedures[PR IV.A.2.d).(1)] | * Click here to enter text.
 | * Click here to enter text.
 |
| Competence in oral communication[PR IV.A.2.d).(2)] | * Click here to enter text.
 | * Click here to enter text.
 |
| Competence in written communication[PR IV.A.2.d).(3)] | * Click here to enter text.
 | * Click here to enter text.
 |

**Professionalism**

Describe the activities and settings in which fellows will be given opportunities to develop knowledge in the following topics and evaluation methods used.

| **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** |
| --- | --- | --- |
| Demonstrate compassion, integrity, and respect for others [PR IV.A.2.e).(1)] | * Click here to enter text.
 | * Click here to enter text.
 |
| Demonstrate responsiveness to patient needs [PR IV.A.2.e).(2)] | * Click here to enter text.
 | * Click here to enter text.
 |
| Demonstrate respect for patient privacy and autonomy [PR IV.A.2.e).(3)] | * Click here to enter text.
 | * Click here to enter text.
 |
| Demonstrate accountability to patients, society and the profession [PR IV.A.2.e).(4)] | * Click here to enter text.
 | * Click here to enter text.
 |
| Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation [PR IV.A.2.e).(5)] | Click here to enter text. | * Click here to enter text.
 |
| Demonstrate compliance with institutional and departmental policies (HIPAA, the Joint Commission, patient safety, infection control, etc.) [PR IV.A.2.e).(6)] | * Click here to enter text.
 | * Click here to enter text.
 |

**Systems-based Practice**

Describe the activities and settings in which fellows will be given opportunities to develop knowledge in the following topics and evaluation methods used.

| **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** |
| --- | --- | --- |
| Work in interprofessional teams to enhance patient safety and improve patient care quality [PR IV.A.2.f).(1)] | * Click here to enter text.
 | * Click here to enter text.
 |
| Participate in identifying system errors and implementing potential systems solutions [PR IV.A.2.f).(2)] | * Click here to enter text.
 | * Click here to enter text.
 |

**Curriculum Organization and Fellow Experiences**

1. Do conferences include [PR IV.C.3.):
2. Intradepartmental conferences [PR IV.C.3.a).(1)] [ ]  YES [ ]  NO

If yes, how frequently does this occur? [Frequency]

1. Departmental grand rounds [PR IV.C.3.a).(2)] [ ]  YES [ ]  NO

If yes, how frequently does this occur? [Frequency]

1. At least one interdisciplinary conference per week [PR IV.C.3.a).(2)] [ ]  YES [ ]  NO
2. Peer review case conference and/or M&M conference [PR IV.C.3.a).(3)] [ ]  YES [ ]  NO

If yes, how frequently does this occur? [Frequency]

1. Formal didactic sessions

Enter the schedule of planned conferences and lectures. The specific title of lectures/sessions is requested. Add rows as necessary. [PR IV.C.3.]

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

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

1. Briefly describe the policy for fellow attendance and participation at local and national meetings. Indicate whether the program provides reimbursement. [PR IV.C.3.]

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

1. Describe how the fellows will participate in teaching conferences. [PR IV.C.4.]

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

1. How much responsibility will fellows have for their preparation and presentation? [PR IV.C.4.]

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

1. Will attendance/participation of fellows and faculty be documented? [PR IV.C.4] [ ]  YES [ ]  NO

**Fellows’ Scholarly Activities**

1. Describe the opportunities fellows will have to engage in scholarly projects. [PR IV.D.3.]

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

1. Describe the opportunities fellows will have to submit their projects for publication or presentation. [PR IV.D.3.b)]

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

1. Describe how fellows will be instructed in the fundamentals of experimental design, performance, and interpretation of results. [PR IV.D.3.a)]

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

1. List intramural research programs (not more than 5) being conducted by members of the Department. DO NOT SUBMIT COPIES OF PROTOCOLS, PAPERS OR GRANT APPLICATIONS. [PR IV.D.2.]

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

**Evaluation**

**Fellow Formative Evaluation**

1. Will fellow evaluations include at least a quarterly review? [PR V.A.1.b).(1) [ ]  YES [ ]  NO
2. Will the quarterly review include the following? [PR V.A.1.b).(1)]

a) review of the faculty’s evaluations of the fellow [ ]  YES [ ]  NO

b) review of the fellow’s procedure log [ ]  YES [ ]  NO

c) documentation of compliance with institutional and department policies (e.g. HIPAA, the JC, patient safety, infection control, etc.] [ ]  YES [ ]  NO

Explain any “no” responses.

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

**Faculty Evaluation**

1. Will faculty evaluations include a written confidential evaluation by the fellows? [PR V.B.1.b)]
 [ ]  YES [ ]  NO
2. Will faculty receive annual feedback from these evaluations? [PR V.B.2.] [ ]  YES [ ]  NO

Explain any “no” responses.

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