PEC Form II Part B: Program-Specific Information

PROGRAM: Radiology DEPT. NAME:

A. Equipment	# of Units	Year of Most Recent Installation
Radiographic units (include chest units)		
Fluoroscopic units		
Mammography Units		
CT Units		
 Fewer than 16 detector rows 		
16 or 32 detector rows		
64 or more detector rows		
Ultrasound Units		
MRI Units		
Less than 1.5 T		
• 1.5 T		
• 3.0 T		
Single plane Angio Suite		
Bi-plane Angio Suite		
BMD machine		
SPECT Gamma Camera		
SPECT/CT Gamma Camera		
PET/CT		
Cyclotron		

B. RIS/PACS	Check if Yes	Year of Most Recent Installation
Is there a RIS (Radiology Information System)?		
Is there PACS (Picture Archiving Communication System)?		

C. Workstations Available	Number	Comments
Number of Radiology reporting workstations		



Number of Nuclear Medicine reporting workstations (if separate from radiology)	
Access to PACS from the on-call room	
Workstations to be installed in the future, if any	

D. Radiology Specialty Procedures	YES/NO	Number	Comments
Total Number of Exams (last 12 mos.)			
Radiography			
Fluoroscopy (excluding intervention)			
Mammography			
СТ			
MRI			
Ultrasound			
Pediatric Radiology procedures			
Nuclear Medicine			
Vascular/Interventional			
Other Procedures, please specify.			

E. Department Human Resources	Number	Comments
Professor		
Associate Professor		
Senior Consultants		
Consultants		
Senior Specialists		
Specialists		
Medical Officers		
OMSB Trainers		
Nurses		
F. Department Human Resources	Number	Comments
Radiographers		
Specialized Technologists in, if any		



• CT	
• MRI	
X-ray and Fluoroscopy	
Sonographers	
General	
Obstetric	
Nuclear Medicine Technologists	
Specialized Technologists in PET/CT	
Medical Physicist	
Radiation Protection Officers	
Others, please specify	

G. Department & Interdepartmental Academic Activities (Multidisciplinary Meetings)	YES/NO	Frequency	Comments
Staff Departmental Meeting			
Multidisciplinary Meetings (Interdept.) Conducted Regularly			
Surgery-Radiology			
Pediatric -Radiology			
FAMCO-Radiology			
Medicine-Radiology			
Oncology-Radiology			
Urology-Radiology			
Neurology-Radiology			
Radiology-Gyne-Oncology			
Gastroenterology & Surgery-Radiology			
Radiology-Emergency Medicine			
Gyne-Radiology			
 SCBU (Special Care Baby Unit) 			
Neurosurgery-Radiology			
Radiology-Orthopedics			
G. Department & Interdepartmental Academic Activities (Multidisciplinary Meetings)	YES/NO	Frequency	Comments

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Name Head of Department / Representative	Sig	nature	Date
Approved by:			
G. Other Resources and Overall Comm	nents:	ı	
Other Activities, please specify			
KPI			
Patient Safety Monitoring			
Availability of Incident Reports System			
Peer Reviews for Faculty			
Audits Conducted Regularly			
Grand Rounds/ Hospital CME			
Hospital Journal Clubs			
Hospital Specialty Workshops			
Case Discussion with Consultant/s			
Discrepancy meetings			
Morbidity and Mortality Rounds/Meetings			
Department Teaching Sessions/Noon Rounds for Residents			