**New Application: Abdominal Radiology**

**Review Committee for Radiology**

**ACGME**

**Oversight**

**Participating Sites**

1. Does the Sponsoring Institution sponsor an ACGME-accredited program in diagnostic radiology? [PR 1.2.a.]  YES  NO
2. Does the Sponsoring Institution sponsor ACGME-accredited programs in the following at the primary clinical site? [PR 1.2.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, access to computers, and space for image display, interpretation, and consultation with clinicians and referring physicians. [PR 1.8.a.- 1.8.b.2.] (Limit response to 400 words)

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

1. Indicate whether each site has modern imaging equipment and access to routine equipment necessary for the following. Site numbers should correspond to their listing in the ACGME's Accreditation Data System (ADS). [PR 1.8.c.]

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| --- | --- | --- | --- | --- |
| Conventional Radiography | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Digital Flouroscopy | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Computed Tomography (CT) | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Ultrasonography (US) | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Nuclear medicine | 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 | 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 1.8.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 1.10.] (Limit response to 200 words)

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

1. Provide the following information for the most recent 12-month period. [PR 6.15.] 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 1.8.e.; 4.5.]

| **Exam** | **CPT** | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| --- | --- | --- | --- | --- | --- |
| **CT Scan** | | | | | |
| CT abdomen without contrast | 74150 | # | # | # | # |
| CT abdomen with contrast | 74160 | # | # | # | # |
| CT abdomen with and without contrast | 74170 | # | # | # | # |
| CT angio abdomen with and without contrast | 72191, 74174, 74175 | # | # | # | # |
| **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 abdominal radiology fellows in terms of clinical activities and level of responsibility. [PR 1.11.b.] (Limit response to 200 words)

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

**Personnel**

**Program Director**

1. At a minimum, will the program director be provided with the dedicated time and support specified below for administration of the program? [PR 2.3.a.]  YES  NO

|  |  |
| --- | --- |
| Number of Approved  Fellow Positions | Minimum Support  Required (FTE) |
| 1 to 6 | 0.1 |
| 7 to 8 | 0.2 |
| 9 or more | 0.3 |

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

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

1. What percentage of time will the program director spend in the subspecialty? [PR 2.4.e.]  
    # %

**Program Coordinator**

1. Will there be a program coordinator available to the program? [PR 2.11.]  YES  NO

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

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

1. At a minimum, will the program coordinator be provided with the dedicated time and support specified below for administration of the program? [PR 2.11.b.]  YES  NO

|  |  |
| --- | --- |
| Number of Approved  Fellow Positions | Minimum Support  Required (FTE) |
| 1-3 | 0.3 |
| 4-7 | 0.4 |
| 8 or more | 0.5 |

**Educational Program**

**ACGME Competencies**

**Patient Care and Procedural Skills**

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\*** |
| --- | --- | --- |
| Consultation with referring physicians or services  [PR 4.4.a.] | * Click here to enter text. | * Click here to enter text. |
| Following standards of care for practicing in a safe  environment, attempting to reduce errors, and  improving patient outcomes  [PR 4.4.b.] | * Click here to enter text. | * Click here to enter text. |
| Interpretation of all specified exams and/or invasive studies under close, graded responsibility and supervision  [PR 4.4.c.] | * Click here to enter text. | * Click here to enter text. |
| Interpretation of the range of abdominal imaging  studies, encompassing: [PR 4.4.d. | | |
| Plain films and contrast enhanced conventional radiography studies of the  gastrointestinal (GI) and genitourinary (GU) tracts, including Barium contrast studies and urography  [PR 4.4.d.1.] | * Click here to enter text. | * Click here to enter text. |
| 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  [PR 4.4.d.2.] | * Click here to enter text. | * Click here to enter text. |
| All CT examinations of the solid and hollow organs and conduits of the GI and GU tract and associated vessels and spaces  [PR 4.4.d.3.] | * Click here to enter text. | * Click here to enter text. |
| All MRI examinations of the abdomen, including magnetic resonance  cholangiopancreatography and magnetic resonance angiography  [PR 4.4.d.4.] | * Click here to enter text. | * Click here to enter text. |
| Educating diagnostic and interventional radiology  residents, and if appropriate, medical students, and  other professional personnel, in the care and management of patients  [PR 4.4.e.] | * Click here to enter text. | * Click here to enter text. |
| Integrating invasive procedures during conferences and individual consultation, where indicated, into optimal care plans for patients, even if formal  responsibility for performing the procedures may not be part of the program  [PR 4.4.f.] | * 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 4.4.c. and 4.5.b.] (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 4.6.b.] (Limit response to 200 words)

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

1. Briefly describe how fellows will demonstrate knowledge and understanding of the indications, performance, and interpretation of positron emission tomography (PET) and PET/CT in relation to abdominal disease. [PR 4.6.c.]

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

1. Briefly describe how fellows will demonstrate knowledge of low dose radiation techniques for both adults and children. [PR 4.6.d.]

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

1. Briefly describe how fellows will demonstrate knowledge of the prevention and treatment of complications of contrast administration. [PR 4.6.e.] (Limit response to 200 words)

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

**Didactic Experiences**

1. Will didactic activities include the following?
2. Intradepartmental conferences [PR 4.11.a.1.]  YES  NO
3. Multidisciplinary conferences [PR 4.11.a.2.]  YES  NO
4. Peer-review case conferences and/or morbidity and mortality conferences [PR 4.11.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 and if so, how often? [PR 4.11.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 and if so, how often will they occur? [PR 4.11.c.1 and 4.11.c.2.]  YES  NO

|  |
| --- |
| Frequency |

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 at least one national meeting or medical education course in abdominal radiology during the fellowship program. [PR 4.11.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 4.11.e.- 4.11.f.]

|  |  |  |
| --- | --- | --- |
| 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 4.11.g.]  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 4.11.h.]  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 4.15.a.] (Limit response to 200 words)

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

1. Will all fellows engage in a scholarly project? [PR 4.15.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 4.15.b.2.] (Limit response to 200 words)

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