

**Note: These are the responses to the questions in the Common PIF; all the CV material has been left out.**

### **SKILLS AND COMPETENCIES**

Describe how fellows are informed about their assignments and duties during the fellowship.

**The Fellow's Handbook describes the various rotations the fellow will encounter during the year and outlines the**

**educational goals and training objectives for each through which competency and skill will be acquired. The fellow**

**is reminded to review each description prior to beginning each rotation. Specifically when each specialty rotation**

**(Interventional Radiology, Nuclear Medicine, Musculoskeletal Radiology) occurs will evolve as the year goes on,**

**affected by when the fellow wishes to take vacation, how many other residents and fellows are assigned to the**

**rotation that month, and what faculty members are available to mentor the fellow. The Division Handbook lists**

**specific procedures and skills for the General Pediatric Radiology/Neuroradiology rotation that comprises about 8.5**

**months of the year and a copy is given to the fellow.**

### **GRIEVANCE PROCEDURES**

Describe how the program handles complaints or concerns the fellows raise.

**How the fellow handles difficulties such as these is outlined in the Fellow's Handbook. The fellow should attempt to**

**raise and resolve a concern with the other involved party or parties. However, if this is not possible, the Program**

**Director becomes involved and attempts to resolve the issue. The Division Director is then involved. At any time, the**

**fellow may nominate an outside person to be involved in the negotiations; otherwise, the Fellowship Coordinator**

**may be invited to sit in to record the proceedings. If resolution cannot be made, or if the fellow feels unfairly treated,**

**then the fellow may pursue the issue as a grievance, using the Graduate Medical Education Committee's Grievance**

**procedure, provided the issue qualifies as a grievance. A copy of the procedure is in the Policies binder in the office;**

**the process can also be reviewed on the GMEC website:**

**<http://www.hopkinsmedicine.org/som/faculty/policies/facultypolicies/grievance.html>. Free confidential counseling is**

**also available through FASAP (Faculty and Staff Assistance Program).**

### **EVALUATION (FELLOWS, FACULTY, PROGRAM)**

Do fellows have access to specialty-specific and other appropriate reference material in print or electronic format?

**YES**

Are electronic medical literature databases with search capabilities available to fellows?

**YES**

Are fellows provided with a description of the skills and competencies that they should be able to demonstrate by the conclusion of the program?

**YES**

Does the faculty provide formative feedback in a timely manner?

**YES**

Describe how evaluators are educated to use assessment methods for the six competencies so that fellows are evaluated fairly and consistently.

The format for the evaluation instruments is self-explanatory and uses specific performance attributes on graded agree/disagree scales. The performance attributes for the faculty evaluation were developed by the faculty themselves and relate to each of the 6 Competencies. There is also a question in each category asking if the expected degree of improvement has occurred. Specific questions from the faculty form were modified by the program director for the nurse and technologist evaluations. Each evaluation form also provides multiple spaces for comments, both Competency-related and global. For consistency, the same evaluation form is used by each faculty member for each quarterly evaluation. The faculty is asked to read a short workbook ("Mentoring" by Gordon F. Shea). There is also a video teaching module ("Giving Feedback") that is on line ([http://www.hopkinsmedicine.org/fac\\_development/teaching/](http://www.hopkinsmedicine.org/fac_development/teaching/)). Both of these resources aid the faculty in delivering fair and useful evaluations.

Describe how residents are informed of the performance criteria on which they will be evaluated.

The Fellow's Handbook (given to the fellow) includes copies of the evaluation forms, so the fellow can see what

components are being scrutinized. Educational goals and training objectives are outlined for each rotation and are included in the Fellow's Handbook. The Division Handbook gives specific performance parameters for common

studies with sample normal reports; a copy is given to the fellow. A printed copy of the ABR Appropriateness

Criteria for Pediatrics (from their website) is kept in the office adjacent to the fellow's carrel. Before every cross

sectional study and fluoro procedure, the fellow is expected to present the patient's history and clinical problem to

the attending radiologist so the two of them can discuss the best imaging protocol; critique of the fellow's images

follows the study, usually before the patient leaves the division so additional images can be obtained if necessary.

The Fellow's Handbook also stipulates that the fellow will prepare case conferences and a journal club and do a

QA project, as well as participate in a publishable research study, all of which form part of their final evaluation.

Describe how the fellows develop skills to locate, appraise, and assimilate evidence from scientific studies related to their patients' health.

The faculty models information-seeking behavior throughout the day, consulting with each other and looking up

pathology and radiologic findings in reference books, textbooks and journals, either physically present in the

reading room or on-line through PubMed. Faculty also has a journal club each month in the Thursday noon didactic

hour where 3 papers are summarized and dissected to weigh their science and information. The fellow does one

journal club presentation late in the year; the evaluation reflects how well the fellow has critiqued each article.

When the fellow does a case conference, presenting cases seen on the outside rotations, a journal-referenced

didactic point is required with each case. For more complex searches, the fellow is encouraged to contact one of

the medical research librarians who have specialized training in database manipulation; their services are free.

**During the mentoring the fellow receives for research papers and abstracts, the faculty mentor helps the fellow**

**evaluate which articles are worthy to cite as background and support.**

Describe at least one change implemented during the last year due to fellow participation in quality improvement activities.

**There is an on-going discussion in the division about how to report radiation dose from fluoroscopy.**

**The fellow**

**chose to do an infant phantom study using an ionization chamber to record skin entrance dose while varying**

**common study parameters such as pulse rate, distance of the image intensifier from the table top, and collimation.**

**As a result of this, the faculty now have a better idea of what factors are most important to control the dose for the**

**particular machine in our division. The lowest pulsing rate tolerable by the radiologist and the closest approach of**

**the image intensifier tolerable by the patient proved to be the most important, while collimation was less**

**important--conclusions which surprised everyone and which will certainly change the way fluoro is conducted.**

Describe the mechanism used to provide the semiannual evaluations of fellows (e.g., who meets with the fellows and how the results are documented in fellow files).

**Halfway through the year, evaluation forms are emailed to the faculty (the same form as the quarterly evaluation,**

**which is organized by Competency). At the same time, evaluations of the fellow are done by the radiology nursing**

**staff and by the pediatric radiology technologists on consensus forms, one from each group. Blank copies of these**

**forms are in the Fellow's Handbook, so the fellow knows the standards against which the evaluations are formed.**

**All of the evaluations come back to the program director in printed form. The faculty's evaluation scores are**

**averaged onto a blank form and the comments are collated onto a separate sheet. These are given to the fellow at**

**each quarterly evaluation, along with the consensus forms at the semiannual evaluation. Any evaluations from**

**teaching sessions, journal clubs or case conferences are also brought out. These are discussed with the fellow and**

**a plan is made to address any deficiencies. The program director types up minutes of the meeting and gives them**

**to the fellow to review and amend if necessary; the fellow and the program director then sign the form, attesting to**

**the accuracy of its content. The form is then placed in the fellow's file, along with the original evaluation print-outs;**

**the fellow retains the anonymized evaluation form and comments for the learning portfolio.**

Describe the system for evaluating faculty performance as it relates to the educational program.

**The semiannual and annual evaluations filled out by the fellow about the program have questions that ask about**

**the availability, interest, knowledge and professionalism of the faculty as a whole. Concerns raised on those**

**evaluations are discussed in the evaluation meetings that encompass those forms; however, the program director**

**also gives the fellow the chance to raise concerns about faculty involvement at the first and third quarter evaluation**

**meetings. Complaints about specific faculty members are discussed in the evaluation meeting and suggestions are**

**made about how the fellow might shape interactions with the faculty member. (The fellow is encouraged to read**

"Making the Most of Being Mentored" by Gordon F. Shea and to view the instructional video "Giving Feedback" at [http://www.hopkinsmedicine.org/fac\\_development/teaching/.](http://www.hopkinsmedicine.org/fac_development/teaching/)) If this fails to have the desired result, the faculty member is approached by the program director; the division director is involved if necessary. At the end of the year, the fellow fills out evaluation forms for specific faculty members emailed by the department. These are averaged with the pool of resident evaluations to insure anonymity. These are given back to the faculty in digested form for self-study; a copy is also given to the division director. If the program director has reservations about a faculty member based on the fellow's evaluation, the program director and division director can meet to determine if there is a pattern of deficiency that needs addressing.

Describe the mechanisms used for program evaluation, including how the program uses aggregated results of the fellows' performance and/or other program evaluation results to improve the program.

At the 6-month mark and the end of the year, a program evaluation form is emailed to the fellow to fill out electronically; multiple email prompts insure compliance. The fellow's 6 month evaluation of the program is discussed and clarified at the semi-annual evaluation meeting so that the program director can take any issues it raises back to the faculty to be discussed at staff meetings. This usually takes the form of requests to be scheduled onto certain services more often to even out the clinical experience. The evaluation form from the end of the year is discussed at the staff meeting devoted to the program evaluation. The questions, and specifically the indications of whether the parameter in question has improved or not since the 6-month evaluation, are discussed along with general discussion of the fellow's performance.