

Performance Evaluation/Counseling

Each member of the House Staff will have his/her performance reviewed at a minimum of two times per year by the Director or the Associate Director of the Residency Program. This is a formal documented process with appropriate records placed in the individual file. Unofficial comments and counseling will be the standard of the Department's activities both by individual divisions and by the "ombudsman" for the staff, the Associate Director of the Residency Program. It is the Department's goal to identify any problems as early as possible and to institute corrective action before any formal process is instituted.

The Resident has full access to his/her personnel file. This will contain the periodic evaluation summaries signed both by the member of the House Staff and by the Director and/or Associate Director of the Residency Program. New innovations will provide platform for evaluation and documentation of duty hours.

Promotion and Dismissal of Residents

All resident evaluations by Faculty include consideration of promotion. The Education Committee will discuss negative evaluations. The Program Director and Chair will be advised should the Committee advise a process of adverse action (suspension, probation, termination, and non-renewal of contract for performance reasons).

Departmental Due Process Policy

The institutional due process guidelines are appended. In the process of disciplinary actions, this is the methodology to be followed.

Organization of Teaching Service

As with any large University program, the Department is divided into sub-specialties based upon organs or technology. This Department has the following divisions: Pediatrics, Neuroradiology, Nuclear Medicine, Angiography/Interventional, Computerized Tomography/MRI, Ultrasound, Abdominal Imaging (GI/GU), Emergency Room, Chest, Bone and Mammography.

This design has developed into a very efficient teaching environment with experts in each area. The residents are assigned to these rotations at various times and durations where their sole responsibility is to that specialty area. In addition, the conference and lecture schedule reinforces a continuous teaching program in all areas. This "total immersion" teaching technique has been found to be highly effective in this Department, not only in the education of the residents, but also in their evaluation; highly skilled senior physicians oversee day to day work and the house staff's progress in acquiring basic skills and knowledge. Internally, within the Department, there is a review of the effectiveness of teaching as determined by Resident critiques, the ACR examination, and Board certification.

The diagnostic radiology program is based upon rotations, as the above list of specialty areas illustrates. At the current time, the first six months is spent in basic imaging that will aid the new resident in emergency room clinical services: chest, bone, pediatrics, CT, etc. In addition, there are a series of lectures, audio visual aids and CD ROM self-teaching programs that are designed to support these rotations. In addition, an integral part of this introduction includes radiation protection and physics.

In general, there are one or two residents with each attending during the initial part of their program. The basis of the teaching program is an apprenticeship to the Attending radiologist. Detailed studies are presented. All films are reviewed initially by the resident and then, in consultation with the Attending radiologist. Subsequently, the resident will, after the introductory period, dictate the consultation. The Attending radiologist then reviews the transcribed consultation with the resident and signs off on the exam.

In the second year there is more intensive training in subspecialty areas including Neuroradiology, Sonography, Angio/Interventional, etc. There are repeat rotations through the areas of the first year.

The third years continues with a similar process and ABR exam is taken at the end of the third year after review. Fourth year has been designated for mini fellowships. As the rotation record demonstrates, the intense aspect of months of rotation in such areas as Neuroradiology, gives a concise and well-organized education in the sub-specialty.

In compliance with the experience required by the Residency Review Committee, the Department of Radiology at the Health Science Center in Brooklyn has required and supported all residents to attend the 6-week course at the ARIP. The Department pays the course fee.

Each resident is allowed 4 week of extramural elective time which residents may arrange according to his or her specific interests. Senior residents are allowed 1 week away for conference (2 weeks for chief residents).

Attending Coverage & Provisions For Resident Supervision

The program has the Resident apprenticed to the Attending at the beginning or introduction to an area. At this state of his education the Resident is not permitted to work unless an Attending is there. As the Resident attains more of an independent activity level through his/her training program, Attending review tends to be directed more towards problem cases for the Resident. With multiple Attendings assigned to each division an in-depth coverage program exists with adequate availability for (1) review and (2) consultation. In all rotations the cases are uniformly reviewed by an Attending.

In the State of New York, 405 Regulations limit the activity level of members of the Housestaff for regular duty and off-hour call. The department of Radiology is in compliance both for on-premises activity and any other site of delivery of health care by the member of the housestaff.

The Department, as noted before, utilizes a two-tiered night float. At any one time there is a resident in the first two years and another resident in the last two years on-premises for off-hour call. The call begins at 5:00 p.m. or 10:00 p.m. and is completed the next morning by 8:00 a.m. All cases are reviewed by an attending.

The junior call has the availability of the senior call as the first line support. There is a specialty Attending calls as noted on the master on-call list.

As an additional security system, the two chief residents share the emergency back up call for the unusual circumstances of a major medical crisis (multi vehicle accidents with large numbers of patients being brought to the Emergency Room by EMS). This is part of the "disaster" staffing protocol within the Department. In such instances, the Attendings in Interventional Radiology and Neuroradiology will be called into the Hospital for patient care.

The design of the off hour coverage ensures residents' security in their ability to adequately perform for their level of training and acknowledges that additional help is immediately available either in-house or by call. This system has been successfully in place for over two decades and has given the Department a reputation of excellent Radiology consultation. It has strengthened the Residents in learning appropriate diagnostic algorithms and taking the responsibility of personally examining the patient in the Emergency Room with the referring physician when patient workup is initially uncertain. This makes the Radiology Residents part of the clinical team and emphasizes their role in integrated patient care. There is close consultation with the Emergency Medicine Department to correlate clinical and radiological findings.

Resident instruction and Participation in the Institution's Formal Quality Assurance Performance Improvement Programs

Formal instructions in Continuing Quality Improvement (CQI) are integrated into the residency didactic curricula with instruction by attendings and staff. Resident members sit on both KCHC and UHB Departmental CQI Committees.

Resident Participation in the Educational and Scholarly Activities of the Department

Residents are full participants in departmental and extra-departmental Radiology Educational fora. This includes attendance and participation in the following:

- Daily radiology subspecialty didactic lectures
- Resident Case Conferences
- Internal and external Radiology Board Review
- ARIP Intensive Radiology Tutorial
- Participation in New York Roentgen Ray Meetings
- Assigned instruction of Medical Students participating in undergraduate radiology education
- Numerous published basic and clinical scientific papers in Radiology journals

Religious Observance

The Department tries its best to accommodate the needs of all members of the Department regarding religious observances. Exchange of on-call schedules, assignment schedules, etc. are programmed for this purpose.

Maternity/Paternity Leave

- The faculty at SUNY Downstate, which includes residents as Assistant Instructors, is governed by the labor agreement between the United University Professions and the State University of New York. There are no specific provisions for either maternity or paternity leave. We try to follow Family Medical Leave Act (FMLA) guidelines "Sick-time" is also utilized.
- For those members of the house staff not covered under this (at an affiliated hospital), the Committee of Interns and Residents of the City of New York negotiated unlimited maternity leave (without pay), and paternity leave. See the copy of the housestaff contract in the appendix for the details.

Dress Code

All House Staff members are expected to dress in an appropriate professional manner. This will require a shirt and tie for the men and comparative dress for women. Since Kings County Hospital Center issues white coats to the House Staff, all House Staff are expected to wear white coats.

The only exception to this would be appropriate O.R. dress in the procedure based rotations.

Institutional Appointments

- Residents are appointed partially through the University Hospital and partially through Kings County Hospital Center.
- The Department tries to accommodate the specific needs of members of the House Staff – such as religious commitments with on-call, maternity, and other personal needs as reviewed by the Department.