

# 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 below. Email completed applications to Associate Executive Director Jenny Campbell: <a href="mailto:icampbell@acgme.org">icampbell@acgme.org</a>.

#### **Purpose**

An additional clinical year provides radiology residents with the experiences necessary to develop competence in the 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 before adding 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 with increased support as defined in requirement 2.4.a. for diagnostic radiology; and 2.4.b. for interventional radiology, based on the number of clinical year positions.
  - 1. Diagnostic Radiology:

Number of Clinical Year	Minimum Additional				
Positions	Program Director FTE				
1-3 residents	0.10				
4 or more residents	0.15				

#### 2. Interventional Radiology:

Number of Clinical Year Positions	Minimum Additional Program Director FTE				
1-3 residents	0.10				
4 or more residents	0.15				

# 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 with education and training in the fundamental clinical skills of medicine, including:

- the discipline(s) that will provide the clinical experiences [diagnostic radiology 4.11.g.2.] or [interventional radiology 4.11.p.]
- at least nine months of rotations, which must include [diagnostic radiology 4.11.g.1.] or [interventional radiology 4.11.o.]:
  - o Six months of inpatient care, to include one month of critical care
  - o 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 4.11.g.3.] or [interventional radiology 4.11.q.]. 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 in Appendix 2. Clearly delineate how each experience/rotation will facilitate residents' development of competence in one or more of the following: [diagnostic radiology 4.4.b.] or [interventional radiology 4.4.c.]

- 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 provided 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 the residents and supervising the 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 (ABMS) specialty board certification, American Osteopathic Board of Radiology (AOBR) certification, or focused clinical and academic experience. A template is provided in Appendix 3.

#### 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. Sample Block Diagram of PGY-1 Clinical Year Curriculum

Year 1	Block	1	2	3	4	5	6	7	8	9	10	11	12
	Institution/Site	Site #1	Site #1	Site #1	Site #3	Site #1	Site #1	Site #1	Site #2	Site #1	Site #1	Site #1	Site #1
	Rotation/Experience	EM	EM	IM	IM	ОВ	EM	IM	Peds	FM	FM	GS	GS

### 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. Sample Goals and Objectives**

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 4.2.b.

Abbreviated Goals and Objectives	
Goals and Objectives:	
Rotation Name/Designation:	
Description of Rotation:	
Goals:	
Objectives:	
Expectations:	

# **Appendix 3. Faculty Names and Qualifications**

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