**New Application: Pediatric Radiology**

**Review Committee for Radiology**

**ACGME**

**Oversight**

1. Provide the name and 10-digit program ID of the ACGME-accredited diagnostic radiology program with which the fellowship program is associated. [PR I.B.1.a)]

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| Click here to enter text. |

**Participating Sites**

1. Does the Sponsoring Institution also sponsor an ACGME-accredited pediatric residency program?   
   [PR I.B.1.b)]  YES NO

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

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| Click here to enter text. |

1. List the ACGME-accredited pediatric residency program(s), and pediatric medical and surgical fellowship programs in the Sponsoring Institution and the number of fellows in each. Add rows as necessary. [PR I.B.1.b)]

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| **ACGME-Accredited Programs** | **Number of Residents/Fellows** |
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1. How many pediatric surgeons are available at the Sponsoring Institution? [PR I.B.1.b)] [ # ]
2. How many pediatric pathologists are available at the Sponsoring Institution? [PR I.B.1.b)] [ # ]
3. List other types of pediatric medical and surgical subspecialists available at the Sponsoring Institution. [PR I.B.1.b)]

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**Resources**

1. Describe the facilities and space, including study space, conference space, and access to computers, available for the education of fellows. [PR I.D.1.b).(1)] (Limit response to 200 words)

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1. List the number of units available to fellows at each participating site. Include units in other departments, e.g., cardiology, GI, and GU, as applicable. [PR I.D.1.c)] Site listings throughout the application document should correspond to site numbers as identified in the ACGME’s Accreditation Data System (ADS).

| **Diagnostic Radiology Equipment** | **Site #1** | **Site #2** | **Site #3** |
| --- | --- | --- | --- |
| Diagnostic radiology and computed radiography (CR) radiographic units | # | # | # |
| Portable radiographic units | # | # | # |
| Fluoroscopic units | # | # | # |
| C arm fluoroscopic units | # | # | # |
| Interventional suite | # | # | # |
| Computed tomography (CT) scanners in hospital complex (date of last purchased unit) | # | # | # |
| CT scanners off site | # | # | # |
| **Ultrasound Equipment** |  |  |  |
| Number of units with color Doppler | # | # | # |
| Portable units | # | # | # |
| **Magnetic Resonance Imaging (MRI) Scanners** |  |  |  |
| Units on site in hospital complex | # | # | # |
| Units intra-operative | # | # | # |
| Units available off site | # | # | # |
| Date of last purchase | # | # | # |
| **Nuclear Radiology Equipment** |  |  |  |
| Single head gamma | # | # | # |
| Dual head gamma (single-photon emission computed tomography [SPECT]/CT) | # | # | # |
| Positron emission tomography (PET)/CT | # | # | # |

1. Describe fellows’ access to subspecialty-specific reference material, including medical literature databases. [PR I.D.3.] (Limit response to 200 words)

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| Click here to enter text. |

1. Patient Data [PRs I.D.1.d)]

Use the same reporting period throughout the application document.

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| --- | --- | --- |
| Reporting Period (Recent 12-month period): | From: Click here to enter a date. | To: Click here to enter a date. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Patient Examination Data** | **Site #1** | | **Site #2** | | **Site #3** | |
| **Out-patient** | **Inpatient** | **Out-patient** | **Inpatient** | **Out-patient** | **Inpatient** |
| Diagnostic Examinations  TOTAL | # | # | # | # | # | # |
| Adult | # | # | # | # | # | # |
| Pediatric (include neonatal) | # | # | # | # | # | # |
|  | **Outpatient Only** | | **Outpatient Only** | | **Outpatient Only** | |
| Number of Emergency Room Radiology Examinations (included above) | # | | # | | # | |
| Adult | # | | # | | # | |
| Pediatric (include neonatal) | # | | # | | # | |
| Pediatric Admissions | # | | # | | # | |

1. Provide the data requested below regarding the number of procedures performed on pediatric patients at each site that participates in the program for the most recent 12-month period. [PRs I.D.1.d)]

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| Reporting Period (Recent 12-month period): | From: Click here to enter a date. | To: Click here to enter a date. |

| **Procedure** | | **CPT Code** | **Site #1** | **Site #2** | **Site #3** |
| --- | --- | --- | --- | --- | --- |
| **MRI** | |  |  |  |  |
| L-spine with/without contrast | | 72148 | # | # | # |
| L-spine with contrast | | 72149 | # | # | # |
| L-spine with/without contrast | | 72158 | # | # | # |
| Brain with contrast | | 70552 | # | # | # |
| Brain with/without contrast | | 70553 | # | # | # |
| Lower extremity w/joint without contrast | | 73721 | # | # | # |
| Lower extremity w/joint with/without contrast | | 73723 | # | # | # |
| Magnetic resonance angiography (MRA) upper extremity | | 73225 | # | # | # |
| MRA Lower extremity | | 73725 | # | # | # |
| Cardiac magnetic resonance (MR) | | 75557 | # | # | # |
| Fetal MR | | 72195 | # | # | # |
| **TOTAL** | |  | # | # | # |
| **CT** | |  |  |  |  |
| Chest with contrast | | 71260 | # | # | # |
| Chest without contrast | | 71250 | # | # | # |
| Abdominal without contrast | | 74150 | # | # | # |
| Abdominal with contrast | | 74160 | # | # | # |
| Pelvis with contrast | | 72193 | # | # | # |
| Pelvis without contrast | | 72192 | # | # | # |
| CT head without contrast | | 70450 | # | # | # |
| **TOTAL** | |  | # | # | # |
| **Nuclear medicine** | |  |  |  |  |
| PET/CT – whole body | | 78815, 78816 | # | # | # |
| PET/CT - brain | | 78608 or  78609 | # | # | # |
| Bone scan, whole body | | 78306 | # | # | # |
| Renal scintigraphy | 78707, 78708, or 78709 | # | # | # | |
| Hepatobiliary scan | | 78226 or 78227 | # | # | # |
| Thyroid scintigraphy | | 78013 or 78014 | # | # | # |
| **TOTAL** | |  | # | # | # |
| **Fluoro** | |  |  |  |  |
| Upper gastrointestinal (UGI) series | | 74240 or 74246 | # | # | # |
| Contrast enema | | 74283 | # | # | # |
| Enteric tube placement | | 49440 | # | # | # |
| Voiding cystourethrogram | | 74455 | # | # | # |
| **Ultrasound** | |  | # | # | # |
| Renal | | 76770 | # | # | # |
| Abdomen | | 76700 | # | # | # |
| Head | | 76506 | # | # | # |
| Hips | | 76886 | # | # | # |
| Fetal | | 76815 | # | # | # |
| **TOTAL** | |  | # | # | # |
| **Radiography** | |  |  |  |  |
| Chest 1 view | | 71045 | # | # | # |
| Chest 2 view | | 71046 | # | # | # |
| Skeletal survey | | 77075 or 77076 | # | # | # |
| Scoliosis | | 72081, 72082, 72083, or 72084 | # | # | # |
| **TOTAL** | |  | # | # | # |

**Other Learners and Other Care Providers**

1. What is the total number of radiology residents that rotate through pediatric radiology per year?   
   [PR I.E.3.] [ # ]
2. What is the average length of rotation? [Length]
3. How will the program director ensure the subspecialty program in pediatric radiology will not dilute or detract from the educational opportunities available to residents in the diagnostic radiology residency program? [PR I.E.2.] (Limit response to 200 words)

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| Click here to enter text. |

1. If the pediatric radiology fellowship is sponsored by a diagnostic radiology residency program, explain the distinction between the residents and the pediatric radiology fellows in terms of clinical activities and levels of responsibility. [PR I.E.3.] (Limit response to 200 words)

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| Click here to enter text. |

1. Describe the interaction the fellowship program will have a diagnostic radiology residency program. [PR I.E.1.] (Limit response to 200 words)

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| Click here to enter text. |

1. Will pediatric radiology fellows have shared experiences with pediatric residents and fellows in pediatric-related subspecialties (i.e., adolescent medicine, general pediatrics, neonatology, pediatric cardiology, pediatric pathology, and pediatric surgery)? [PR I.E.1.] (Programs will not be cited for failure to provide this experience)  YES  NO

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

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| Click here to enter text. |

**Personnel**

**Program Director**

1. What percentage of time does the program director spend in the subspecialty? [PR II.A.3.c)] # %

**Faculty**

1. Will fellow experience in special imaging, such as ultrasound, cardiac, interventional radiology, nuclear radiology, CT, and MR, be supervised by pediatric radiology faculty members? [PRs II.B.2.g)]  YES  NO

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

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| Click here to enter text. |

**Other Program Personnel**

1. Is there a program coordinator available to the program? [PR II.C.1.]  YES  NO

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

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**Educational Program**

**ACGME Competencies**

For the competency tables below, examples of evaluation 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.

**Patient Care and Procedural Skills**

| **Core Curriculum** | **Learning Activities and Settings Used to Address the Core Knowledge Areas for Patient Care and Procedural Competence (list in bulleted format)** | **Method(s) Used to Evaluate Fellow Competence (list in bulleted format)** |
| --- | --- | --- |
| Provide consultation with referring physicians or services  [PR IV.B.1.b).(1).(a)] | * Click here to enter text. | * Click here to enter text. |
| Follow standards of care for practicing in a safe environment, attempt to reduce errors, and improve patient outcomes  [PR IV.B.1.b).(1).(b)] | * Click here to enter text. | * Click here to enter text. |
| Interpret all specified exams and/or invasive studies under close, graded responsibility and supervision  [PR IV.B.1.b).(1).(c)] | * Click here to enter text. | * Click here to enter text. |
| Educate diagnostic and interventional radiology residents, and if appropriate, medical students and other professional personnel in the care and management of patients  [PR IV.B.1.b).(1).(d)] | * Click here to enter text. | * Click here to enter text. |
| Apply low-dose radiation techniques [PR IV.B.1.b).(2).(a)] | * Click here to enter text. | * Click here to enter text. |
| Perform all specified exams and/or invasive studies under close, graded responsibility and supervision  [PR IV.B.1.b).(2).(b)] | * Click here to enter text. | * Click here to enter text. |

1. Describe how fellows will provide consultation with referring physicians or services.  
   [PR IV.B.1.b).(1).(a)] (Limit response to 200 words)

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| Click here to enter text. |

1. Describe how fellows will be educated in and apply low dose radiation techniques and how they will become skilled in preventing and treating complications of contrast administration. [PRs IV.B.1.c).(2)-IV.B.2.c).(3).] (Limit response to 200 words)

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| Click here to enter text. |

**Medical Knowledge**

| **Core Curriculum** | **Learning Activities and Settings Used to Address the Core Knowledge Area (list in bulleted format)** | **Method(s) Used to Evaluate Fellow Competence (list in bulleted format)** |
| --- | --- | --- |
| Demonstrate a level of expertise in the knowledge of those areas appropriate for a pediatric radiology specialist  [PR IV.B.1.c).(1)] | * Click here to enter text. | * Click here to enter text. |
| Demonstrate knowledge in low-dose radiation techniques [PR IV.B.1.c).(2)] | * Click here to enter text. | * Click here to enter text. |
| Demonstrate knowledge in prevention and treatment of complications of contrast administration  [PR IV.B.1.c).(3)] | * Click here to enter text. | * Click here to enter text. |
| Demonstrate knowledge of and skills in preparing and presenting educational material for medical students, residents, staff members, and allied health personnel  [PR IV.B.1.c).(4)] | * Click here to enter text. | * Click here to enter text. |
| Actively participate in teaching conferences for medical students, radiology residents, other residents rotating on the pediatric radiology service, and other health professional training programs  [PR IV.B.1.c).(4).(a.)] | * Click here to enter text. | * Click here to enter text. |
| Demonstrate knowledge and utilization of appropriate imaging as it is applied to congenital, developmental, or acquired diseases of the newborn, infant, child, and adolescent  [PR IV.B.1.c).(5)] | * Click here to enter text. | * Click here to enter text. |
| Demonstrate knowledge and interpretation of imaging studies of the pediatric patient with awareness of normals, normal variants, and typical imaging findings of pediatric diseases and congenital malformations  [PR IV.B.1.c).(6)] | * Click here to enter text. | * Click here to enter text. |

1. Describe fellow experience utilizing appropriate imaging as applied to congenital, developmental, or acquired diseases of the newborn, infant, child, and adolescent. [PR IV.B.1.c).(5)] (Limit response to 200 words)

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1. Describe fellow experience in interpreting imaging studies of the pediatric patient with awareness of normals, normal variants, and typical imaging findings of pediatric diseases and congenital malformations. [PR IV.B.1.c).(6)]

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**Curriculum Organization**

**Didactic Experiences**

1. Are the following included in the educational program? [PRs IV.C.3.a).(1)-(3)]
2. Intradepartmental conferences  YES  NO
3. Multidisciplinary conferences  YES  NO
4. Peer-review case conferences and/or morbidity and mortality conferences  YES  NO

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

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| Click here to enter text. |

1. Will there be a journal club? [PR IV.C.3.b)]  YES  NO

Frequency

1. Will the regularly scheduled didactic activities include scheduled presentations by the fellows? [PR IV.C.3.c).(1)]  YES  NO

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

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| Click here to enter text. |

1. Indicate the minimum number of weekly departmental or multidisciplinary conferences fellows will attend. #
2. Describe the policy for fellow attendance and participation at local conferences and/or national meetings or medical education courses. [PRs IV.C.3.d)] (Limit response to 200 words)

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| Click here to enter text. |

1. Formal Didactic Sessions

Enter the schedule of planned didactic experiences, including the specific titles of activities. Add rows as necessary. [PR IV.C.3.c)]

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| Reporting Period (Planned 12-Month Period): | From: | To: |

|  |  |
| --- | --- |
| **Type and Frequency** | **Title** |
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**Fellow Experiences**

Explain how education and training will be provided in each of these pediatric imaging areas (assignment in each of these areas should include participation in and responsibility for dictation of reports): [PR IV.C.4.b)-c)] (Limit each response to 200 words)

* 1. Abdominal and genitourinary

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| Click here to enter text. |

* 1. Body

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| Click here to enter text. |

* 1. Cardiac cross-sectional imaging

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| Click here to enter text. |

* 1. Chest

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| Click here to enter text. |

* 1. Emergency call

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| Click here to enter text. |

* 1. Fetal imaging

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| Click here to enter text. |

* 1. Flouroscopy

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| Click here to enter text. |

* 1. Musculoskeletal

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* 1. Neuroradiology

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| Click here to enter text. |

* 1. Nuclear medicine

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| Click here to enter text. |

* 1. Ultrasound

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| Click here to enter text. |

* 1. Vascular/interventional

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**Scholarship**

**Fellow Scholarly Activity**

* 1. Describe how fellows will be instructed in the fundamentals of experimental design, performance, and interpretation of results. [PR IV.D.3.a)] (Limit response to 200 words)

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| Click here to enter text. |

* 1. Will all fellows engage in a scholarly project? [PR IV.D.3.b)] YES  NO

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

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| Click here to enter text. |

* 1. Describe how the program will ensure the results of fellows’ research projects will be disseminated in the academic community. [PR IV.D.3.b).(2)] (Limit response to 200 words)

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