

**Harlem Hospital Center/
Lincoln Medical and Mental Health Center
Department of Radiology Integrated Residency**

RESIDENT GUIDE 2012-2013

MISSION:

The mission of the Residency in Diagnostic Radiology is the provision of an excellent educational experience to all residents who enter the program leading to the development of, respect for, and knowledge of the principles of the multiple aspects of the radiological specialties including radiological physics and radiobiology. The program provides training in the six competencies espoused by the Accreditation Council of Graduate Medical Education and should transform a resident into an attending physician whose mission will be to advance the specialty through life-long learning. The vision of the Residency Program is to transform the physicians entering the program into physicians who will be committed to competent and compassionate patient care, integrity, professionalism, self-assessment and reflection, research, and the clinical needs of the communities we serve. This will be accomplished through an interactive relationship with an outstanding faculty who are committed to the provision of excellence in education, clinical care, and investigation.

INTRODUCTION

The radiology residents at Harlem Hospital are a vital part of the department. You each have a responsibility to use your time here to obtain the skills necessary to become an outstanding diagnostic radiologist prepared for independent practice with or without continued subspecialty training.

The residency relies on the 6 competencies of medical knowledge, patient care, interpersonal and communication skills, practice-based learning and improvement, professionalism, and systems-based practice to promote those skills and to evaluate you. While you are here, the residency program director, faculty, and department staff will try to provide you with multiple opportunities to excel in all of these areas.

This brief document will serve as a guide to the many varied responsibilities of a resident on a day-to-day basis. Prior to starting each rotation, review the goals and objectives for that rotation. Be prepared to read the relevant materials for that rotation and to engage the cases and topics for which you are responsible. At the end of the work day, reviewing textbooks and unknown cases will be instrumental in your studying. At least 1-2 hours of reading every night is necessary to develop and improve at an appropriate pace. If you need suggestions or guidance beyond that provided in the goals and objectives, ask your fellow residents and attendings for suggestions.

At all times, all residents operate under the direction of an assigned attending. The faculty is responsible for teaching the assigned materials, guiding the residents, and encouraging adherence to professionalism at the highest level. This relationship applies to daily assignments as well as during on-call situations. If issues arise during a rotation or call situation and you are not sure what to do, you should check with your attending for guidance. The supervising faculty member ultimately assumes full responsibility for all matters conducted during assigned rotations.

Any unforeseen problems and situations that may arise during the year should be referred to the Chief Residents for resolution, who will further refer issues to the Associate Residency Program Director or Residency Program Director as necessary.

CLINICAL ROTATIONS

The schedule is broken into 13 4-week blocks. The residents are scheduled into their clinical rotations over these 13-blocks for the entire year. This schedule has been reviewed and approved by the Residency Program Director. Requests for changes to the schedule should be submitted in writing to the Program Director, Associate Residency Program Director, and Chief Residents who will then review the request and respond promptly.

Residents are expected to be present and available for work during all clinical rotations. Different attendings will have different expectations for how they will want to read and review cases with the residents. These expectations should be discussed at the beginning of each rotation to prevent miscommunication or misunderstandings.

If additional study time is needed during normal clinical work hours, this should be arranged with the supervising attending. Residents should always be reachable by pager in case circumstances change. Any anticipated absence should be discussed with the supervising attendings.

CLINICAL ROTATION RESPONSIBILITIES AT HARLEM HOSPITAL

Residents are expected to be present on rotation at Harlem Hospital or New York Presbyterian Hospital-Columbia at 8:30 AM following the completion of 7:30 am conference.

If on rotation at Lincoln or Jacobi, after attending morning conference at Harlem Hospital or New York Presbyterian Hospital-Columbia, residents are expected to arrive by 9:00 AM.

Residents are responsible for finishing the entire workload assigned to them by their respective attending(s) before leaving for the day.

Residents are responsible for ALL studies on their service until 4:00 PM unless other instructions are given by the attending(s). Outpatient studies may have critical findings, so all daytime Neuro, Body and US outpatient studies must have a preliminary report by a resident in PACS, with record of notification and read-back verification for critical values before leaving for the day.

All studies should be dictated on the day they are obtained as clinically feasible.

Studies should not be refused or cancelled unless there are contraindications that are compelling and appropriate and then only in conjunction with both the Radiology and, when possible, the ordering attendings' awareness and agreement. The reason for canceling the study should be documented in the electronic medical record to reduce the chances that the study will be requested again without correcting the problem.

ABDOMINAL IMAGING

The resident is responsible for preliminary reports on all abdomen and pelvis studies including emergent, outpatient and non-emergent in-patient cases performed from 8:30 AM to 4 PM, and for the dictation workload assigned by the attending(s).

The Abdominal imaging resident is responsible for GI procedures requested during the day. These are performed with the guidance of the body CT attending and are reviewed with him/her on the same day.

The Abdominal imaging resident is responsible for reviewing the next day's CT schedules and reviewing the medical record to determine, with the assistance of the attending, the appropriate imaging protocol for the next day's cases.

The resident is responsible for preliminary reports on all BODY MRI examinations, including emergent, outpatient and non-emergent in-patient cases from 8:30 AM to 4 PM, and for the dictation workload assigned by the attending(s).

The The resident is responsible for AT LEAST preliminary reports on all BODY MRI examinations, including emergent, outpatient and non-emergent in-patient cases from 8:30 AM to 4 PM, and for the dictation workload assigned by the attending(s).

The Body MRI resident is responsible for reviewing the next day's MR schedules and reviewing the medical record to determine, with the assistance of the attending, the appropriate imaging protocol for the next day's cases is responsible for reviewing the next day's MR schedules and reviewing the medical record to determine, with the assistance of the attending, the appropriate imaging protocol for the next day's cases.

The Abdominal imaging resident is also responsible for in-house hysterosalpingograms which are usually performed on Monday afternoons. A separate guide for these procedures is available on the resident website. In brief, the resident will consent patients for these procedures, order the contrast material and provide fluoroscopy during the injection. The resident will also have the opportunity to cannulate the cervix and perform the injection if they choose to. The images from these studies should be reviewed with and dictated to the body CT attending on the same day.

NEURORADIOLOGY

The resident is responsible for AT LEAST preliminary reports on all head, neck and spine studies including emergent, outpatient and non-emergent in-house cases from 8:30 AM to 4 PM, and for the dictation workload assigned by the attending(s).

The resident is responsible for reviewing the next day's MRI and CT schedules and reviewing the medical record to determine, with the assistance of the attending, the appropriate imaging protocol for the next day's cases.

The neuroradiology/call pager is the responsibility of the neuroradiology resident from the time they arrive in the morning (between 8 AM and 9:30 AM depending on the situation) to 4:00 PM. The resident on neuroradiology must arrive by NO LATER than 9:30 AM (and preferably by 9 AM), in order to relieve the Night Float resident of the pager.

When there is more than one resident on service, the pager is held by each on alternating days. When the pager is held by an R1 resident, it is handed off to the senior resident so that the R1 can attend

physics lectures. So that residents can attend the 12:30 conference at Columbia on Wednesday if they wish, the pager is alternated weekly between the residents on the neuroradiology service or with the resident on the body CT service in alternating weeks. There is a case conference held at Harlem Hospital on Wednesday at 12:30 for those residents who do not attend Columbia Grand Rounds.

ER SHORT CALL

The resident is responsible for AT LEAST preliminary reports and dictations for all emergent/stat radiographs with record of notification and read-back verification for critical values in PACS, as well as dictations for all ICU studies performed between 4:00 PM-10:00 PM. In addition, the ER short call resident dictates all ICU studies performed on the prior call period, the non-MSK inpatient exams and the dictation workload assigned by the attending(s).

ULTRASOUND

The resident should take the opportunity to scan patients whenever feasible under the supervision of one of the senior sonologists.

The resident is responsible for AT LEAST the dictation workload assigned by the attending(s).

MUSCULOSKELETAL (MSK)

The resident is responsible for AT LEAST the dictation workload assigned by the attending(s).

The MSK MRI resident is responsible for reviewing the next day's MR schedules and reviewing the medical record to determine, with the assistance of the attending, the appropriate imaging protocol for the next day's cases.

WOMENS' IMAGING

The resident is responsible for AT LEAST the dictation workload assigned by the attending(s).

The resident is responsible for obtaining consents for mammography procedures.

The resident is responsible for ensuring that he/she sees enough mammography to satisfy the graduation requirements for the American Board of Radiology. Those requirements are currently to review 240 mammograms within a six-month period within the last two years of the residency program. MQSA regulations are more complicated and can be reviewed at http://www.theabr.org/ic/ic_dr/ic_dr_rrcbr.html

CONSENT AND CONTRAST INJECTION COVERAGE

MRI: The resident on each service is responsible for obtaining consent from patients for the relevant MRI contrast injections. For example, the neuroradiology resident will obtain consents for studies read by neuro. The body MRI resident will obtain consents for studies read by body MRI. The MSK resident will obtain consents for studies read by MSK. The Mammo resident will obtain consents for studies read by Mammo. On the occasion that any of these services is not covered by a resident, consents will be obtained thusly:

SERVICE(S) NOT COVERED	RESIDENT COVERING MRI
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	CONSENTS
Mammo	Body MRI
MSK	Body MRI
Body MRI	MSK
Mammo, Body MRI	MSK
Mammo, MSK	Body MRI
Body MRI, MSK	Body CT
Mammo, Body MRI, MSK	Body CT
Neuro	Will be assigned by the chief resident

CT: During routine workig hours, consents and injections for CT/MR examinations will usually be performed by the Radiology PA. During the PA's break (2-3 PM as of the writing of this document) the service resident will cover the consents for CT cases. On the occasion that the PA is unavailable for the entire day or if he/she takes a block of vacation, consents and injections for CT examinations will be covered on alternating days by the abdominal and/or chest resident:

- Monday - Chest
- Tuesday - Abdomen
- Wednesday - Chest
- Thursday - Abdomen
- Friday - Chest

Whenever a resident obtains consent from a patient for a contrast injection for CT, a medication reconciliation **MUST** be performed, and a 'Brief Physician Note' **MUST** be entered in the electronic medical record for an attending to co-sign attesting to the medication reconciliation. Two examples of appropriate medication reconciliation notes are:

"Medication reconciliation was performed prior to a contrast-enhanced CT. The patient was taking medication containing Metformin at the time of reconciliation. The patient was advised to stop taking medication containing Metformin for a period of 48 hours. The patient should not receive medication containing Metformin for a period of 48 hours following intravenous contrast administration."

"Medication reconciliation was performed prior to a contrast-enhanced CT. The patient was not taking medication containing Metformin at the time of reconciliation. The patient should not receive medication containing Metformin for a period of 48 hours following intravenous contrast administration."

CLINICAL ROTATION RESPONSIBILITIES AT JACOBI, LINCOLN, COLUMBIA HOSPITALS

When rotating at Lincoln (VIR), New York-Presbyterian-Columbia (Nuclear medicine), or Jacobi (Pediatrics) Hospitals, residents are expected to follow the rules of their respective services. If issues

arise at these sister institutions, the problems will be fully investigated. Unexcused absences and unprofessional behavior are unacceptable. If misconduct in areas of professionalism or patient care are questioned, the matter may be referred to the Departmental Education Committee for consideration of further disciplinary action.

For these rotations, please discuss with the Harlem Program Coordinator and Program Director any necessary paperwork that may be required prior to you beginning your rotation. You will also want to contact the program coordinator for the site to help guide you through getting required IDs and, possibly, GME approvals:

Jacobi

Program Coordinator: Angela Trotta
email: angela.trotta@nbhn.net
phone: 718-918-4716

Lincoln

Program Coordinator: Asha Stephen
email: asha.stephen@nychhc.org
phone: 718-579-5579

Columbia

Program Coordinator: Madeline Mateo
email: mt19@columbia.edu
phone: 212-305-4928

PAGERS

All residents should have pagers with them and activated at all times during regular work hours. All pages should be answered promptly. If, at any point during the day, the pager is discovered to be broken, it must be returned to the communication office on the first floor immediately and replaced.

Please note, there are several "dead spots" in the paging system affecting the C-100 area. Chief Residents are aware of this and will attempt to contact any resident expected to be at this location by house phone or cell-phone if available.

ON CALL ASSIGNMENTS RESPONSIBILITIES

The call schedule is available on the <http://www.harlemradiology.net> web site.

Trading of nights on night float or short calls is permitted provided that the repayment of night float does not affect core rotation schedules. BOTH Chief Residents and the Program Coordinator must be notified of any changes. No trade is considered final until approved in writing by the program coordinator AND Chief Resident and updated on the [harlemradiology.net](http://www.harlemradiology.net) web site.

THE CALL PAGER

The call pager is held by the neuroradiology resident during the day and is handed off to the short call resident at 4:00 PM. On short call, the junior resident is responsible for the call pager. Turning the pager off is prohibited. The pager sound must be turned on for handoff. If, at any point during the day or night,

the pager is discovered to be broken, it must be returned to the communication office on the first floor immediately and replaced.

The neuroradiology resident is expected to take over the on-call/neuroradiology pager from the Night Float resident at 9:00 AM and NO LATER THAN 9:30 AM upon arrival after conference.

SHORT CALL

On Monday through Friday, short call begins at 4:00 PM and ends at 10:00 pm.

The short call resident is responsible for pre-reading and dictating all emergency radiographs obtained from 4:00 PM until 9:30 PM and for obtaining intravenous contrast consents from 4:00 PM until 10:00 PM.

The short call resident is responsible for pre-reading all CT and MRI scans performed from 4:00 PM until 9:30 PM and is encouraged to dictate these cases as allowed by other duties.

Appropriate sign-out must be made by the short call resident to the night-float resident before leaving the Hospital. If time permits, the short call resident is encouraged to make sure all cases up until 10 PM are preliminarily reported but the 30 minute gap is provided to allow the resident to leave the hospital as close to 10 PM as possible.

DAY CALL

Day call on Saturday and Sunday begins at 9:00 AM and ends at 10:00 PM.

The short call resident is responsible for pre-reading and dictating all emergency radiographs obtained from 8:30 AM until 9:30 PM and for obtaining intravenous contrast consents from 9:00 AM until 10:00 PM.

Appropriate sign-out must be made by the day call resident to the night-float resident before leaving the Hospital. If time permits, the day call resident is encouraged to make sure all cases up until 10 PM are preliminarily reported but the 30 minute gap is provided to allow the resident to leave the hospital as close to 10 PM as possible.

NIGHT FLOAT

The night float rotation begins at 10:00 pm on Saturday and proceeds for 6-consecutive nights, ending at 9:00 AM the following Friday morning.

Friday nights will be covered individually from 10:00 pm until 9:00 AM by a different assigned resident.

The night float resident will be called upon to protocol in-patient and emergency exams during the course of the night.

The night float resident is responsible for pre-reading and dictating all emergency radiographs obtained from 9:30 pm until 8:30 am the following morning and for obtaining intravenous contrast consents from 10:00 PM until 9:00 AM the following morning.

The night float resident is responsible for pre-reading all emergency and inpatient CT and MRI scans obtained from 9:30 PM until 8:30 AM the following morning and is encouraged to dictate these cases as allowed by other duties.

The night float resident MUST LEAVE THE HOSPITAL by 10:00 AM every morning. Failure to do so will potentially place the resident in excess the Work-Hour regulation limit.

ARRIVING LATE TO CALL

Chief Residents must be notified in the event that the short call or night float resident is arriving late. If there is no scheduled junior resident on short-call; on weekdays, the body CT resident is expected to cover call until the short call resident arrives, on weekends and observed holidays the night-float resident must cover.

Tardiness of 30 minutes or more will be reported to the Residency Program Director and may require payback with coverage of an additional call depending on the situation.

If a resident fails to show up for a short call, weekend call, or nightfloat coverage assignment, they will be required to payback the covering resident with TWO equivalent calls.

Repeated tardiness or absences will be reported to the Departmental Education Committee for consideration of further disciplinary action.

Emergency call coverage will be compensated according to CIR regulations.

PRIORITY OF CASES

ALL ICU and ED studies are treated as STAT, even if they are not ordered as STAT by the referring physician.

ALL STAT plain film studies should have a preliminary report in PACS within 1 hour, with record of notification and read-back verification for critical values.

On weekday call, ICU studies are pre-read, but not dictated. On weekend call and observed holidays, ICU studies from the previous call period are dictated to the on-call attending by the day-float resident; ICU studies from the current call period are pre-read, but not dictated. All preliminary reports by a junior resident should be checked and initialed by the senior resident.

ALL CT and MRI studies done during the call period, including emergent and non-emergent inpatients as well as outpatients (with the exception of MSK studies), must have a preliminary report in PACS with record of notification and read-back verification for critical values, before leaving the hospital.

PERFORMING ULTRASOUND ON CALL

All ultrasounds requested must have an accompanying order in the EMR.

For all situations in which it is reasonable and prudent, ultrasounds should be performed in C-100 or at least on a scanner that allows images to be saved to PACS for an attending to review in the AM. If a patient is unstable and ectopic is being ruled out, consider asking the ED to send the patient to C-100 with an MD or PA to monitor them.

Preliminary reports on all performed ultrasounds should be documented as a 'Brief Physician Note' in the electronic medical record. If the study is performed on the ED scanner, indicate if images are available on PACS. Please check the attending schedule at the beginning of the call period for variations in the schedule but, in general, the brief note should be directed to the attending physician responsible for Ultrasound at the end of the call period.

Emergent ultrasounds include rule-out torsion, rule-out ectopic, rule-out DVT, post-trauma pregnancy evaluation for abruption and viability. If you feel that the clinical history does not support the study, contact the on-call attending for guidance and get the name of the ordering physician and communicate your experience to the attending responsible for Ultrasound and the Program Director so that the case can be reviewed and presented to the director of the Emergency Department.

INDEPENDENT ACTIVITY

Studies that can be performed on call without direct supervision:

Emergent Upper GI (rule out perforation or anastomotic leak)

Retrograde urethrography/cystography

Ultrasound - rule-out torsion, rule-out ectopic, rule-out DVT, post-trauma pregnancy evaluation

Studies that should not be performed without direct supervision of an attending physician:

Fluoroscopy-guided lumbar puncture for CSF-sampling or myelography.

Reduction of an intussusception

CONFERENCES

Conference schedule is maintained at <http://www.harlemradiology.net>.

Conferences are a mix of didactic and case conferences prepared by attendings, residents, and invited speakers. Unless excused, attendance at all conferences is mandatory. Residents on elective are expected to attend conferences at the institution where they are participating in their elective.

Residents on rotation at Lincoln Hospital are encouraged to attend the 12:30 conference at Harlem Hospital when clinical responsibilities permit it and are expected to attend any 4 PM conferences unless involved in a VIR procedure. The GI/GU resident is expected to be excused from a late procedure in order to attend the 4 PM conference.

The resident on night float and the post-short-call residents are excused from all AM conferences.

80% attendance is required at academic conferences. Excused absences are not counted. Attendance will be reviewed on a bi-monthly basis. Residents falling below 80% attendance at Columbia Presbyterian or Harlem Hospital conferences will receive an oral warning from the Residency Program Director. For the second offense, a written warning will be issued and will go into the resident's record. A third offense will again be documented in the resident's record and the resident will be referred to the Education Committee for consideration of further disciplinary action.

Attendance is recorded on sign-in sheets. It is the resident's responsibility to sign-in.

NEW YORK-PRESBYTERIAN (COLUMBIA) CONFERENCES

Attendance at the conferences held at New York Presbyterian Hospital (Columbia) are mandatory for all Harlem Hospital residents except for those on rotation at Jacobi Hospital..

Morning conferences are held at the New York Presbyterian (Columbia) Medical Center radiology department at 7:30 AM on most weekday mornings and transmitted live to the Harlem Hospital radiology conference room. Grand Rounds are held most Fridays at New York Presbyterian (Columbia) Medical Center at 12:30 pm. Harlem Hospital Radiology residents are guests at the New York Presbyterian (Columbia) lectures and are asked to sit at the back of the conference room. Residents are encouraged to complete daily rotation assignments and leave for that conference by 12 noon in order to be on time. All residents are expected back at Harlem Hospital before 2:15 PM to complete the days' clinical work.

There are additional case review sessions given by the invited speaker in a "Board Review" format. Harlem Hospital R4 residents eligible to sit for the Oral Boards examination in that academic year will be allowed to attend these conferences. If a resident is going to attend the case review session, he should notify his attending and the chief resident as early in the week as possible so that coverage issues can be addressed as necessary.

The New York-Presbyterian (Columbia) Hospital conference schedule is available on the Columbia cumcradiology.org web site. In addition, announcements of cancellations and rescheduling of lectures will be available at these sites.

Attendance is recorded on sign-in sheets. It is the resident's responsibility to sign-in.

On occasion, the lecturer at Columbia does not show up for lecture even though no advance cancellation notice is given. Credit for attendance toward the monthly total will be given in these cases.

HARLEM HOSPITAL CONFERENCE

Attendance at the mid-day and afternoon conferences held at Harlem Hospital is mandatory for all residents on rotation at Harlem Hospital.

Residents on rotation at Lincoln Hospital are encouraged to attend the 12:30 conference at Harlem Hospital when clinical responsibilities permit it and are expected to attend any 4 PM conferences unless involved in a VIR procedure. The GI/GU resident is expected to be excused from a late procedure in order to attend the 4 PM conference.

On-call residents are expected to attend afternoon conference as permitted by call duties.

Attendance is recorded on sign-in sheets. It is the resident's responsibility to sign-in.

PROTECTED ACADEMIC TIME

Prior to mid-day conferences, residents are expected to confirm by 12:15 that there are no pending consents for contrast administration which they are responsible for acquiring. During the mid-day conference, nurses have been instructed not to page the residents for non-emergent issues. If a page comes during conference, it should be returned by an attending at the conference (if present) or by the

resident. **If a delay in obtaining consent will not significantly effect the patient's clinical status, the issue should be handled at the conclusion of conference.**

JACOBI CONFERENCE

Residents on rotation at Jacobi are expected to attend all the resident conferences given during their rotations there.

CALLING IN SICK

When calling in sick, BOTH chief residents and the Residency Program Coordinator must be notified by 7:30 am.

Residents on outside rotations (Columbia, Jacobi and Lincoln hospitals) MUST notify BOTH chief residents, Residency Program Coordinator, as well the coordinator for their site when calling in sick. Please note the phone numbers provided for the program coordinators above.

Be aware that the American Board of Radiology permits NO MORE THAN 120 DAYS of absence from residency over 4 years or 30 days per year. If your sick days bring your total above this limit, you will be asked to use vacation time to make up for sick days. If you do not have available vacation days, you will be asked to continue your residency beyond your expected graduation date.

SICK RESIDENT COVERAGE

Sick coverage will be at the discretion of the chief residents. In general, cross coverage for daily case coverage will not be provided unless the attending on a service requests it. Sick resident coverage, when required, will be provided on a rotating basis by residents on the below listed services:

Nuclear Medicine
Mammo
MSK
MRI
GI/GU

On occasion, residents may also be recalled from rotations away from Harlem Hospital to assist with sick coverage when necessary. All residents, regardless of program level must make themselves available for coverage, when called upon by the chief resident, program coordinator, associate program director, or program director.

RESIDENT LECTURES

Chief of Service (0.5 per year) – This lecture is held every other month (alternating with Journal Club) with 1 resident presenting a 40-60 minute lecture on a topic determined and prepared in consultation with an attending. The schedule is determined at the beginning of each academic year.

Journal Club (1 per year) – This conference is held every other month (alternating with Chief of Service) with 2 residents presenting 2-4 articles on original research selected by an attending. The schedule is determined at the beginning of each academic year. Formal presentations are not required but a review

of the article followed by a critique and directed group discussion with the assistance of the attending is expected. The schedule of Journal Club will be determined at the beginning of the academic year.

Brant and Helms (1 per year at discretion of the Chief Resident) – This conference will be held once per month as a resident run conference with chapters assigned by the chief residents for 1 or 2 residents to cover.

Research (1 per year) – held every other month as a presentation by 2 residents of:
Research already presented at a meeting.
Active Research currently being worked on
Research ideas you are looking for input on.

Lectures to PA Service on Radiology – 8 weekly conferences held mid-March through early May to summarize large topics in Radiology for the PA service from Sophie Davis Biomedical School. Lucy Squire's Radiology is the text for the course.

RESEARCH REQUIREMENT

During each academic year, every resident is expected to present a poster, talk, or electronic presentation at a local, state, or national meeting. These presentations will help develop the resident's research and presentation skills. Copies of any accepted abstracts, posters, or talks should be placed in the resident's file in the Program Director's office.

Participation in Quality or Performance Improvement (QPI) project is also required in conjunction with an attending in the department. Presentation of QPI project findings and suggestions is made monthly at a departmental meeting and a resident will sometimes present the findings.

MENTORSHIP

Every resident is assigned a faculty mentor. The role of this relationship is to help guide the resident in developing a study plan for the course of the residency. It is also to help him/her find additional opportunities to develop and learn, including research projects and information about resident roles in radiology groups (e.g. RSNA, ACR, ARRS). Residents can approach any faculty member for assistance in this matter but hopefully, the mentor/mentee relationship will help forge a stronger bond.

THE ANNUAL ACR IN-SERVICE EXAMINATION

All residents are required to take the ACR In-Service examination every year.

The examination will be administered in 2013 by Prometric. Prometric will supply the resident with an appointment confirmation via an on-line appointment system, detailing the appointment length, exam number and title, date and time, and address of the testing center. Prometric has an extensive network of testing center locations. Based upon the ACR's analysis of testing locations, a testing site should be available within a 30-minute drive for almost all North American residents taking the exam.

Residents Make Appointments On-line between Oct. 18 – Nov. 8, 2012

The exam is administered between Jan 9 – Jan. 17, 2013.

A resident who scores at the 40th percentile or less on the ACR In-Service Examination for his/her year of training will be referred to the Education Committee for consideration for Academic Warning or other remediation plan.

RESIDENT LEARNING PORTFOLIO

Currently, the resident learning portfolio mandated by the ACGME is maintained in conjunction with the Program Director and Program Coordinator and stored in a folder in the Program Coordinator's office. During the 2011-2012 Academic Year it is expected that there will be a transition to the RSNA or ACGME online Learning Portfolios. More information will be provided when a final decision has been made.