Frequently Asked Questions: Diagnostic Radiology
Review Committee for Diagnostic Radiology
ACGME

Question	Answer
Introduction	
Which rotations are required (or recommended) for transitional year residents that have matched to a diagnostic radiology program? *[Program Requirement: Int.C.2.]*	Effective July 1, 2010, the Review Committee for Diagnostic Radiology recommends the following curriculum for transitional year residents: ▪ six months of internal medicine, general surgery, obstetrics and gynecology, and/or pediatrics (one month should be an intensive care unit (ICU) experience); ▪ one month of emergency medicine; ▪ one month of ambulatory experience; ▪ elective rotations, which may include anatomic pathology, cardiology, gastrointestinal medicine, neurological surgery, neurology, orthopaedic surgery, otolaryngology, pulmonology, rheumatology, and/or urology; and, ▪ up to two months in radiology (in ACGME-accredited programs).
Is it permissible to allow residents time off from clinical rotations and/or attendance at didactic conferences to study for the American Board of Radiology (ABR) Core Examination? *[Program Requirements: Int.C.3. and Int.C.6.]*	No. The Program Requirements state that **full time** participation by the residents in clinical and didactic activities **must** occur at all levels of education, including the final year of residency (Int.C.3). The Program Requirements also stipulate that the education in diagnostic radiology **must** occur in an environment that encourages the interchange of knowledge and experience among residents in the program and among residents in other major clinical specialties located in those institutions participating in the program (Int.C.6). Allowing residents time away from clinical responsibilities for **independent** study in order to prepare for the Core Examination goes against the letter, spirit, and intent of the requirements noted above.

Question	Answer
Institutions	
Which rotations require a program letter of agreement (PLA) and what must the PLA include? *[Program Requirement: I.B.1.]*	As stated in the program requirements, all required rotations that take place outside the primary hospital, regardless of their length, require a PLA between the program and the participating site. The Common Program Requirements stipulate that program letters of agreement should: a) identify the faculty who will assume both educational and supervisory responsibilities for residents; b) specify their responsibilities for teaching, supervision, and formal evaluation of residents; c) specify the duration and content of the educational experience; and, d) state the policies and procedures that will govern resident education during the assignment. Courses, like the Armed Forces Institute of Pathology course are not examples of "sites" and, therefore, do not require program letters of agreement.
Must there be a PLA for every hospital or site that is part of a single medical center? *[Program Requirement: I.B.1.]*	This will depend on the administrative structure of the medical center. Program letters of agreement are not necessary when a rotation/assignment occurs at a site under the governance of the sponsor or in an office of a physician who is a member of the sponsoring institution's teaching faculty/ medical staff.
What is the definition of a primary hospital? *[Program Requirement: I.B.3.]*	A primary hospital is the site where the majority of residents' educational experiences are scheduled.
Program Personnel and Resources	

Question	Answer
What type of change in the program is considered major and requires notification to the Review Committee? *[Program Requirement: II.A.4.o).(2)]*	The following changes require prior Review Committee notification: ▪ an increase in the resident complement ▪ a significant loss of faculty members ▪ a change in sponsorship Contact the Executive Director of the Review Committee for questions regarding other changes.
Are the required procedure minimums three-year minimums or four-year minimums? *[Program Requirement: II.A.4.p).(1)*]	As some residents may use their last year for additional expertise in subspecialty areas, all residents have until the end of the R4 to achieve the minimum required numbers. The Review Committee requests that all required key index procedures be entered in the ACGME Case Log System through the end of the (PGY-5) R4 year.
Of the nine required FTE faculty members for each subspecialty area, are there any considerations for pediatric radiology faculty members? *[Program Requirement: II.B.2.b)]*	If residents rotate to an outside institution for pediatric radiology, the supervising pediatric radiologist at that institution may count as a member of the program's faculty.
Does the subspecialty chief, as required in the Program Requirements, have to be the departmental subspecialty section head? *[Program Requirement: II.B.2.c)]*	No. However, the section head is usually the most appropriate person to assign responsibility for organizing the didactic curriculum in a given subspecialty. Some departments are not organized by subspecialty; in these situations any qualified faculty member may be designated.

Question	Answer
What are the required qualifications for subspecialty chiefs? *[Program Requirement: II.B.2.c)]*	Programs are given a great deal of latitude in appointing subspecialty chiefs. Ideally, these individuals should have completed fellowship education in the subspecialty area, and if applicable, have current certification in the subspecialty (neuroradiology, vascular and interventional radiology (VIR), pediatric radiology, and nuclear radiology). Alternative qualifications could include: ▪ three years of practice and expertise in the subspecialty area ▪ membership in the subspecialty society(ies), or publications and presentations in the subspecialty, or annual CME credits in the subspecialty ▪ participation in Maintenance of Certification (MOC), with emphasis on the subspecialty ▪ having served as principal investigator or co-investigator of a grant
Who is expected to prepare and present the core didactic lectures? *[Program Requirement: II.B.5.a)]*	The members of the faculty are expected to prepare and present the core didactic lectures. This does not prohibit a resident from preparing and presenting other didactic or interactive conferences, on occasion. However, the Review Committee expects the large majority of conferences to be presented by faculty members.
Can faculty points for scholarly activity be averaged? Some of our faculty members publish articles, and some focus exclusively on teaching and education. *[Program Requirement: II.B.5.b)]*	Yes, faculty points can be averaged for a five-year period. Some faculty members may be awarded grants, some may publish articles, others may serve on national committees, and some may not engage in any of these activities. If a program has 10 faculty members, it needs to obtain 20 points total in a five-year period.
How are the faculty scholarly activity points counted? For instance, if one faculty member serves on a national committee for five years, does that result in five points? *[Program Requirement: II.B.5.b)]*	No, serving on a committee is a one-time activity, and results in 1 point. Receiving a grant also counts as 1 point. However, publishing five *different* articles in peer-reviewed journals counts as five points. Making two separate presentations counts as two points.
How should the members of the radiology faculty be involved in scholarly activity? *[Program Requirement: II.B.5.b)]*	Faculty scholarly activities include: ▪ Peer-reviewed publications in scientific journals with a Pub Med ID ▪ Peer-reviewed publications in scientific journals without a Pub Med ID (i.e., ACR Case in Point) ▪ Conference presentations – Abstracts, posters, and presentations given at

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	international, national, or regional meetings ▪ Other presentations such as invited professorships ▪ Chapters or textbooks ▪ Grant leadership – Grants for which the faculty had a leadership role such as the PI, Co-PI, or site director ▪ Leadership or Peer-Review Role - A leadership role in national medical organizations or service as the editor or editorial board member for a peer-reviewed journal ▪ Teaching Formal Courses – Primary responsibility or course coordinator for seminars and/or conference series within the institution or program, including the development of computer-based or other training modules for students, residents, fellows, and other health professionals.
What qualifies a diagnostic radiology residency program coordinator as "dedicated"? *[Program Requirement: II.C.1.]*	A residency program coordinator is considered "dedicated" if his or her professional time is dedicated exclusively to the radiology department. It is acceptable for the program coordinator to assist with accredited radiology fellowships or with radiology clerkships, if time permits. It is not acceptable, however, for the program coordinator's time to be spent assisting other departmental residency or fellowship programs, such as neurological surgery or pediatrics.
What is considered "sufficient" in terms of the program coordinator's time to fulfill his or her responsibilities? *[Program Requirement: II.C.1.]*	Each program will need to individually determine what "sufficient" time means for its coordinator. When determining how much time is "sufficient" for the coordinator, the program should consider factors such as experience, accreditation status of the program, size of the program, number of institutions involved, etc. Depending on the size of the core program, the Review Committee believes that it could be appropriate in some cases for the coordinator to also have responsibility for one or more radiology subspecialty fellowship programs. In institutions in which the Radiology Department also includes the radiation oncology program however, the Committee would not advise assigning management responsibility for both the radiation oncology program and core radiology program unless both programs would be viewed as *small*. The coordinator should have no responsibility for programs outside the department.

Question	Answer
Do on-call facilities (i.e., a room for sleeping/studying while on call) have to be private? *[Program Requirement: II.D.2. and Institutional Requirement: II.F.2.b)]*	While the Program Requirements for Graduate Medical Education in Diagnostic Radiology specify that on-call rooms must be "secure," the Institutional Requirements do in fact specify that call rooms must be "safe, quiet, and private."
What does the Review Committee consider adequate medical information access? *[Program Requirement: II.E.]*	The department must provide, at a minimum, broadband Internet access 24 hours a day, seven days a week, to full-text journal articles. The available resources should include major radiological journals, plus general medical journals, such as the *New England Journal of Medicine (NEJM*), the *Journal of the American Medical Association (JAMA)*, *Lancet*, etc. The program is also expected to maintain a selection of basic and subspecialty radiology texts in the on-call reading area.
Resident Appointments	
What criteria are used to determine the number of residents that a program is permitted? *[Program Requirement: III.B.3.]*	A maximum number of residents for a program is set initially when an application is reviewed and a status of Initial Accreditation is approved. The resident complement is re-evaluated at each subsequent program review. Considerations typically include the volume and variety of cases performed in the department, the number of faculty members, the board pass rate, and an assessment of identified areas of non-compliance.
What are the procedures for requesting approval of an increase in the resident complement? *[Program Requirement: III.B.3.]*	Please refer to the Review Committee web page on the ACGME website for more detailed instructions regarding requesting an increase in resident complement
Does a resident in a civilian program whose stipend is funded by a branch of the military (or any other funding source) count against the resident complement? *[Program Requirement: III.B.3.]*	Yes. If a program intends to accept a resident whose position has funding through a branch of the military or any other source, the program must still request prior approval from the Review Committee if accepting this individual will increase the number of filled resident positions over the approved complement.

Question	Answer
If a program accepts a transfer resident, are there procedures that should be followed? *[Program Requirement: III.C.]*	Yes. Prior to accepting the resident, the program director must receive written verification of the resident's previous educational experiences and a statement regarding the competency-based performance evaluation of the transferring resident. *Very importantly, this same process is now required for all residents entering the residency at the PGY-2 (R3) level: completion of, and performance during, the clinical year must be documented.*
Educational Program	
Which procedures need to be logged in the ACGME Case Log System, and are there minimum numbers required for each? *[Program Requirement: IV.A.2.b).(6).(c).(i).(a)]*	Please refer to the Diagnostic Radiology Case Log Minimums document posted on the Review Committee web page on the ACGME website for the list of key index procedures and their required minimums For the applicable CPT codes, please refer to the ACGME Case Log System for a complete listing.
How extensive does the core didactic lecture series have to be? *[Program Requirement: IV.A.3.b).(1).(b)]*	Each of the nine designated subspecialty chiefs is responsible for organizing the lecture series, which should include the spectrum of anatomy, physiology, and imaging of most disease processes encountered in that subspecialty area, both common and rare. Generally speaking, 9-10 lectures would probably be sufficient to do this effectively. These lectures should be updated, and presented at least every two years. The site visitor will request to see a didactic lecture schedule for each of the nine subspecialty areas.
What are the expectations regarding education of residents in radiologic physics? *[Program Requirement: IV.A.3.b).(2).(a)]*	Residents must be provided formal teaching in radiologic physics that extends throughout the four years of residency. This can take the form of interactive lectures or completion of online modules, and can be incorporated into the core didactic lecture series. Attendance at a formal off-site course in radiological physics is considered acceptable as just one element of the ongoing educational process. Residents are expected to demonstrate, on an ongoing basis, an awareness of radiation safety principles. Programs are encouraged to utilize the Diagnostic Radiology Residents' Physics Curriculum. Site visitors will be instructed to ask for details regarding the physics education that programs provide for their residents.

Question	Answer
Does the Review Committee require resident attendance at the Armed Forces Institute of Pathology (AFIP)? *[Program Requirement: IV.A.3.b).(2).(d)]*	The Review Committee is only concerned that residents gain experience with radiologic-pathologic correlation. Each program can determine how this requirement is fulfilled.
If residents cannot attend AFIP, or if AFIP ceases to offer a formal course in radiologic-pathologic correlation, how can a program meet the requirement for teaching this topic as part of the general didactic curriculum? *[Program Requirement: IV.A.3.b).(2).(d)]*	There is no prescribed method for meeting this requirement. However, the following might be one method for ensuring that a resident is introduced to radiologic-pathologic correlation across the spectrum of disease: Residents may be assigned to prepare one lecture on radiologic-pathologic correlation for each of the nine subspecialty areas of radiology or for each organ system. Residents would select several cases representing common disease conditions in that area, and then work with the Pathology Department to assemble and present the correlating gross and histopathological findings. For example, in cardiothoracic radiology, the resident might select bacterial pneumonia, lung cancer, mesothelioma, emphysema, cardiomyopathy, atherosclerotic disease of the coronary arteries, etc., and then show both the imaging and pathology findings during a one-hour conference. *The conference and its content should be documented.* A pathology rotation per se is not considered adequate to fulfill the requirement.
Why are the nuclear medicine requirements so detailed? *[Program Requirements: IV.A.3.b).(1).(c) and IV.A.6.b)]*	The detail ensures that upon completion of education, residents will meet the Nuclear Regulatory Commission (NRC) eligibility requirements for Authorized User status. This eligibility status will be noted on the American Board of Radiology (ABR) certificate.
Are residents permitted to take vacation or other significant time off during the four months of nuclear medicine and still meet NRC? *[Program Requirement: IV.A.6.b)]*	Yes. However, the fixed requirement is for 700 hours of nuclear medicine, including 80 hours of didactics. This means that time taken for vacation or other reasons would be considered an interruption in the nuclear medicine educational program and could not be counted towards the required 700 hours. Thus, the nuclear medicine time missed due to vacation or other reasons would need to be recouped by the resident upon return.

Question	Answer
Do faculty members, residents, and fellows have to earn one scholarly activity point each year? What is the period of time within which this should take place? *[Program Requirement: II.B.5.b) and IV.B.2)]*	Typically, five years is the block of time during which faculty members must complete scholarly activities that result in an average of two points each. During this same period of time, residents and fellows must be on track to complete their scholarly activities that result in one point for the length of the educational program. That is, fellows should complete one project during their one- or two-year fellowships, and residents should complete one project during their four- year programs. These activities do not have to be completed annually. Scholarly activities must be completed within a program's review cycle.
How are the scholarly activity points for residents and fellows counted? *[Program Requirement: IV.B.2)]*	During the course of their educational programs, residents and fellows must complete one project to obtain one point. This project could be a publication or a presentation at a meeting (local, regional, or national).
Does resident participation in lectures on critical thinking skills or in a journal club fulfill the requirement for scholarly activity? *[Program Requirement: IV.B.2.a)]*	No. These types of activities are required in addition to involvement in scholarly activity.
What qualifies as scholarly activity for a resident? *[Program Requirement: IV.B.2.b)]*	All residents must be involved in laboratory research, clinical research, the analysis of disease processes (e.g., a retrospective review), the analysis of imaging techniques (e.g., development or assessment of techniques), and/or the analysis of practice management issues (e.g., a systems-based practice activity). The results of this type of activity must be published or presented at institutional, local, regional, or national meetings.
Evaluation	
What are the new methods that must be used in resident evaluation? *[Program Requirement: V.A.2.b).(6)]*	There are three methods that must be used to evaluate residents. All three are related to the six general competencies. ***Global faculty evaluation*** is a standard evaluation most programs have been using following each rotation. However, the assessment tool should be modified to specifically address patient care, medical knowledge, practice-based learning and improvement, professionalism, interpersonal and communication skills, and systems-based practice. Examples of excellent evaluation forms incorporating the competencies are available through the Association of Program Directors in Radiology (APDR).

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	The ***360 evaluation*** is to be used to evaluate a resident's interpersonal and communication skills, as well as the professionalism of the resident. "360 degrees" pertains to obtaining feedback from personnel who work with the resident, such as radiology nurses, technologists, physician assistants (PAs), nurse practitioners (NPs), etc. Some programs also query patients. The form used to obtain this input must specifically address communication skills and professionalism (e.g., How well does the resident relate to patients? How well does the resident explain procedures to patients? How does the resident relate to the techs? To the nurses? Does the resident show up on time and dress and act like a physician? etc.). The ***Resident Learning Portfolio*** is designed to reflect the multiple elements of resident education. The Program Requirements clearly state what needs to be archived in this portfolio. The portfolio may be maintained in hard copy or in an electronic database. Resident portfolios should be available for review by the site visitor.
What are examples of a yearly objective examination? *[Program Requirement: V.A.2.b).(6).(c).(ii).(c)]*	At least during their first three years of radiology residency, residents take the ACR In-Service Examination. Program directors should keep the results as part of a resident's Learning Portfolio. During the third or fourth year, residents take the written board exam. If for some reason a program's residents do not take either of these exams, it will be necessary for that program to formulate a credible exam, administer it annually, and archive the results in residents' Learning Portfolios.
What is the expectation for an annual self-assessment and learning plan by the residents? *[Program Requirement: V.A.2.b).(6).(c).(iii)]*	The self-assessment and learning plan is designed to teach the residents to be introspective and to regularly assess where they are in their own educational pathway to becoming a radiologist. This professional behavior is expected to extend throughout one's career. Once a year, each resident should look back on the previous 12 months and ask the question, "in what area or areas could I improve?" For example, did the resident do poorly on a particular section of the In-Service Exam? In selecting cases to present in conference, was there some subspecialty area in which the resident did not do as well as he or she would have liked? Once the problem area(s) is/are identified, the resident needs to work with a mentor in formulating a plan to correct any deficiencies. The learning plan might be to read additional chapters and articles as suggested by the mentor, to review cases from various sources, and then to evaluate whether performance in this area is improved. This process could be documented in one or two pages, which should then be archived in the Learning Portfolio.

Question	Answer
In calculating the board pass rate, why does the Review Committee allow a resident to condition only one section of the oral board exam when the ABR allows up to three section conditions? *[Program Requirement: V.C.4.]*	The Review Committee determined that permitting more than one condition did not prove to be discriminatory in evaluating program performance.
Resident Duty Hours in the Learning and Working Environment	
Can residents be supervised by licensed independent practitioners? *[Program Requirement: VI.D.1.]*	Only licensed physicians who are credentialed to perform imaging procedures may have primary responsibility for the imaging aspects of patient care.
What does the Review Committee consider an appropriate patient load for residents? *[Program Requirements: II.D.4.a) and VI.E.]*	Clinical workload must provide the residents with learning experiences without compromising patient care. A reasonable volume of radiologic examinations in the department should be at least 7,000 per year per resident. For example, if there are 20 residents in the program, there should be no less than 140,000 examinations per year. The number of examinations in each of the subspecialty areas must be of sufficient volume to ensure the residents' educational experience allows them to meet the requirements. Both insufficient patient experiences and excessive patient loads may jeopardize the quality of resident education.
Who should be included in the interprofessional teams? *[Program Requirement: VI.F.]*	All interprofessional team members must participate in the education of residents, and team members include ancillary personnel, attending diagnostic radiology physicians, diagnostic radiology technologists, nurse practitioners, nurses, physician assistants, and radiation safety personnel. The team may also include individuals from referring clinical services, medical physicists, and radiopharmacists.
Other	
Are there a specified number of months residents are required to spend at the primary hospital?	No. The previous Review Committee standard required approximately 87 percent of resident rotations to be conducted at the primary hospital. Program directors now have latitude to arrange educationally valid rotations at participating sites in order to provide residents with the best educational program to meet the requirements.

Question	Answer
If a clinical year is offered in conjunction with the residency program, does the Review Committee approve or review the number of positions in it?	No. The Review Committee approves the number of residents only for the four-year diagnostic radiology residency program. The Review Committee does not accredit the clinical year or approve its positions.
What are the Common Program Requirements and how often are they revised?	The Common Program Requirements (CPRs) address accreditation issues and resources that must be in place in all specialties and subspecialties. These requirements are identified by the bold font. Examples include duty hour requirements, scholarly activity, and program director and faculty member qualifications and responsibilities. CPR language may not be changed; however, Review Committees may add more specific requirements at the end of a CPR section, as appropriate. The CPRs are reviewed and revised by the ACGME at least once every 10 years, or more frequently as major changes necessitate revision. As stated above, the CPR wording is not subject to modification by individual Review Committees.
How often are the Program Requirements reviewed and/or changed?	The ACGME previously mandated that Review Committees conduct a comprehensive review of program requirements at least once every five years. In the Next Accreditation System, however, the mandated revision timeline is every 10 years. The Review Committee, however, considers the requirements on an ongoing basis, and may choose to request ACGME approval of focused revisions in the interim.
What is the difference between “must” and “should” requirements?	*Must* is a term that identifies an absolute requirement. *Should* is a term used to designate requirements so important that their absence must be justified. Such justification must be acceptable to the Review Committee.
Why was the requirement for a departmental teaching file eliminated?	Online access to a wide variety of teaching cases which residents can study is readily available. This current access is the basis for deleting the requirement for programs to maintain a formal departmental file. The program, however, should purchase the American College of Radiology (ACR) Learning File or its equivalent for use by all the residents. Departments are certainly encouraged to build and maintain a formal teaching file if they choose.
How should a merger be described for the Review Committee’s consideration?	Contact the Executive Director of the Review Committee to discuss the type of merger and how to describe it for the Committee. There are various types of mergers, and the specific plans may determine how the proposal should be worded, as well as what type of action the Committee might take. The following are the major types of mergers that have been reported involving two separately accredited programs: 1. Two programs will be combined to form a new entity; The Executive Director will

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	tell you whether a site visit will be required prior to Review Committee consideration of the proposal. A request for voluntary withdrawal of accreditation, and the date of closure, will be needed from each of the currently accredited programs, and should be co-signed by the designated institutional official (DIO) of the program's sponsoring institution. The newly-constituted combined program will be issued a new ACGME identification number. 2. One program (#1) will absorb the other program (#2), and will usually include rotations to the latter. Program #1 will submit the proposal, explaining the extent of the change in curriculum and resident complement. Program #2 will submit a request for voluntary withdrawal of accreditation with the date by which current residents will complete their education in that program. This request must be co-signed by the DIO of each program's sponsoring institution. The Executive Director of the Review Committee will indicate whether the changes necessitate a site visit prior to Committee review of the proposal. Unless the changes are so extensive that the Committee considers the finished product to be virtually a new program, Program #1 will retain both its current ACGME identification number and accreditation status. Additional information can be found in the "FAQ – Accreditation of New Programs" document, which can be found on the Institutional Review web page on the ACGME website.
How should a change in sponsoring institution be handled?	A letter signed by the DIOs of both the existing sponsor and the proposed sponsoring institution should be submitted to the ACGME to initiate a change in sponsor for an accredited program (two separate letters may be submitted). The existing sponsor must agree explicitly to the change in sponsorship; and the proposed sponsor should agree to assume the responsibilities of a sponsoring institution as outlined in the ACGME Institutional Requirements. The letter should also contain a statement on the impact the change will have upon the structure and curriculum of the residency program. If the change is approved, the program name and listing will be changed as appropriate. The request to change the program's sponsorship or related questions should be addressed to Ingrid Philibert, MHA, MBA, Senior Vice President, Department of Field Activities, ACGME.

Question	Answer
	Additional information can be found in the document linked in the previous response, **Frequently Asked Questions (FAQs) About the Accreditation of New Programs and Sponsoring Institutions, Program Mergers, and Changes in Sponsorship**, which is found on the ACGME website.
What is the difference between the Case Log System and the Resident Procedure Logs?	The *Case Log System* is a mechanism for entering direct resident involvement with a limited, but representative, group of cases (listed by CPT codes) into the ACGME database at least annually. This record must be reviewed by the program director and submitted in hard copy to the ACGME. Data may be entered by the resident or by another individual designated by the department (e.g., program coordinator). To count a case, the resident must have either given a preliminary interpretation (e.g., during night float) or dictated the case. *Resident procedure logs* may be maintained on paper or in an electronic database (e.g., HI-IQ), and should document each interventional case with which an individual resident is involved, including image-guided biopsies and drainages, vascular interventional radiology (VIR) cases, and neurointerventional cases. Documentation should describe how the resident was involved in the case (primary operator or assistant), if he or she dictated the case, and any complications. The program director (or designee) should document review of procedure logs with each resident twice a year. This documentation will be reviewed by the site visitor at the time of a program's site visit.
How is data from the ACGME Case Log System used by the Review Committee?	Case Log data is used by the Review Committee to develop benchmarks for resident involvement in clinical work. These benchmarks will be national in scope, and will facilitate objective comparisons of individual resident experiences for each program. The program director should review Case Log data on an ongoing basis to ensure that each resident has sufficient experience in the required areas.
Is a resident permitted to count cases that he or she has only observed?	No. Only cases in which residents were directly involved can be recorded for credit in the Case Log System.
Can more than one resident claim credit for participation in the same interventional procedure in the procedure logs?	Yes. If more than one resident is directly involved in an interventional procedure, each resident may enter that procedure in his or her procedure log. The degree of involvement, however, must be clearly stated. Examples of involvement include formally assisting in the procedure, actually performing part of the procedure, and dictating the report.

Question	Answer
What are some examples that describe how to incorporate the general competencies into residency education?	Examples could include the following: ▪ Write goals and objectives to ensure that at each level of every subspecialty rotation you address what you want the resident to learn about patient care, what additional medical knowledge should be mastered, how they will improve their communication skills, what you expect from them as a professional, how they will make practice-based learning (e.g., evidence-based medicine, annual learning plan) a part of their daily routine, and how they will most effectively use all the systems in a modern medical center to make their practice of radiology more efficient. ▪ Link the evaluation of the residents to the goals and objectives including each of the six competencies into your forms so you will be able to document improvement, or lack thereof, in all six competencies. ▪ Use the information obtained from this process to improve the program. Documentation must be archived in the resident learning portfolios. Faculty should be informed and be on board with the process. The residents are expected to know that this new emphasis will serve them well as they enter clinical practice. More specific examples are available from the Association of Program Directors in Radiology (APDR) and many of the subspecialty societies. This is what residency training is all about in today's world. Further, competencies are not unique to residency/fellowship programs but are being incorporated into medical school curricula and into clinical practice (licensing, Maintenance of Certification). Everyone must be familiar with them and they must be woven into all aspects of training programs. The aim of the competencies is to modify medical education to improve medical care.

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How should the quality of resident dictations be formally evaluated?	Similar to many of the requirements, there is no prescribed way to complete this responsibility. One way that would satisfy the Review Committee, is to have a member of the faculty give a lecture on how imaging reports should be prepared (e.g., organization, conciseness, standardized language, pertinent negatives, definitive results whenever possible, etc.), and document that the residents attended the lecture. Assign a faculty member to mentor each resident's dictations, perhaps reviewing a percentage of them during the first three months of residency and providing written feedback as to how they should be improved. This process should be documented.