Basic Standards FAQs

Faculty

V.B.5.3.a *A minimum of five hours per week of faculty or guest lecturer presented or supervised formal educational activities. This may include but is not limited to lectures, journal club, multi-specialty conference, tumor board, film conference, or educational media presentation.*

Intent: One of the core tenets of an educational program is that the predominance of a residents education will come from or be proctored by a qualified faculty member. Formal educational programs can be organized in various ways. When the predominance of the education is provided within the base institution (or base institution of a consortium), there will be a minimum of 5 educational activities per week presented or supervised by the faculty. A faculty member will be present at all formal educational activities to assure the clarity and accuracy of information presented and to answer questions of attendees.

V.B.5.3.a.1 *In the event that the didactic program is supplemented through involvement in organized radiology didactic educational activities outside of the training institution, a minimum of two hours of the five hours per week of such educational activities must be on site by the faculty.*

Intent: When a majority of the formal educational activities are provided outside of the base institution, there must also be a minimum of 2 hours of didactic educational activity per week presented or supervised by the faculty at the base institution to provide the required opportunity for the base institution faculty to participate in the didactic program.

VI.B.6.1 *The sponsoring institution, in conjunction with the program director shall appoint a minimum of five (5) full time equivalent faculty members who shall participate in the diagnostic radiology residency program. There must be a minimum of one (1) faculty member for every two (2) resident positions to provide adequate supervision of residents. Part time faculty will be counted based upon the percentage of time of active participation in the teaching program. Locum tenens radiologist cannot qualify as faculty members. Each faculty member must:*
d. Devote time teaching and supervising residents to assure that the curriculum is implemented.
1. Provide a minimum of one formal educational activity per month, averaged over a year. A formal educational activity may include but is not limited to conducting a journal club, tumor boards, imaging case conference, multi-specialty conference, educational media presentation or providing a formal didactic lecture.

Intent: Any scheduled educational gathering must be faculty supervised. A formal record of attendance to document all residents and all faculty members present, to include the presenter, residents and faculty in the audience, must be maintained and available for review during periodic on-site AOA Program review.

Case Volume

V.5.2.a *The program's clinical case volume must be no fewer than 7000 radiologic exams per year per resident.*

Intent: This case volume per year per resident represents the total volume of cases at the base institution that are available for resident's involvement. (Note: This does not specify a mandatory case volume for a resident to read.) This volume in a general hospital historically is able to provide adequate scope of disease states for resident education. If specific elements of patient population or disease states are not supported in the facility's case volume, then the PD has responsibility for establishing outside rotations to provide that training opportunity for the residents.

****Logs**- Constitute a record of a specified number of procedures, cases, patients, diagnosis, etc. Logs are to be utilized for documentation of experience, and for future use in application for hospital clinical privileges. [AOA Basic Document definition]

V.C.5.7 *Residents must maintain a record (logs) of all supervised examinations or interventional procedures in which they are involved. Examples of supervised interventional procedures include: image-guided biopsies, drainage procedures, percutaneous access techniques, non-coronary angioplasty, embolization and infusion techniques, etc. The resident's documentation will record the performance status (first assist vs. second assist), interpretation and complications of these invasive/interventional and vascular procedures.*

AOA Document V.F.5.8.f.i. *The resident/fellow shall attend specified staff meetings and maintain a satisfactory record of work performed.*

i. Logs as specified by the specialty college must be maintained by the resident/fellow and kept in the trainee's file as a permanent part of the record.

Intent: Each resident must maintain records ("logs") of all educational activity during residency to include curriculum, all scheduled academic activities in which education was achieved, and a record of all procedures that were performed during residency. (This sub-log of procedures includes the full caseload experience of all exams and

procedures participated in during residency; not just the limited subset of case log reporting annually to the AOCR.) For the benefit of the Program Director's annual review of the resident's academic educational record and case logs, these should be aggregated in academic year blocks of information. These logs should be available for review by the site visitor during periodic site visits.

****Resident Log Supplemental Information**

Minimum Content of the Resident Log to be compliance with standard:
Standard VII.7.4 (Shall maintain formal records of all activities related to the educational program.

a. These records shall be submitted monthly to the program director and DME for review and verification.

This log, maintained by each resident, must include, at a minimum, documentation of the following for each respective competency:

Patient Care
(a) Case/procedure log

Medical Knowledge
(a) documentation of conferences attended, courses/meetings attended, self-assessment modules completed, etc.
(b) documentation of compliance with regulatory-based training requirements in nuclear medicine and breast imaging
(c) documentation of performance on yearly objective examination

Practice-based Learning and Improvement
(a) Annual resident self-assessment and learning plan

Interpersonal and Communication Skills
(a) Formal evaluation of quality of dictated Reports

Professionalism
(a) documentation of compliance with institutional and departmental policies (e.g., HIPAA, JCAHO, patient safety, infection control, dress code, etc.)
(b) status of medical license, if appropriate

Systems-Based Practice
(a) Documentation of a learning activity that involves deriving a solution to a system problem at the departmental, institutional, local or national level

Scholarly Activities
(a) Documentation of scholarly activity, such as publications, announcement of presentations, etc.

Other
(a) Any materials pertinent to the educational experience of residency training.

Program and Individual Rotation Goals and Objectives:

V.A.6.2. *The program director shall have the following responsibilities:*

a. Preparation of a Radiology Residency Program Manual outlining the curriculum and educational goals and objectives of the program with respect to knowledge, skills, and other attributes of residents at each level of training and for each major rotation or other program assignment.

II.A.2 *Develop measurable objectives to assess the progression of the resident during the four-year training program.*

V.B.5.1 *Each subspecialty area of training must have specified reading assignments.*

Intent: In the development of a 4 year residency curriculum, resident reading assignments must be specified. These would be anticipated to be basic knowledge of the radiology field at the outset with progressive emphasis on subspecialty texts, literature and other sources for second and later rotations. Educational assignments must cover pertinent topics in all of the core competencies.

Intent: Specific Objectives must be described in the written curriculum for each rotation at each level (year) of training. Amongst overall resident education during each rotation, the education of the resident must contain focused content of these specific goals in didactic and self-study education. Methods of education used should be varied to include lecture, journal club, reading assignments, teaching assignments, oral exam, faculty feedback on observation of resident interactions with other personnel, etc. Objective-based resident assessment methods specific for evaluation of level of competency for each learning objective at each educational level must subsequently be utilized to optimally assess the added knowledge and skills assigned as the focused goals of the rotation. I.e., the evaluation of the resident's performance on a specific rotation must be based upon the educational objectives and educational material previously formulated and now presented to the resident for that period of training. The result of this objective-based educational assessment is aggregated for the individual resident and entered into the rotation evaluation form.