

**Frequently Asked Questions: Diagnostic Radiology Subspecialties**  
**(Abdominal, Musculoskeletal, Neuroradiology, Pediatric, and Neuroendovascular Intervention)**  
**Review Committee for Diagnostic Radiology**  
**ACGME**

Question	Answer
<b>Educational Program</b>	
<p>What are the Review Committee's (RC's) expectations for neuroradiology regarding time and scope of training in catheter-based angiography?</p> <p><i>[Neuroradiology Program Requirements: IV.C.7. and IV.C.7.a]</i></p>	<p>The RC expects fellows to receive at least four weeks of training in vascular neuroradiology via the supervised interpretation of MRA and CTA studies throughout their fellowship year.</p> <p>While many neuroradiologists will not perform angiography procedures in their practice, the RC considers knowledge and understanding of catheter-based angiography to be an essential component of neuroradiology practice. Knowledge of catheter-based angiography remains a component of the American Board of Radiology Neuroradiology exam, and thus, this training remains a component of the fellowship.</p> <p>Fellows should understand the indications, contraindications, potential complications, and basics of how neuro-interventional radiology (IR) procedures are performed. While didactic learning may be a component of this training, the RC requires fellows to participate in angiography cases in the IR suite to gain this experience. Ideally, fellows will scrub into cases; if scrubbing in is not possible, they may closely observe. Many programs find that one-to-two weeks of cumulative angiographic procedural experience during the one-year fellowship is sufficient.</p>
<b>The Learning and Working Environment</b>	
<p>Can fellows be supervised by licensed independent practitioners?</p> <p><i>[Program Requirement: VI.A.2.a).(2)]</i></p>	<p>Only licensed physicians credentialed to perform imaging procedures may have primary responsibility for supervising the imaging aspects of patient care.</p>

Question	Answer
<p>What does the RC consider an optimal clinical workload for fellows?</p> <p><i>[Program Requirement: VI.E.1.]</i></p>	<p>Optimal clinical workload must maximize fellows' learning experience without compromising patient care. The number and distribution of cases will vary with the responsibility appropriate to fellows' demonstrated competence over the course of their education. Program directors must determine minimum and maximum patient loads by including faculty members' and fellows' input into an assessment of the learning environment, including patient safety, fellow education, severity and complexity of patient illness/condition, and available support services.</p> <p>Both insufficient patient experiences and excessive patient loads may jeopardize the quality of fellow education.</p>
<p>Who should be included in the interprofessional teams?</p> <p><i>[Program Requirement: VI.E.2.]</i></p>	<p>All interprofessional team members must participate in the education of fellows. Team members include ancillary personnel, attending diagnostic radiology physicians, diagnostic radiology technologists, nurse practitioners, nurses, physician assistants, and radiation safety personnel. The team may also include individuals from referring clinical services, medical physicists, and radiopharmacists.</p>