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**National Institute for Health Specialties**

**Rubrics for Radiology Residency Program**

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| **GENERAL INFORMATION** | | | | | |
| **1 Institution Information** | | | | | |
| Institution: |  | | | | |
| Address: |  | | | | |
| Date: |  | | | | |
| **Requirements** | **Status** | | | **Evidence**  **if applicable** | **Comments** |
| **Met** | **P. Met** | **Not Met** |
| **INSTITUTION** | | | | | |
| 1. The program is sponsored by a National Institute for Health Specialties accredited sponsoring institution. |  |  |  |  |  |
| 1. A valid program letter of agreement (PLA) exists with each participating site. |  |  |  |  |  |
| 1. The program has a mechanism to monitor the clinical learning and working environment at each participating site. |  |  |  |  |  |
| **OVERALL ASSESSMENT FOR INSTITUTION SECTION:** |  | | | | |
| **PROGRAM PERSONNEL AND RESOURCES** | | | | | |
| **Program Director** | | | | | |
| 1. The program director has an active license to practice as a Radiologist. |  |  |  |  |  |
| 1. The program director has qualification(s) or competency in medical education. |  |  |  |  |  |
| 1. The program director has at least 3-years’ educational and/or administrative experience. |  |  |  |  |  |
| 1. The sponsoring institution provides the program director with adequate protected time for program administration (0.5 Full-Time Equivalent). |  |  |  |  |  |
| 1. The program director is a faculty member & actively participates in the Graduate Medical Education Committee. |  |  |  |  |  |
| **Associate Program Director** | | | | | |
| * + 1. The program has appointed (an) associate program director(s). |  |  |  |  |  |
| * + 1. The associate program director actively participates in program administration and educational activities. |  |  |  |  |  |
| * + 1. The sponsoring institution provides the associate program director with adequate protected time for program administration (0.3 Full-Time Equivalent). |  |  |  |  |  |
| **Faculty** | | | | | |
| * + 1. Physician faculty hold an active license to practice radiology. |  |  |  |  |  |
| * + 1. The program director has designated core faculty members who have a significant role in resident education and supervision. |  |  |  |  |  |
| * + 1. The program provides core rotations in the following sub-specialties (Neuroradiology, Abdominal Imaging, Musculoskeletal Radiology, Breast Imaging, Women Imaging, Ultrasound imaging, Pediatric Radiology, Vascular & Interventional Radiology, Cardiac Imaging, Chest Imaging & Nuclear Medicine Imaging. |  |  |  |  |  |
| * + 1. The program has at least 1 faculty for each of the above sub-specialty who is either fellowship trained and or practice at least 50% of clinical time in that sub-specialty. |  |  |  |  |  |
| * + 1. The program designates at least 1 sub-specialized faculty supervisor for that rotation. |  |  |  |  |  |
| * + 1. The sponsoring institution provides core faculty members with adequate protected time for resident education (0.2 Full-Time Equivalent). |  |  |  |  |  |
| * + 1. The ratio of core faculty to residents is a minimum of 1:6. |  |  |  |  |  |
| * + 1. The ratio of all faculty to residents is a minimum of 1:1. |  |  |  |  |  |
| * + 1. Faculty members regularly participate in organized educational and teaching activities. |  |  |  |  |  |
| * + 1. Faculty members regularly attend faculty development activities. |  |  |  |  |  |
| * + 1. Faculty are evaluated at least annually by the program director. |  |  |  |  |  |
| **Program Coordinator** | | | | | |
| * + 1. The program has a dedicated program coordinator. |  |  |  |  |  |
| * + 1. The sponsoring institution provides the program coordinator with adequate time and support to perform the administrative duties of the program. |  |  |  |  |  |
| **Resources** | | | | | |
| 1. The following clinical radiologic modalities & services are available in the sponsoring institution or the participating site(s) for both Adult & Pediatric Imaging. |  | | | | |
| * + - 1. Radiography & Fluoroscopy. |  |  |  |  |  |
| * + - 1. Ultrasound Imaging. |  |  |  |  |  |
| * + - 1. Computed Tomographic Imaging. |  |  |  |  |  |
| * + - 1. Magnetic Resonance Imaging. |  |  |  |  |  |
| * + - 1. Nuclear Medicine Imaging. |  |  |  |  |  |
| * + - 1. Post processing Applications (At least for CT & MR imaging). |  |  |  |  |  |
| * + - 1. Vascular & Interventional Suite. |  |  |  |  |  |
| 1. Program provides adequate Spaces & Systems for the residents- Reading Rooms, Workstations, Conference rooms, Gender-specific Call Rooms, EMR & PACS |  |  |  |  |  |
| 1. The patient population served is diverse with a variety of clinical problems. |  |  |  |  |  |
| 1. Allied healthcare staffing is available as Modality Trained Radiology Technologists & Radiology Nurses. |  |  |  |  |  |
| 1. Major Adult & Pediatric Clinical Specialties & Sub-specialties are available as Referral base & Resource for multi-disciplinary approach of learning & patient care. |  |  |  |  |  |
| 1. The program has a mechanism to monitor the number of other learners (including medical students, interns, residents from other programs), to ensure it does not interfere with the program’s residents’ learning experience. |  |  |  |  |  |
| **OVERALL ASSESSMENT OF PERSONNEL AND RESOURCES SECTION:** |  | | | | |
| **RESIDENT APPOINTMENT** | | | | | |
| 1. There is a minimum of three residents’ intake into the first year of the program. |  |  |  |  |  |
| 1. There is a minimum of 12 residents enrolled in the program at all times. |  |  |  |  |  |
| 1. Eligibility and selection of residents as per NIHS criteria including pre-requisite of 1 clinical year of internship or equivalent. |  |  |  |  |  |
| 1. Program orientation process for new residents available including but not limited to policies, work structure, curriculum, wellbeing, physician impairment, fatigue and sleep deprivation, etc. |  |  |  |  |  |
| **OVERALL ASSESSMENT OF RESIDENT APPOINTMENT:** | Click or tap here to enter text. | | | | |
| **EDUCATIONAL PROGRAM** | | | | | |
| **Curriculum** | | | | | |
| 1. The program has written competency-based goals and objectives for each rotation under Skills, Education & Assessment domains. |  |  |  |  |  |
| 1. The goals and objectives are available to all residents and faculty members. |  |  |  |  |  |
| 1. Didactic activities take place regularly as evident from the annual or bi-annual didactic lectures schedule. |  |  |  |  |  |
| 1. The following didactic sessions take place: |  | | | | |
| * 1. Grand rounds (at least monthly). |  |  |  |  |  |
| * 1. Case-based discussions (At least weekly). |  |  |  |  |  |
| * 1. Multidisciplinary meetings/conferences (at least biweekly). |  |  |  |  |  |
| * 1. Morbidity and mortality meetings/rounds (at least monthly). |  |  |  |  |  |
| * 1. Subspecialty-specific Lectures (weekly). |  |  |  |  |  |
| * 1. Journal Clubs (at least once a month) |  |  |  |  |  |
| 1. Residents are provided with protected time to attend didactic activities. |  |  |  |  |  |
| **Clinical Experiences** | | | | | |
| 1. Program ensures the engagement of the resident in clinical activities by monitoring their productivity in interpretation of radiologic studies and maintaining logbooks. |  |  |  |  |  |
| 1. Program ensures the engagement of the resident in clinical activities by monitoring their involvement in invasive or non-invasive image-guided procedures and maintaining logbooks. |  |  |  |  |  |
| 1. Program ensures that Residents are not assigned 1st on-call duties before completion of PGY1 e.g., Preliminary Reporting of ER studies as the first interpreter and affecting patient care. |  |  |  |  |  |
| 1. Program ensures minimum number of Rotations in each of the prescribed sub-speciality of Radiology as per NIHS accreditation document and successfully completing each rotation. |  |  |  |  |  |
| 1. Program ensures that all the requirements for each rotation are successfully met as per NIHS accreditation document as attested by rotation supervisor and Program director especially adequate attendance, adequate volume of cases & end of rotation assessments. |  |  |  |  |  |
| 1. Program ensures compliance with supervision grid of the program & handover policy of the institution. |  |  |  |  |  |
| **OVERALL ASSESSMENT OF THE EDUCATIONAL PROGRAM SECTION:** |  | | | | |
| **SCHOLARLY ACTIVITIES** | | | | | |
| **Resident Scholarly Activities** | | | | | |
| * + 1. The program provides the residents with research training. |  |  |  |  |  |
| * + 1. The program provides residents with opportunities to participate in scholarly activities. |  |  |  |  |  |
| * + 1. All residents in the program participate in scholarly activities. |  |  |  |  |  |
| * + 1. Residents design, complete and submit a clinic-based graduation research project (thesis) relevant to specialty which is conducted under direct supervision of a faculty member. |  |  |  |  |  |
| **Faculty Scholarly Activities** | | | | | |
| * + 1. Faculty demonstrate accomplishment in scholarly activities. |  |  |  |  |  |
| * + 1. Faculty make sure residents prepare at least 2 structured teaching files as an essential requirement for a successful rotation & stepping-stone for higher scholarly activities. |  |  |  |  |  |
| **OVERALL ASSESSMENT OF THE SCOLARLY ACTIVITIES SECTION:** |  | | | | |
| **RESIDENT EVALUATION AND PROMOTION** | | | | | |
| **Resident Evaluation** | | | | | |
| * + 1. The program has objective performance evaluation tools for all Core competencies. |  |  |  |  |  |
| * + 1. Residents are evaluated by multiple evaluators (e.g., faculty, peers, patients, etc.). |  |  |  |  |  |
| * + 1. Residents receive feedback after each rotation. |  |  |  |  |  |
| * + 1. Evaluations are documented at the end of each rotation including end of rotation exam and or Mini-IPX or DOPS (if invasive procedures involved in the rotation). |  |  |  |  |  |
| * + 1. The PD or designee meet at least semi-annually with each resident and review the resident’s performance. |  |  |  |  |  |
| * + 1. Semi-annual evaluations are documented for each resident. |  |  |  |  |  |
| * + 1. Final evaluations are completed for each resident at the end of the training period (Summative letter). |  |  |  |  |  |
| * + 1. The program has a mechanism to evaluate the competence of each resident in image-guided invasive procedures (a logbook is maintained). |  |  |  |  |  |
| **Resident Promotion** | | | | | |
| * + 1. The program has written annual resident promotion criteria. |  |  |  |  |  |
| * + 1. The promotion criteria is available for residents to review. |  |  |  |  |  |
| * + 1. Resident is not promoted to PGY4 until part A (basic and physics) exam is passed. |  |  |  |  |  |
| **OVERALL ASSESSMENT OF RESIDENT EVALUATION AND PROMOTION SECTION:** |  | | | | |
| **CLINICAL COMPETENCY COMMITTEE** | | | | | |
| * 1. The program has a clinical competency committee that meets at least semi-annually. |  |  |  |  |  |
| * 1. CCC has at least three members and at least one of the CCC members is a core faculty. |  |  |  |  |  |
| * 1. CCC has a written terms of reference elaborating description of the duties, meeting process, decision making and reporting of the committee. |  |  |  |  |  |
| * 1. CCC reviews each resident’s performance at least semi-annually and develops individual plans for residents. |  |  |  |  |  |
| * 1. The PD or designee meets with each resident semi-annually after the CCC meeting and shares the CCC’s findings and plan. |  |  |  |  |  |
| **OVERALL ASSESSMENT OF CLINICAL COMPETENCY COMMITTEE SECTION:** |  | | | | |
| **PROGRAM EVALUATION COMMITTEE** | | | | | |
| 1. The program has a program evaluation committee that meets at least annually. |  |  |  |  |  |
| 1. The PEC has at least two faculty members, one of whom is a core faculty. |  |  |  |  |  |
| 1. The PEC has resident representatives from each year of training. |  |  |  |  |  |
| 1. The PEC has a written terms of reference elaborating description of the duties, meeting process, decision making and reporting of the committee. |  |  |  |  |  |
| 1. The PEC produces an annual program evaluation report. |  |  |  |  |  |
| 1. The program annual report is presented by the PD or designee to the GMEC annually |  |  |  |  |  |
| 1. At minimum, the PEC evaluates the following aspects of the program: |  | | | | |
| * 1. Competency-based rotation goals and objectives. |  |  |  |  |  |
| * 1. Curriculum. |  |  |  |  |  |
| * 1. Resident and faculty scholarly activity. |  |  |  |  |  |
| * 1. Written program evaluations. |  |  |  |  |  |
| * 1. Annual program survey by faculty and residents. |  |  |  |  |  |
| * 1. Aggregate faculty evaluation of the residents. |  |  |  |  |  |
| * 1. Aggregate resident in-training examination. |  |  |  |  |  |
| * 1. Board pass rates. |  |  |  |  |  |
| * 1. Graduate performance. |  |  |  |  |  |
| * 1. Resident recruitment and retention. |  |  |  |  |  |
| * 1. Quality and safety of patient care. |  |  |  |  |  |
| * 1. Prior annual program reports. |  |  |  |  |  |
| 1. The annual report is distributed and discussed with the residents and faculty. |  |  |  |  |  |
| **OVERALL ASSESSMENT OF PROGRAM EVALUATION COMMITTEE SECTION:** |  | | | | |
| **DUTY HOURS** | | | | | |
| * 1. The program has a mechanism to monitor residents’ working hours. |  |  |  |  |  |
| * 1. The program adheres with duty hour regulations. |  |  |  |  |  |
| * 1. Clinical and educational work hours not exceeding 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities and clinical work done from home. |  |  |  |  |  |
| * 1. Clinical and educational work periods for residents does not exceed 24 hours of continuous scheduled clinical assignments. |  |  |  |  |  |
| * 1. Residents have one day off in seven free from all clinical and educational duties, averaged over 4-weeks. |  |  |  |  |  |
| * 1. Residents are scheduled for in-house call no more frequently than every third night (when averaged over a four-week period). |  |  |  |  |  |
| * 1. A minimum of 10-hours off in between all duty periods. |  |  |  |  |  |
| * 1. Residents have at least 14 hours free of clinical work and education after 24 hours of in-house call. |  |  |  |  |  |
| **OVERALL ASSESSMENT OF DUTY HOURS SECTION:** | Click or tap here to enter text. | | | | |
| **RESIDENT SUPERVISION** | | | | | |
| * 1. The program has a written supervision policy supplemented by Supervision Grid & Entrustable Professional Activities (EPA). |  |  |  |  |  |
| * 1. Each resident in the program has appropriate privileges assigned to them based on their level of training, ability, and complexity and acuity of the situation. |  |  |  |  |  |
| * 1. Faculty are aware of compliance with supervision requirements. |  |  |  |  |  |
| **OVERALL ASSESSMENT OF RESIDENT SUPERVISION SECTION:** |  | | | | |
| **OVERALL ASSESSMENT OF ALL SECTIONS** |  | | | | |

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| --- | --- | --- | --- |
| **POSITION** | **NAME** | **SIGNATURE** | **DATE** |
| ***Program Director*** |  |  |  |
| ***Designated Institutional Official/ Head of Medical Education Department*** |  |  |  |