Application Guidelines for Adding a Fundamental Clinical Skills of Medicine Year
Review Committee for Radiology

The Review Committee will consider applications for:

- 60-month diagnostic radiology programs
- 72-month interventional radiology-integrated programs

Programs seeking to add a fundamental clinical skills of medicine year must apply to the Review Committee for approval. All ACGME-accredited diagnostic radiology and interventional radiology-integrated programs in good accreditation standing are eligible to apply. Programs need not complete a formal application “form,” but must submit the application components listed here. Email completed applications to Executive Director Felicia Davis: fdavis@acgme.org.

Purpose of the Clinical Year
An additional clinical year provides radiology residents with the experiences necessary to develop competence in the fundamental clinical skills of medicine that are the foundational building blocks of the specialty.

Application Process
Programs must submit documents for review and approval by the Review Committee in order to add a clinical year. A site visit is not required. The documents listed below describe the program resources and curriculum pertinent to the clinical year education and are required for the Review Committee’s consideration of such a request.

The components of the clinical year application are:

1. Letter of support
2. A list and description of the clinical experiences during the first 12 months of the program
3. Goals and objectives for each rotation
4. A list/schedule of the didactic experiences
5. Block diagram
6. A list of faculty members, including their relevant qualifications
7. Supervision policies
8. Evaluations

Information regarding each of these components is provided below.

1. **Letter of Support**
   A letter of support for adding the clinical year should be signed by the program director of the radiology residency program, the Sponsoring Institution’s designated institutional official (DIO), and the radiology department chair. The letter must include:
   a. Attestation of sufficient procedural and clinical resources to provide all residents with a sufficient breadth and balance of experience in the essential areas of the fundamental clinical skills of medicine, as well as attestation that the program
director will maintain oversight of resident education.

b. The number of clinical year resident positions requested for the year, and the increased total number of positions for the program, including the clinical year positions.

c. Confirmation that the program director will be provided increased support as defined in the current Program Requirements II.A.2.a) for diagnostic radiology; and II.A.2.b) for interventional radiology based on the number of clinical year positions.

1. Diagnostic Radiology:

<table>
<thead>
<tr>
<th>Number of Clinical Year Positions</th>
<th>Minimum Additional Program Director FTE</th>
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<tbody>
<tr>
<td>1-3 residents</td>
<td>0.10</td>
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<tr>
<td>4 or more residents</td>
<td>0.15</td>
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2. Interventional Radiology:

<table>
<thead>
<tr>
<th>Number of Clinical Year Positions</th>
<th>Minimum Additional Program Director FTE</th>
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</thead>
<tbody>
<tr>
<td>1-3 residents</td>
<td>0.10</td>
</tr>
<tr>
<td>4 or more residents</td>
<td>0.15</td>
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2. List and Description of the Clinical Experiences during the First 12 Months of the Program

List and describe the clinical experiences/rotations during the first 12 months of the program that will provide residents the fundamental clinical skills of medicine, including:

- the discipline(s) that will provide the clinical experiences [diagnostic radiology IV.C.4.a).(1).(b)] or [interventional radiology IV.C.5.d).(1).(b)]
- at least nine months of rotations, which must include [diagnostic radiology IV.C.4.a).(1).(a)] or [interventional radiology IV.C.5.d).(1).(a)]:
  - Six months of inpatient care, including one month of critical care
  - One month of emergency medicine
  - Two months of additional inpatient or outpatient care
- any elective rotations in diagnostic radiology, interventional radiology, or nuclear medicine, which must only occur in departments with an accredited program [diagnostic radiology IV.C.4.a).(1).(c)] or [interventional radiology IV.C.5.d).(1).(c)]. Note that these electives must not exceed a combined total of two months.

3. Goals and Objectives

Provide a copy of the goals and objectives for each rotation during the clinical year. Sample documentation is provided below in Appendix 2. Clearly delineate how each experience/rotation will facilitate the residents’ development of competence in one or more of the following: [diagnostic radiology IV.B.1.b).(1).(b)] or [interventional radiology IV.B.1.b).(1).(c).(i)]

- Obtaining a comprehensive medical history
- Performing a comprehensive physical examination
- Assessing a patient’s medical conditions
• Making appropriate use of diagnostic studies and tests
• Integrating information to develop a differential diagnosis
• Implementing a treatment plan

4. **List/Schedule of Didactic Experiences**
   Provide a list/schedule of the didactic experiences that will be provided (lectures, conferences, grand rounds, and journal clubs) to residents during the clinical year.

5. **Block Diagram**
   Provide a block diagram of the clinical year that clearly indicates the proposed curriculum. Align the location of each rotation with the list of participating sites as identified for the program in the ACGME’s Accreditation Data System. An example is shown below in **Appendix 1**.

6. **List of Faculty Members, including Relevant Qualifications**
   Provide a table listing the names and qualifications of the faculty members who will be responsible for educating and supervising clinical year rotations. This must include evidence of each faculty member’s qualifications to provide this education and training. This could include, but is not limited to, American Board of Medical Specialties Board certification, American Osteopathic Board of Radiology certification, or focused clinical and academic experience. A template table is provided in **Appendix 3** below.

7. **Resident Supervision Policies**
   Provide copies of the resident supervision policies related to each rotation that will be a part of the clinical year.

8. **Evaluations**
   Provide examples/copies of the evaluation forms that will be used for each rotation in the clinical year, including a) faculty evaluations of the residents; b) resident evaluations of the faculty members; and c) resident evaluations of rotations.
## Appendix 1. Block Diagram of PGY-1 Clinical Year Curriculum (Example)

<table>
<thead>
<tr>
<th>Year 1 Block</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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<th>6</th>
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<tbody>
<tr>
<td>Institution/Site</td>
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<td>Site #1</td>
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<td>Site #1</td>
<td>Site #2</td>
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<tr>
<td>Rotation/Experience</td>
<td>EM</td>
<td>EM</td>
<td>IM</td>
<td>IM</td>
<td>OB</td>
<td>EM</td>
<td>IM</td>
<td>Peds</td>
<td>FM</td>
<td>FM</td>
<td>GS</td>
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**Key:**
- EM = Emergency Medicine
- IM = Internal Medicine
- OB = Obstetrics
- Peds = Pediatrics
- FM = Family Medicine
- GS = General Surgery

Site #1 = University Medical Center
Site #2 = Children’s Hospital
Site #3 = Community Hospital
Appendix 2. Goals and Objectives (Sample)

As specified in the Common Program Requirements, each educational experience must have competency-based goals and objectives. For the clinical year application, a more simplified, abbreviated version of the goals and objectives can be submitted. However, this abbreviated version does not replace the need for the actual competency-based goals and objectives for the rotation per requirement IV.A.2.

Abbreviated Goals and Objectives

Goals and Objectives:

Rotation Name/Designation:

Description of Rotation:

Goals:

Objectives:

Expectations:
## Appendix 3. Faculty Names and Qualifications

<table>
<thead>
<tr>
<th>Faculty Member Name</th>
<th>Specialty/Subspecialty Area</th>
<th>ABMS or AOBR Board Certified (Y/N)? If Yes, include Name of Certificate</th>
<th>Other Qualifications</th>
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