



Pediatric Interventional Radiology Fellowship at Phoenix Children's Hospital Educational Program Goals & Objectives

1. Goals & Objectives

- a. Educational experience will support the goal of practicing independently as a Pediatric Interventional Radiologist
 - i. Direct patient care
 - ii. Structured educational activities
 - 1. Interventional Radiology (IR) Educational Series
 - a. Every Thursday morning at 0700 hours
 - 2. Multidisciplinary conference participation
 - iii. Research

2. ACGME Competencies

a. Patient care and procedural skills

- i. Provide patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health
- ii. Demonstrate ability to perform diagnostic and therapeutic interventional procedures with high quality and effectiveness

b. Professionalism

- i. Demonstrate honesty, integrity, reliability and responsibility, as well as respect for others

c. Medical knowledge

- i. Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social behavioral sciences, as well as the application of this knowledge to patient care

d. Practice-based learning and improvement

- i. Demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning

e. Interpersonal and communication skills

- i. Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals

- f. Systems-based practice**
 - i. Demonstrate an awareness of and responsiveness to the larger context and system of health care, including the social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care
- 3. Curriculum**
- a. Procedural Curriculum
 - i. Pediatric interventional procedures
 - 1. Listed as 1a in the variety of procedures a fellow will participate in during their fellowship
 - ii. Adult interventional procedures
 - 1. Listed as 2a in the variety of procedures a fellow may participate in during their fellowship
 - b. Conference Participation
 - i. Radiology
 - 1. PIR Educational Series: weekly Thursday at 0700 hours
 - ii. Interdisciplinary
 - 1. Vascular Anomalies Clinic: first Wednesday of the month at 1330 hours
 - 2. Hepatobiliary: 1st and 3rd Thursday of the month at 1600 hours
 - 3. Tumor Board: every Thursday at 1215 hours
 - c. Presentations
 - i. Journal club preparation and review (ppt format) during PIR Educational Series: first Thursday of the month at 0700 hours
 - ii. Prepare and present IR Protected Case Review (PCR) during PIR Educational Series: fourth Thursday of the month at 0700 hours
 - iii. Didactic presentation to fellows/residents once every 3 months during PIR Educational Series: second or fifth Thursday of the month at 0700 hours
 - d. Research
 - i. Complete an IR related research project and submit the manuscript for publication
 - ii. Prepare and submit an abstract for presentation at a national radiology meeting (SIR, SPIR, SPR)
 - iii. Research time is ½ day per week on average, on campus, and specific days to be approved by fellowship director
 - e. Evaluation
 - i. Quarterly evaluation of fellow by IR faculty (Milestones adapted from ACGME)
 - ii. Quarterly evaluation of IR faculty by fellow

- iii. Core competencies to be assessed by IR faculty, with sign off by the IR faculty (solid organ biopsy, vascular access, sclerotherapy, angiography and embolization); successful completion required for graduation from the PIR program
- f. Call Responsibility
 - i. Weekly call every 3 weeks (rotating weeks amongst the IR faculty)
 - ii. Two holiday weeks per year: one major and one minor holiday
- g. Elective Rotations
 - i. Three months maximum of elective time
 - 1. Adult IR at Banner or Mayo Clinic Phoenix

4. Fellow Clinical Responsibility

a. Patient Care and procedural skills

- i. General
 - 1. Review the next day's schedule, evaluate prior imaging as to the appropriateness of the planned procedure, and familiarize themselves with the procedures to be performed.
 - 2. Prepare and lead the daily IR procedural review at 0730 hours.
 - 3. Consultations (in/outpatients)
 - a. Review pertinent imaging, labs, and notes in EMR
 - b. Perform focused H&P
 - c. Communicate patient history and exam, imaging, and interventional plan to the IR attending.
 - d. After discussion with IR attending, document consult note in EMR.
 - 4. Perform and document inpatient consults.
- ii. Pre-procedure
 - 1. Complete and document H&P.
 - 2. Communicate with patient/LAR about the planned procedure, purpose of the procedure, and review procedural benefits and risks.
 - 3. Request and review pertinent pre-procedure labs.
- iii. Procedure
 - 1. Scrub in all IR procedures with the assigned IR attending
- iv. Post-procedure
 - 1. Document procedure note in EMR and dictate procedure in powerscribe after first reviewing with the IR of record.
 - 2. Place post-procedure care orders and discharge instructions in EMR, including follow-up procedures and IR clinic visits.
 - 3. Communicate pertinent procedure findings to the requesting physician.
 - 4. Round on the patient later in the day and document in the EMR.

- v. Daily rounds
 - 1. Perform post-procedure rounds at end of day and subsequent days as needed, review with IR attending, and document in EMR.

b. Professionalism

- i. Fellows must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient and professional population.
- ii. Fellows are expected to:
 - 1. Demonstrate respect, compassion and integrity.
 - 2. Commit to excellence and on-going professional development.
 - 3. Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information and business practices.
 - 4. Demonstrate sensitivity and responsiveness to patients' culture, age, gender and disabilities.

c. Interpersonal and communication skills

- i. Fellows must be able to demonstrate interpersonal and communication skills that result in effective information exchange with technologists, referring physicians and other medical personnel.
- ii. Fellows are expected to:
 - 1. Work professionally and effectively with the nurses and technologists.
 - 2. Communicate findings effectively with the referring physicians.
 - 3. Communicate and document the communication of critical findings with the appropriate medical personnel in a timely fashion.

d. Systems-based practice

- i. Fellows and residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide that which is of optimal value.
- ii. Fellows are expected to:
 - 1. Understand how their professional practice affects other health care professionals, the health care organization and the larger society and how these elements affect their own practice.
 - 2. Assist referring clinicians in providing cost effective healthcare.
 - 3. Practice cost effective health care and resource allocation that does not compromise quality of care.