Department of Radiology
Division of Education

RESIDENT GUIDE TO ONLINE PORTFOLIO IN NEW INNOVATIONS DIAGNOSTIC & INTERVENTIONAL RADIOLOGY RESIDENCY PROGRAMS

WHY DO WE HAVE TO MAINTAIN A PORTFOLIO?

The ACGME Resident Review Committee (RRC) for Radiology requires that Residents maintain a portfolio throughout the duration of their residency training. Specifically, Section IV .A.6.I states "Residents must maintain a Resident Learning Portfolio, which must include, at a minimum, documentation of the following…"

1. Patient Care
   a. Participation in therapies involving oral administration of sodium iodide I-131, including the date, diagnosis, and dosage (*tracked via Procedure Logger*)
   b. Interpretation/multi-reading of mammograms (*tracked via Procedure Logger*)
   c. Participation in hands-on ultrasonographic examination of various types (*tracked via Procedure Logger*)
   d. Performance of Invasive procedures and any complications (*tracked via Procedure Logger*)

2. Medical Knowledge
   a. Conferences/Courses/Meetings and Self-Assessment modules completed (*tracked via Scholarly Activities and Journal Module*)
   b. Performance on rotation-specific and/or annual objective examinations (*tracked via Evaluations, USMLE scores are recorded in the Personnel Records in NI*)

3. Practice-Based Learning and Improvement
   a. Evidence of a reflective process that must result in the annual documentation of an individual learning plan and self-assessment (*tracked via Journal module*)
   b. Scholarly activity, such as publications and/or presentations (*tracked via Journal module*)

4. Interpersonal and Communication Skills
   a. Formal assessment of oral and written communication (*tracked via Evaluations module*)

5. Professionalism
   a. Compliance with institution and departmental policies including, but not limited to HIPAA, Joint Commission, patient safety, Infection Control, and Dress Code (*tracked via UTHSA Knowledge Center*)
   b. Status of medical license, if appropriate (*recorded in Personnel Record of NI, including NPI number, current CPR certification, and DEA license if applicable*)

6. Systems-based Practice
   a. A learning activity that involves a solution to a system problem at the departmental, institutional, local, regional, national or international level (*Participation in UHS Root Cause Analysis (RCAs) meet this requirement, dates of attendance by Residents are documented in the Scholarly Activities module*)

WHY ARE WE USING NEW INNOVATIONS?

Due to the size and complexity of both the Diagnostic and Interventional Radiology Residency programs, New Innovations (NI) allows the department to collect a wide variety of data required by the ACGME and store it centrally in one location that all Academic Program Coordinators, Program Directors and Associate Program Directors have access to. This also ensured that documentation is not lost and is retained in a secure database to protect Residents' confidentiality.

I'M AN IR RESIDENT, WHY DO I HAVE TO DO THIS?

ACGME requires that certain documentation be on file for all residency programs, including scholarly activity, documentation of procedures performed, evaluations, etc.

WHY DO WE HAVE TO COMPLETE JOURNAL ENTRIES?

RRC requires evidence of a reflective process that must result in the annual documentation of an individual learning plan and self-assessment. The Journal Module is the best way to track this. The Program Coordinator will release the journal assignments with due dates.

WHAT MUST RESIDENTS NEED TO DO THROUGHOUT THE ACADEMIC YEAR?

- **WEEKLY**
  - Complete evaluations of Faculty and of Rotation.
    (ALL procedures must be signed off by a supervising Faculty)

- **MONTHLY**
  - Enter recent scholarly activity you have completed in New Innovations. (posters, abstracts, grants, committee membership, teaching presentations, etc.)

- **SEMI-ANNUALLY**
  - Complete your assigned journal entry for your annual self-assessment.

- **ON-GOING THROUGHOUT THE ACADEMIC YEAR**
  - Email your ACLS card to your PC whenever you get a renewal. PC will update NI.
  - Email changes in your TX Physician-In-Training Permit (PIT) or TX Full Medical License to your PC so your record in NI can be updated. Your PC will update UH Professional Staff Services.
  - Email updated USMLE scores to PC to update record in NI.
  - Provide paper forms to patients and techs who work with you for your semi-annual evaluation. Your PC will enter the information in NI and destroy the paper form.

WHAT HAPPENS AT MY SEMI-ANNUAL (6 MONTH) EVALUATION? DO I STILL NEED TO MEET WITH THE PD OR APD IN PERSON?

Yes, you will still meet in person with the Program Director or one of the Associate PD's. The PD or APD will complete an electronic evaluation summarizing your performance for the past 6 months. An example of the evaluation follows this page. Faculty completing your evaluation will rank you on the 6 ACGME competencies and include any additional comments if needed. The faculty will sign the electronic evaluation and the Resident will also electronically sign.

Semi-Annual Review

Review Period: 8/1/2009 - 12/31/2009   **Residency Period:** N/A - 12/31/2009   **Meeting Date:** 1/1/2010 7:00A-8:00A

Sample Review Form

Sample, Person
PRG 2
Internal Medicine

Report Data was last captured on: 12/22/2009

Duty Hour Rule Violations

Rotation	Start Date	End Date	Hrs/Wk	80 Hr	24+	Call	Short Break	Days Off	Night Float
S GME ROTATION I	7/1/2010	7/31/2010	67.74	0	0	0	0	1	0
S GME ROTATION I	8/1/2010	8/28/2010	17.25	0	0	0	0	0	0
S GME ROTATION I	8/29/2010	9/30/2010	50.06	0	0	0	0	0	0
S GME ROTATION I	10/1/2010	10/28/2010	21.00	0	0	1	0	0	0
S GME ROTATION I	10/29/2010	11/25/2010	8.01	0	0	0	0	0	0
S GME ROTATION I	12/1/2010	12/28/2010	13.25	0	0	1	1	0	0
S GME ROTATION I	12/29/2010	1/27/2011	4.67	0	0	0	0	0	0
S GME ROTATION I	2/1/2011	2/28/2011	1.25	0	0	0	0	0	1
S GME ROTATION I	4/1/2011	4/28/2011	0.00	0	0	0	0	0	0

Procedures Logged

Drag a column header and drop it here to group by that column

Procedure Name	Independent Target	Review Total Passed	Review Total Not Passed	Residency Total Passed	Residency Total Not Passed	Independent
Carotid Endarterectomy	6	1	0	4	1	
Central Line Placements	5	1	0	3	0	✔
Hernia Surgery	5	0	0	0	0	
Laparoscopic Cholecystectomy	7	0	0	0	0	
Partial Colectomies	5	0	0	0	0	✔

Scholarly Activity

Activity	Total
Grand Rounds Presentation	1
Poster Presentations	3
Publication in Peer Reviewed Article	1
Resident Abstract	8

Conference Attendance

	Status	Department	Category	# Conferences	# Required	Present	Tardy	Excused	% Required	% Attended
										% Attended = Present / (# Required - Excused)
∨	— Home Department									
	PRG-1	Internal Medicine - Green Campus	Grand Rounds	48	48	34	1	0	60%	70%
	PRG-1	Internal Medicine - Green Campus	M&M	12	12	7	1	1	60%	63%
	PRG-1	Internal Medicine - Green Campus	Morning Report	76	76	52	0	4	60%	72%
	PRG-1	Internal Medicine - Green Campus	Noon Conference	22	22	12	0	0	60%	54%
	PRG-2	Internal Medicine - Green Campus	Grand Rounds	25	25	14	1	1	60%	60%
	PRG-2	Internal Medicine - Green Campus	M&M	6	6	3	0	1	60%	60%
	PRG-2	Internal Medicine - Green Campus	Morning Report	39	39	27	2	3	60%	80%
	PRG-2	Internal Medicine - Green Campus	Noon Conference	10	10	7	0	0	60%	70%
			Totals:	238	238	156	5	10		Avg: 68.42%
∨	— Outside Department									
	PRG-1	Emergency Medicine	Noon Conference	1	1	1	0	0	60%	100%
	PRG-2	Cardiology	Noon Conference	5	5	2	0	1	60%	50%
			Totals:	6	6	3	0	1		Avg: 60.00%
			Grand Totals:	244	244	159	5	11		Avg: 68.24%

Journal Assignment Compliance

Review Period ⏱

Assigned	Submitted
12	10

Compliance per Rotation

Drag a column header and drop it here to group by that column

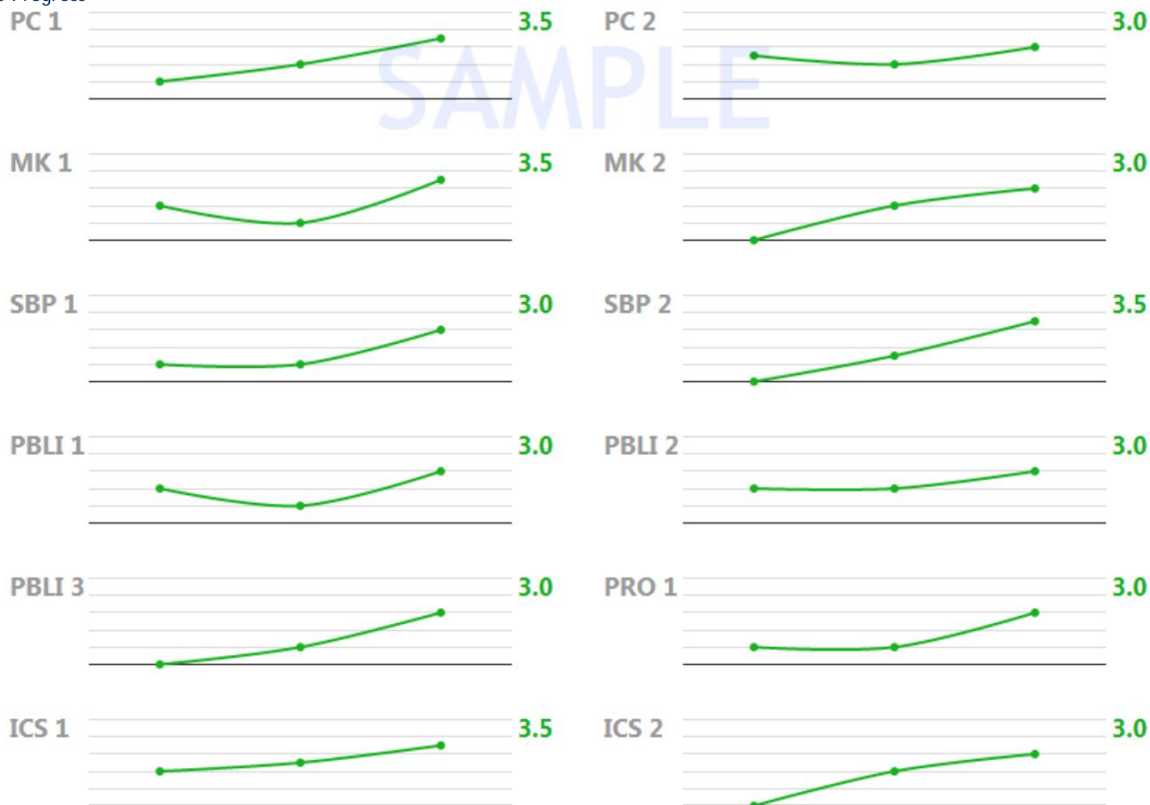| Rotation	Start Date	End Date	Evaluation of Rotation	Evaluation of Faculty	Reviewed Curriculum
ACE	7/1/2009	7/31/2009	✔ 1 of 1	✔ 2 of 2	N/A
Ward B	8/1/2009	8/31/2009	✔ 1 of 1	⚠ 1 of 2	✔ 1 of 1
CCU	9/1/2009	9/30/2009	✔ 1 of 1	✔ 1 of 2	✔ 1 of 1
Renal	10/1/2009	10/31/2009	✔ 1 of 1	✔ 2 of 2	✔ 1 of 1
Ward A	11/1/2009	11/30/2009	⚠ 0 of 1	✔ 2 of 2	✔ 1 of 1
ICU	12/1/2009	12/31/2009	✔ 1 of 1	✔ 2 of 2	✔ 1 of 1

Evaluation Comments by Competency

		Comment
∨	— Patient Care	
	∨	— Accurate; comprehensive medical interviews; physical examinations; review of other data; procedural skills; makes diagnostic and therapeutic decisions based on available evidence, sound judgement and patient preferences.
		Has a solid base of knowledge, prompts insightful questions and possesses good management skills in the care and supervision of patients.
∨	— Interpersonal and Communication Skills	
	∨	— Establishes an effective therapeutic relationship with patients and families; demonstrates relationship building through listening, narrative and nonverbal skills; provides education and counseling to patients, their families and colleagues; always "interperonally" engaged; provides timely information to faculty and other residents about patients.
		Excellent overall performance. Great example of team leadership with superior preparation and flexible but firm guidance to others.

Evaluation Comments - All

	Comment
⌄ — Patient Care	
⌄ — Demonstrates respect, compassion, integrity, honesty and always considers needs of patients, families, colleagues?	
	Has a solid base of knowledge, prompts insightful questions and possesses good management skills in the care and supervision of patients.
⌄ — Interpersonal Skills and Communication	
⌄ — Always shows exceptional communication, collaboration and respect for nursing staff	
	Excellent overall performance. Great example of team leadership with superior preparation and flexible but firm guidance to others.
⌄ — Medical Knowledge	
⌄ — Overall Comment	
	Above average resident with potential to be a superior primary care doctor. Thorough, organized with a good sense of judgment a great instinct for adjusting priorties as the situation dictates.

Milestone Progress

PC 1	**3.5**	PC 2	**3.0**
MK 1	**3.5**	MK 2	**3.0**
SBP 1	**3.0**	SBP 2	**3.5**
PBLI 1	**3.0**	PBLI 2	**3.0**
PBLI 3	**3.0**	PRO 1	**3.0**
ICS 1	**3.5**	ICS 2	**3.0**

Test Scores

Drag a column header and drop it here to group by that column

Test Type	Date Taken	Score	Passed	Percentile
USMLE Step 1	5/12/2007	241	●	
USMLE Step 2 CK	10/25/2007	253	●	
USMLE Step 2 CS	2/4/2009	236	●	
USMLE Step 3	9/25/2009	249	●	

Certifications

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Certification Type	Description	Start Date	End Date	Status	Expired
ACLS	Advanced Cardiac Life Support	5/21/2008	5/21/2010		
ATLS	Advanced Trauma Life Support	8/21/2007	8/21/2011		
BCLS	Basic Cardiac Life Support.	6/12/2007	6/12/2008		●
FCCS	Fundamental Critical Care Support	3/21/2008			●

Progress Summary

Overall Progress ☑ Meets Expectations ⚪ Requires Attention

Competency Progress

Patient Care ⚪ Meets Expectations ⚪ Requires Attention
Medical Knowledge ☑ Meets Expectations ⚪ Requires Attention
Practice-Based Learning and Improvement ☑ Meets Expectations ⚪ Requires Attention
Interpersonal and Communication Skills ⚪ Meets Expectations ❗ Requires Attention
Professionalism ☑ Meets Expectations ⚪ Requires Attention
Systems-Based Practice ⚪ Meets Expectations ⚪ Requires Attention

Only users with full access to this review may record progress.

Comments

Sample Faculty Member on 12/22/2009 1:13 PM wrote:
This is a Sample comment.

Signatures

Subject ✕ pending signature...

Program Director ✕ pending signature...

Attached Files

[ ] Select Clear

Upload File

❌ ▢ Sample File.gif