



Program-Relevant Information for Training Sites Radiology Residency Program

Instruction: Please fill out the form thoroughly. Make the most of the "Comments" column to provide additional details on the answers given.

Institution:

Date:

Department Name:

Note: Information provided must be about program-specific advanced specialty requirements:

A. Radiology Specialty Resources (Equipment)	Number of Units	Most Recent Installation	Comments
<ul style="list-style-type: none">• Radiographic Units (include chest units)• Fluoroscopic Units• Mammography Units• CT Units<ul style="list-style-type: none">• Fewer than 16 detector rows• 16 or 32 detector rows• 64 or more detector rows• Ultrasound Units• MRI Units<ul style="list-style-type: none">• Less than 1.5 T• 1.5 T• 3.0 T• Single-plane Angio Suite• Bi-plane Angio Suite• BMD machine• SPECT Gamma Camera			

A. Radiology Specialty Resources (Equipment)	Number of Units			Most Recent Installation	Comments
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- SPECT/CT Gamma Camera

- PET/CT

- Cyclotron

B. Radiology Specialty Resources (RIS/PACS)	Y	N	NA	Most Recent Installation	Comments
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RIS (Radiology Information System) Y N NA

PACS (Picture Archiving and Communication System) Y N NA

C. Radiology Specialty Resources (Workstations)	Y	N	NA	Number	Comments
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Radiology Reporting Workstations Y N NA

Nuclear Medicine Reporting Workstations (if separate from Radiology) Y N NA

Access to PACS from the on-call room Y N NA

Workstations to be installed in the future, if any. Y N NA

D. Radiology Specialty Workload	Y	N	Number	Comments
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Procedures (specify number of exams in the last 12 months)

- Radiography Y N
- Fluoroscopy (excluding intervention) Y N
- Mammography Y N
- CT Y N
- MRI Y N
- Ultrasound Y N

D. Radiology Specialty Workload	Y	N	Number	Comments
• Pediatric Radiology	<input type="checkbox"/>	<input type="checkbox"/>		
• Nuclear Medicine	<input type="checkbox"/>	<input type="checkbox"/>		
• Vascular/Interventional	<input type="checkbox"/>	<input type="checkbox"/>		
• Other Procedures, please specify	<input type="checkbox"/>	<input type="checkbox"/>		

E. Radiology Human Resources	Y	N	N A	Comments
• Professor/Associate Professors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Senior Consultants/Consultants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Medical Officers/Senior House Officers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Specialized Nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Radiographers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Nuclear Medicine Technologists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Medical Physicist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Radiation Protection Officers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Subspecialized Staff:

• Abdominal (gastrointestinal and genitourinary) Radiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Breast Radiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Cardiothoracic (thoracic and cardiac) Radiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Interventional Radiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Musculoskeletal Radiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Neuroradiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Nuclear Radiology and Molecular Imaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Pediatric Radiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specialized Technologists, if any

• CT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• MRI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E. Radiology Human Resources	Y	N	N A	Comments
• PET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• X-ray and Fluoroscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sonographers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• General	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Obstetric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Others, please specify				

F. Accessibility of Departmental Educational Facilities and Teaching Resources to Trainees	Y	N	N A	Number	Comments
On-Call Rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Trainees' Lounges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Paging and Communication System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Internet and Wireless Connection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Computers and Workstations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Teaching/Conference Rooms Equipped with Audiovisual Aids (Computers, Projectors, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Availability of Library Resources					
▪ Specialty Books (Print and/or Electronic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
▪ Specialty Journals (Print and/or Electronic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
▪ Educational Software/Databases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
▪ E-Libraries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Trainees' Access to Other Departmental Facilities and Services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

G. Radiology-Specific Academic and Quality Assurance Activities	Y	N	N A	Frequency	Comments
Staff Departmental Meeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Multidisciplinary Meetings (Interdepartmental)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Surgery-Radiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

G. Radiology-Specific Academic and Quality Assurance Activities	Y	N	N A	Frequency	Comments
• Pediatric-Radiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• FAMCO-Radiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Medicine-Radiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Oncology-Radiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Urology-Radiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Neurology-Radiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Gyne-oncology-Radiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Gastroenterology-Surgery-Radiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Emergency Medicine-Radiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Gyne-Radiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• SCBU (Special Baby Care Unit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Neurosurgery-Radiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Orthopedics-Radiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Department Teaching Sessions/Noon Rounds for Residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Morbidity and Mortality Rounds/Meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Discrepancy Meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Case Discussions with Consultants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Journal Clubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Audits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Peer Reviews	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
KPI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Patient Safety Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other activities, please specify					

H. Other Resources Relevant to Training and Education:

Approved by:

(Name of HoD)

Head of Department / Representative

Signature

Date