**New Application: Nuclear Medicine**

**Review Committee for Nuclear Medicine**

**ACGME**

**Oversight**

**Resources**

1. Is there internet access dedicated for resident educational use? [PR I.D.1.a)] [ ]  YES [ ]  NO

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

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**Other Learners and Other Care Providers**

1. If the program provides rotations for residents or fellows from other specialties within or from outside the site, provide the specialty, number of learners, whether the rotation is full participation (FP) or observational (O), and the length of the rotation. [PR I.E.]

| **Specialty** | **# of Learners per Year at any Given Time** | **Full Participation or Observational** | **Length of Rotation (Weeks/Months per Year)** |
| --- | --- | --- | --- |
| Specialty | # | [ ]  FP or [ ]  O | # |
| Specialty | # | [ ]  FP or [ ]  O | # |
| Specialty | # | [ ]  FP or [ ]  O | # |
| Specialty | # | [ ]  FP or [ ]  O | # |
| Specialty | # | [ ]  FP or [ ]  O | # |
| Specialty | # | [ ]  FP or [ ]  O | # |
| Specialty | # | [ ]  FP or [ ]  O | # |
| Specialty | # | [ ]  FP or [ ]  O | # |

**Personnel**

**Program Director**

1. How will the program director ensure that residents entering at the NM2 level achieve all the required competency outcomes by completion of the program? [PR V.A.1.c).(3)] (Limit response to 400 words)

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1. How will the program director ensure that residents entering at the NM3 level achieve all the required competency outcomes by completion of the program? [PR V.A.1.c).(3)] (Limit response to 400 words)

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**Educational Program**

**ACGME Competencies**

**Professionalism**

1. Describe the learning activity(ies), other than lecture, by which residents will demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles, including: compassion, integrity, and respect for others; responsiveness to patient needs that supersedes self-interest; respect for patient privacy and autonomy; accountability to patients, society, and the profession; and sensitivity and responsiveness to a diverse patient population, including to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation. [PRs IV.A.5., IV.B.1.a).(1).(a)-(g)] (Limit response to 400 words)

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**Patient Care and Procedural Skills**

1. Indicate the settings and activities in which residents will demonstrate competence in each of the areas listed below. Also list the method(s) used to assess resident competence.

| **Competency Area** | **Settings/Activities** | **Assessment Method(s)\*** |
| --- | --- | --- |
| Patient evaluation, to include pertinent patient information relevant to the requested procedure using patient interview, chart, and computer database review; the performance of a focused physical examination as indicated; and communication with the referring physician[PR IV.B.1.b).(1).(a).(i)] | Settings/activities | Assessment method(s) |
| Selection, performance, and interpretation of appropriate: |
| Musculoskeletal studies, including bone mineral density measurements, for malignant and benign disease[PR IV.B.1.b).(1).(a).(ii).(a)] | Settings/activities | Assessment method(s) |
| Myocardial perfusion imaging with treadmill and pharmacologic stress, including patient monitoring, with emphasis on electrocardiographic interpretation[PR IV.B.1.b).(1).(a).(ii).(b)] | Settings/activities | Assessment method(s) |
| electrocardiogram (ECG)-gated ventriculography for evaluation of ventricular performance[PR IV.B.1.b).(1).(a).(ii).(c)] | Settings/activities | Assessment method(s) |
| endocrinologic studies, including studies of the thyroid and parathyroid, including measurement of iodine uptake and dosimetry calculations for radio-iodine therapy when appropriate[PRs IV.B.1.b).(1).(a).(ii).(d)-(d).(i)] | Settings/activities | Assessment method(s) |
| gastrointestinal studies, including transit studies, and studies of the liver and hepatobiliary system, of bleeding, and of Meckel’s diverticulum[PR IV.B.1.b).(1).(a).(ii).(e)] | Settings/activities | Assessment method(s) |
| infection studies, such as gallium citrate, FDG PET, labeled leukocytes, and bone marrow[PR IV.B.1.b).(1).(a).(ii).(f)] | Settings/activities | Assessment method(s) |
| neurologic studies, including studies of cerebral perfusion, cerebral metabolism, and cerebrospinal fluid, including studies of dementia, epilepsy, and brain death[PR IV.B.1.b).(1).(a).(ii).(g)] | Settings/activities | Assessment method(s) |
| oncologic studies, including studies of sentinel node localization, fluorodeoxyglucose (FDG), Meta-Iodo-Benzyl-Guanidine (MIBG), somatostatin-receptor imaging, and other agents as they become available[PR IV.B.1.b).(1).(a).(ii).(h)] | Settings/activities | Assessment method(s) |
| pulmonary studies, including studies of perfusion and ventilation for pulmonary embolus, right-to-left shunts, and quantitative assessment of perfusion and ventilation[PR IV.B.1.b).(1).(a).(ii).(i)] | Settings/activities | Assessment method(s) |
| urinary tract studies, including studies of renal perfusion, function and cortical imaging, and renal scintigraphy with pharmacologic interventions[PR IV.B.1.b).(1).(a).(ii).(j)] | Settings/activities | Assessment method(s) |
| PET, PET/CT, and other hybrid molecular imaging studies for both oncologic and non-oncologic indications[PR IV.B.1.b).(1).(a).(ii).(k)] | Settings/activities | Assessment method(s) |
| cross-sectional imaging of the brain, head and neck, thorax, abdomen, and pelvis with CT in the context of SPECT/CT and PET/CT[PR IV.B.1.b).(1).(a).(ii).(l)] | Settings/activities | Assessment method(s) |
| therapeutic administration of radioiodine for both malignant and benign thyroid disease, including: patient selection; evaluating risks and benefits; determining the administered activity; patient identity verification; obtaining informed consent; documenting pregnancy status; using administrative controls to prevent a medical event; complying with federal and state regulations regarding medical use of radiopharmaceuticals; counseling patients and their families about radiation safety issues; and scheduling and performing post-therapy follow-up[PR IV.B.1.b).(1).(a).(ii).(m)] | Settings/activities | Assessment method(s) |
| therapeutic administration of other unsealed radiopharmaceuticals for malignant and benign diseases, including: patient selection; evaluating risks and benefits; determining the administered activity; patient identity verification; obtaining informed consent; documenting pregnancy status; using administrative controls to prevent a medical event; complying with federal and state regulations regarding the medical use of radiopharmaceuticals; counseling patients and their families about radiation safety issues; and scheduling and performing post-therapy follow-up[PR IV.B.1.b).(1).(a).(ii).(n)] | Settings/activities | Assessment method(s) |
| selection of the appropriate single photon or positron emitting radiopharmaceutical, administered activity, imaging technique, data analysis, and image presentation[PR IV.B.1.b).(1).(a).(ii).(o)] | Settings/activities | Assessment method(s) |
| supervisory skills[PR IV.B.1.b).(1).(a).(ii).(p)] | Settings/activities | Assessment method(s) |

\*Examples of assessment 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.

2. Briefly describe how residents at all levels will demonstrate compliance with radiation safety rules and regulations, including Nuclear Regulatory Commission (NRC) and/or agreement state rules, local regulations, and the ALARA (as low as is reasonably achievable) principle for radiation protection. [PR IV.B.1.b).(1).(b)] (Limit response to 200 words)

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3. Will all residents maintain current certification in both basic and advanced cardiac life support?
[PR IV.B.1.b).(1).(c)] [ ]  YES [ ]  NO

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

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1. Indicate the settings and activities in which residents will demonstrate competence in each of the following. Also list the method(s) used to assess resident competence.

| **Competency Area** | **Settings/Activities** | **Assessment Method(s)\*** |
| --- | --- | --- |
| Performing nuclear medicine procedures, as well as reviewing and interpreting the resulting images [PR IV.B.1.b).(2).(a).(i)] | Settings/activities | Assessment method(s) |
| Preparing radiopharmaceuticals, including preparing patient-administered activity and performing quality control measures [PR IV.B.1.b).(2).(a).(ii)] | Settings/activities | Assessment method(s) |
| Recommending, planning, conducting, supervising, interpreting, and reporting diagnostic and therapeutic nuclear medicine procedures appropriate for the clinical problem or condition [PR IV.B.1.b).(2).(a).(iii)] | Settings/activities | Assessment method(s) |
| Correlating the nuclear medicine procedure with clinical information, laboratory, and other procedural or imaging studies [PR IV.B.1.b).(2).(a).(iv)] | Settings/activities | Assessment method(s) |

**Medical Knowledge**

1. List the settings and activities in which residents will demonstrate knowledge of the areas listed below. Also indicate the method(s) used to assess resident knowledge.

| **Knowledge Area** | **Settings/Activities** | **Assessment Method(s) \*** |
| --- | --- | --- |
| Radiation safety[PR IV.B.1.c).(1).(a)] | Settings/activities | Assessment method(s) |
| Nuclear medicine instrumentation, including quality control[PR IV.B.1.c).(1).(b)] | Settings/activities | Assessment method(s) |
| Nuclear medicine procedures, including:[PR IV.B.1.c).(1).(c)] | Settings/activities | Assessment method(s) |
| Cardiovascular[PR IV.B.1.c).(1).(c).(i)] | Settings/activities | Assessment method(s) |
| Endocrine[PR IV.B.1.c).(1).(c).(ii)] | Settings/activities | Assessment method(s) |
| Gastrointestinal[PR IV.B.1.c).(1).(c).(iii)] | Settings/activities | Assessment method(s) |
| Infection[PR IV.B.1.c).(1).(c).(iv)] | Settings/activities | Assessment method(s) |
| Musculoskeletal[PR IV.B.1.c).(1).(c).(v)] | Settings/activities | Assessment method(s) |
| Neurologic[PR IV.B.1.c).(1).(c).(vi)] | Settings/activities | Assessment method(s) |
| Oncologic[PR IV.B.1.c).(1).(c).(vii)] | Settings/activities | Assessment method(s) |
| Pulmonary[PR IV.B.1.c).(1).(c).(viii)] | Settings/activities | Assessment method(s) |
| Urinary tract[PR IV.B.1.c).(1).(c).(ix)] | Settings/activities | Assessment method(s) |
| PET and PET/CT for oncologic and non-oncologic indications[PR IV.B.1.c).(1).(c).(x)] | Settings/activities | Assessment method(s) |
| Cross-sectional imaging of the brain, head and neck, thorax, abdomen, and pelvis with CT in the context of SPECT/CT and PET/CT[PR IV.B.1.c).(1).(c).(xi)] | Settings/activities | Assessment method(s) |
| Diagnostic use of radiopharmaceuticals: clinical indications, technical performance, and interpretation of in-vivo imaging of the body organs and systems; using external detectors and scintillation cameras, including SPECT, SPECT/CT, PET, and PET/CT; and correlation of nuclear medicine procedures with other pertinent imaging modalities[PR IV.B.1.c).(1).(d)] | Settings/activities | Assessment method(s) |
| Exercise and pharmacologic stress testing, including the pharmacology of cardioactive drugs and physiologic gating techniques[PR IV.B.1.c).(2)] | Settings/activities | Assessment method(s) |
| Non-imaging studies[PR IV.B.1.c).(2).(a)] | Settings/activities | Assessment method(s) |
| Radioiodine therapy for malignant and benign thyroid disease[PR IV.B.1.c).(2).(b)] | Settings/activities | Assessment method(s) |
| Therapeutic uses of other unsealed radiopharmaceuticals in the treatment of malignant and benign diseases[PR IV.B.1.c).(2).(c)] | Settings/activities | Assessment method(s) |
| Fundamentals of imaging molecular targets, processes and events, and existing and emerging molecular imaging techniques, particularly as they relate to current clinical practice[PR IV.B.1.c).(2).(d)] | Settings/activities | Assessment method(s) |

\*Examples of assessment 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.

**Practice-based Learning and Improvement**

1. Briefly describe one learning activity in which residents will demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. [PR IV.B.1.d)] (Limit response to 200 words)

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1. Briefly describe one planned learning activity in which residents will engage to identify strengths, deficiencies, and limits in their knowledge and expertise (self-reflection and self-assessment); set learning and improvement goals; and identify and perform appropriate learning activities to achieve self-identified goals (lifelong learning). [PR IV.B.1.d).(1).(a)-(c)] (Limit response to 200 words)

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1. Briefly describe one planned quality improvement activity or project that will allow residents to demonstrate the ability to analyze, improve, and change practice or patient care. [PR IV.B.1.d).(1).(d)] (Limit response to 200 words)

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1. Briefly describe how residents will receive and incorporate formative evaluation feedback into daily practice. [PR IV.B.1.d).(1).(e)] (Limit response to 200 words)

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1. Briefly describe one example of a learning activity in which residents will engage to develop the skills needed to use information technology to locate, appraise, and assimilate evidence from scientific studies and apply it to their patients' health problems. [PR IV.B.1.d).(1).(f)-(g)] (Limit response to 200 words)

The description should include:

* Locating information
* Using information technology
* Appraising information
* Assimilating evidence information (from scientific studies)
* Applying information to patient care

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1. Briefly describe how residents will develop skills and habits to be able to regularly obtain follow-up information and correlate the clinical findings with their study interpretation. [PR IV.B.1.d).(1).h)] (Limit response to 200 words)

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1. Briefly describe how residents will develop skills and habits to be able to evaluate their personal practice using scientific evidence, best practices, and/or self-assessment programs or modules for practice improvement. [PR IV.B.1.d).(1).(i)] (Limit response to 200 words)

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**Interpersonal and Communication Skills**

1. Briefly describe one learning activity in which residents will demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. [PR IV.B.1.e)] (Limit response to 200 words)

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1. Briefly describe one learning activity in which residents will develop competence in communicating effectively with patients, their families, and the public, across a broad range of socioeconomic and cultural backgrounds, and with physicians, other health professionals, and health-related agencies. [PR IV.B.1.e).(1).(a)-(b)] (Limit response to 200 words)

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1. Briefly describe one learning activity in which residents will develop skills and habits to work effectively as a member or leader of a health care team or other professional group. In the example, identify the members of the team, responsibilities of the team members, and how team members communicate to accomplish responsibilities. [PR IV.B.1.e).(1).(c)] (Limit response to 200 words)

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1. Briefly describe how residents will be provided with opportunities to act in a consultative role to other physicians and health professionals. [PR IV.B.1.e).(1).(e)] (Limit response to 200 words)

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1. Briefly describe how residents will be provided with opportunities to maintain comprehensive, timely, and legible medical records, if applicable [PR IV.B.1.e).(1).(f)] (Limit response to 200 words)

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1. Briefly describe how residents will be provided with opportunities to prepare a complete and concise nuclear medicine procedure interpretation report. [PR IV.B.1.e).(1).(g)] (Limit response to 200 words)

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1. Briefly describe how residents will be provided with opportunities to communicate the final procedure interpretation; an appropriate differential diagnosis; and any clinical, diagnostic, or therapeutic recommendations promptly and clearly to the referring health care provider. [PR IV.B.1.e).(1).(h)] (Limit response to 200 words)

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1. Briefly describe how residents will be provided with opportunities to provide effective contributions to interdisciplinary and clinical didactic conferences. [PR IV.B.1.e).(1).(i)] (Limit response to 200 words)

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1. Briefly describe how residents will be provided with opportunities to educate patients and their families about diagnostic and therapeutic nuclear medicine procedures. [PR IV.B.1.e).(1).(j)] (Limit response to 200 words)

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1. Briefly describe how residents will be provided with opportunities to supervise and teach junior residents, residents from other services, and students on rotation in nuclear medicine. [PR IV.B.1.e).(1).(k)] (Limit response to 200 words)

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**Systems-based Practice**

1. Briefly describe the learning activity(ies) through which residents will demonstrate an awareness of and responsiveness to the larger context and system of health care, including the social determinants of health, as well as the ability to call effectively on other resources in the system to provide optimal health care. [PR IV.B.1.f)] (Limit response to 200 words)

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1. Describe the learning activity(ies) through which residents will achieve competence in the elements of systems-based practice: working effectively in various health care delivery settings and systems relevant to their clinical specialty; coordinating patient care across the health care continuum and beyond as relevant to their clinical specialty; incorporating considerations of value, cost-awareness, delivery and payment, and risk-benefit analysis in patient and/or population-based care as appropriate; advocating for quality patient care and optimal patient care systems; and working in interprofessional teams to enhance patient safety and care quality. [PR IV.B.1.f).(1).(a)-(d) and (f)] (Limit response to 400 words)

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3. Briefly describe the learning activity(ies) through which residents will participate in identifying system errors and implementing potential systems solutions. [PR IV.B.1.f).(1).(e)] (Limit response to 200 words)

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1. Briefly describe how residents will be provided with opportunities to demonstrate an understanding of how the components of the local and national health care system function interdependently, and how changes to improve the system will involve group and individual efforts. [PR IV.B.1.f).(1).(h)] (Limit response to 200 words)

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1. Briefly describe how residents will be provided with opportunities to function as consultants for other health care professionals, and to act as resources for information regarding the appropriate use of imaging resources and efforts. [PR IV.B.1.f).(1).(h).(i)] (Limit response to 200 words)

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1. Briefly describe how residents will be provided with opportunities to identify existing systems problems that compromise patient care, systematically analyze the problems, develop solutions, and evaluate the effectiveness of interventions at the departmental, institutional, local, or national levels. [PR IV.B.1.f).(1).(i)] (Limit response to 200 words)

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**Curriculum Organization and Resident Experiences**

**Didactic Lectures**

1. Will residents attend regularly scheduled didactic lectures? [PR IV.C.3.a)] [ ]  YES [ ]  NO

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

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2. Provide a list of the planned educational program. For each didactic session in which residents will participate, indicate the topic, type of session, duration, and individual(s) presenting the lecture. Add rows as needed. [PRs IV.C.3.b)-IV.C.5.]

| **Topic of Session**  | **Type of Didactic Session (e.g., clinical nuclear, basic science, administrative seminar, journal review, M and M, research seminar, interdisciplinary)** | **Hours Allotted for Session** | **Individual(s)****Presenting Session (e.g., nuclear medicine faculty member, nuclear medicine Resident, Other: specify\_\_\_)** |
| --- | --- | --- | --- |
| Topic | Type of session | # | Presenter(s) |
| Topic | Type of session | # | Presenter(s) |
| Topic | Type of session | # | Presenter(s) |
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Briefly describe the plan for resident participation in the activities listed above. (Limit response to 200 words)

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1. Basic Science: Indicate whether residents will complete laboratory and classroom experience in each of the areas listed below. Also indicate the method(s) that will be used to assess resident competence.

|  | **Classroom Experience** | **Laboratory Experience** | **Assessment Method(s)\*** |
| --- | --- | --- | --- |
| **Radiation Physics** [PR IV.C.4.a).(1).(a)] |
| Structure of matter | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | Assessment Method(s) |
| Modes of radioactive decay | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | Assessment Method(s) |
| Particle and photon emissions | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | Assessment Method(s) |
| Interactions of radiation with matter | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | Assessment Method(s) |
| **Instrumentation** [PR IV.C.4.a).(1).(b)] |
| Principles of instrumentation used in detection, measurement, and imaging of radioactivity with special emphasis on gamma cameras, including SPECT, SPECT/CT, PET, and PET/CT systems | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | Assessment Method(s) |
| Associated electronic instrumentation and computers employed in image production and display | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | Assessment Method(s) |
| Instrumentation principles of magnetic resonance imaging and multi-slice computed tomography | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | Assessment Method(s) |
| **Radiation Protection and Regulations** [PR IV.C.4.a).(2)] |
| Means of reducing radiation exposure | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | Assessment Method(s) |
| Radiation dose limits | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | Assessment Method(s) |
| Evaluation of patients exposed to potentially dangerous levels of radiation | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | Assessment Method(s) |
| Assist in medical management of persons exposed to ionizing radiation | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | Assessment Method(s) |
| Management and disposal of radioactive substances | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | Assessment Method(s) |
| Establishment of radiation safety programs in accordance with federal and state regulations | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | Assessment Method(s) |
| **Mathematics pertaining to the use and measurement of radioactivity** [PR IV.C.4.a).(3)] |
| Statistics | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | Assessment Method(s) |
| Medical decision making | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | Assessment Method(s) |
| **Chemistry of radioactive material for medical use** [PR IV.C.4.a).(4)] |
| Reactor, cyclotron, and generator production of radionuclides | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | Assessment Method(s) |
| Radiochemistry | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | Assessment Method(s) |
| Formulation of radiopharmaceuticals | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | Assessment Method(s) |
| **Radiation Biology** [PR IV.C.4.a).(5)] |
| Biological effects of ionizing radiation  | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | Assessment Method(s) |
| Calculation of radiation dose | [ ]  YES [ ]  NO | [ ]  YES [ ]  NO | Assessment Method(s) |

\*Examples of assessment 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.

1. Will all residents participate in a radiopharmacy rotation? [PR IV.C.7.a)] [ ]  YES [ ]  NO

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

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1. Indicate whether the radiopharmacy rotation will include the following:
2. Ordering, receiving, and unpacking radioactive materials safely, and performing the related radiation surveys [PR IV.C.7.a).(1).(a)] [ ]  YES [ ]  NO
3. Performing quality control procedures on instruments used to determine the activity of dosages, and performing checks for proper operation of survey meters [PR IV.C.7.a).(1).(b)]
 [ ]  YES [ ]  NO
4. Calculating, measuring, and safely preparing patient or human research subject dosages
[PR IV.C.7.a).(1).(c)] [ ]  YES [ ]  NO
5. Using administrative controls to prevent a medical event involving the use of unsealed by product material [PR IV.C.7.a).(1).(d)] [ ]  YES [ ]  NO
6. Using procedures to safely contain spilled radioactive material and using proper decontamination procedures [PR IV.C.7.a).(1).(e)] [ ]  YES [ ]  NO
7. Administering dosages of radioactive drugs to patients or human research subjects.
[PR IV.C.7.a).(1).(f)]) [ ]  YES [ ]  NO

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

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1. Will all residents participate, with appropriate supervision, in the performance of nuclear medicine imaging and non-imaging procedures, to include instrumentation quality control? [PR IV.C.7.b)]
 [ ]  YES [ ]  NO
2. Will all residents participate in basic radiation safety and survey procedures? [PR IV.C.7.c)]
 [ ]  YES [ ]  NO

Explain any “NO” responses to 3. or 4. above. (Limit response to 200 words)

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1. Will each resident maintain a Resident Learning Portfolio? [PR IV.C.7.d)] [ ]  YES [ ]  NO

| **Indicate whether each of the following will be included in the Resident Learning Portfolio:** | **YES** | **NO** |
| --- | --- | --- |
| **Patient Care** |
| Documentation in the ACGME Case Log System of participation in at least 30 cases of oral administration of sodium iodide I-131 for which a written directive is required [PR IV.C.7.d).(1).(a).(i)] |[ ] [ ]
| Documentation in the ACGME Case Log System of at least 10 cases of oral administration of sodium iodide I-131 for malignant disease and at least 10 for benign disease [PR IV.C.7.d).(1).(a).(i)-IV.C.7.d).(a).(I).(a)] |  |  |
| Documentation in the ACGME Case Log System of participation in at least three cases less than or equal to 1.22 gigabecquerels (33 millicuries) of sodium iodide I-131, and at least three cases must be greater than 1.22 gigabecquerels (33 millicuries) of sodium iodide I-131 [PR IV.C.7.d).(1).(a).(i).(b)] |[ ] [ ]
| Documentation in the ACGME Case Log System of participation in at least five cases of parenteral administration of any alpha emitter, beta emitter, 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.C.7.d).(1).(a).(ii)] |[ ] [ ]
| Documentation in the ACGME Case Log System of participation in at least 100 cardiovascular pharmacologic and/or exercise stress studies [PR IV.C.7.d).(1).(a).(iii)] |[ ] [ ]
| Documentation in the ACGME Case Log System of participation in therapeutic procedures including date, diagnosis, and administered activity of each therapy [PR IV.C.7.d).(1).(b)] |[ ] [ ]
| Documentation in the ACGME Case Log System of participation in stress myocardial studies including date, radiopharmaceutical, and type of stress (exercise or pharmacologic) [PR IV.C.7.d).(1).(c)] |[ ] [ ]
| Documentation in the ACGME Case Log System of the completion of at least 100 pediatric nuclear medicine procedures over the course of the educational program [PR IV.C.7.d).(1).(d)] *(programs will be not be cited for failure to comply with this requirement)* |[ ] [ ]
| Documentation of BCLS and ACLS certification [PR IV.C.7.d).(1).(e)] |[ ] [ ]
| **Medical Knowledge** |
| Documentation of conference presentations, external courses and meetings attended, and self-assessment modules completed [PR IV.C.7.d).(2).(a)] |[ ] [ ]
| Documentation of compliance with regulatory-based training requirements [PR IV.C.7.d).(2).(b)]  |[ ] [ ]
| Documentation of performance on the annual in-training examination [PR IV.C.7.d).(2).(c)] |[ ] [ ]
| **Practice-based Learning and Improvement** |
| Completion of an annual resident self-assessment and learning plan [PR IV.C.7.d).(3).(a)] |[ ] [ ]
| **Interpersonal and Communication Skills** |
| Formal faculty evaluation of report quality [PR IV.C.7.d).(4).(a)] |[ ] [ ]
| **Professionalism** |
| Documentation of compliance with institutional and departmental policies [PR IV.C.7.d).(5).(a)] |[ ] [ ]
| **Systems-based Practice** |
| Documentation of participation in identifying and implementing potential systems solutions [PR IV.C.7.d).(6).(a)] |[ ] [ ]
| **Scholarly Activity** |
| Documentation of scholarly activity, such as publications or announcement of presentations [PR IV.C.7.d).(7).(a)] |[ ] [ ]
| Any additional materials requested by the program director [PR IV.C.7.d).(7).(b)] |[ ] [ ]
| Submission of a scholarly activity project to the program director for evaluation by the completion of the program [PR IV.C.7.d).(7).(c)] |[ ] [ ]

Explain any “NO” responses: (Limit response to 200 words)

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1. Indicate the amount of time allotted for elective rotations and/or dedicated research time for residents entering the program at the NM-1 level: [PR IV.C.8.-IV.C.8.b)] [ # ] months
2. Indicate the amount of time allotted for elective rotations and/or dedicated research time for residents entering the program at the NM-2 level: [PR IV.C.9.-IV.C.9.b)] [ # ] months
3. Indicate the amount of time allotted for elective rotations and/or dedicated research time for residents entering the program at the NM-3 level: [PR IV.C.10.-IV.C.10.a)] [ # ] months

**Residents’ Scholarly Activity**

1. Will all residents participate in a scholarly project under faculty member supervision? [PR IV.D.3.b)]
 [ ]  YES [ ]  NO
2. Will the results be published or presented at institutional, local, regional, or national meetings, and included in the Resident Learning Portfolio? [PR IV.D.3.b).(2)] [ ]  YES [ ]  NO
3. Does the program specify how residents’ scholarly projects will be evaluated? [PR IV.D.3.b).(3)]
 [ ]  YES [ ]  NO

Explain any “NO” responses to 1., 1.a), or 2. above. (Limit response to 200 words)

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**Evaluation**

**Resident Evaluation**

1. Will residents participate in the annual in-training examination? [PR V.A.1.g)] [ ]  YES [ ]  NO

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

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1. How will the results of this examination be used? (Limit response to 200 words) [PR V.A.1.g).(1)]

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**The Learning and Working Environment**

**Clinical Responsibilities**

1. Briefly describe how the clinical workload will maximize the resident learning experience without compromising patient care. (Limit response to 200 words) [PR VI.E.1.a)]

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2. Will the number and distribution of cases vary with the responsibility appropriate to an individual resident’s demonstrated competence over the course of the educational program? [PR VI.E.1.b)]
 [ ]  YES [ ]  NO

3. Will the program director determine minimum and maximum patient loads by including faculty member and resident input into an assessment of the learning environment? [PR VI.E.1.c)] [ ]  YES [ ]  NO

4. Briefly describe how the program will ensure that insufficient patient experiences and excessive patient loads will not jeopardize the quality of resident education. (Limit response to 200 words) [PR VI.E.1.d)]

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Explain any “NO” responses to 1.-4. above. (Limit response to 200 words)

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**Teamwork**

Will the patient care team include the following? [PR VI.E.2.a)]

1. Ancillary personnel [ ]  YES [ ]  NO
2. Attending nuclear physicians [ ]  YES [ ]  NO
3. Nuclear medicine residents [ ]  YES [ ]  NO
4. Nuclear medicine technologists [ ]  YES [ ]  NO
5. Radiation safety personnel [ ]  YES [ ]  NO
6. Medical physicists [ ]  YES [ ]  NO
7. Other imaging specialists [ ]  YES [ ]  NO
8. Radiopharmacists [ ]  YES [ ]  NO
9. Individuals from referring services [ ]  YES [ ]  NO

Explain any “NO” responses: (Limit response to 200 words)

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