UC San Diego Health

UNIVERSITY OF CALIFORNIA SAN DIEGO

DEPARTMENT OF RADIOLOGY

RESIDENT HANDBOOK

UC San Diego Health

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Designated Institutional Official
Charles Goldberg, MD

Department Chair
Alexander Norbash, MD

Executive Vice Chair
Christine Chung, MD

Diagnostic Radiology Residency Program Director
Andrew Yen, MD

Diagnostic Radiology Residency Associate Program Directors
Brady Huang, MD and TBD

Interventional Radiology Residency Program Director
Quinn Meisinger, MD

Interventional Radiology Residency Assistant Program Director
Michael Taddonio, MD

T32 Clinician-Scientist Radiology Residency Co-Program Directors
Kathryn Fowler, MD, Albert Hsiao, MD, PhD

Diagnostic and Interventional Radiology Residency Program Administrator
Dion Brown

Education Unit Administrative Assistants
TBD (Diagnostic), Olivia Hernandez (Interventional)

T32 Clinician-Scientist Radiology Residency Program Administrator
Nova Barkley

Diagnostic Radiology Chief Residents
Tara Retson, MD, PhD, John Do, MD, Adam Robinson, MD

Interventional Radiology Chief Resident
Andy Awwad, MD

T32 Clinician-Scientist Radiology Residency Program Chief Residents
Alexandra Besser, MD, PhD, Dustin Brown, MD, PhD, Tyler Mandt, MD

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OUR DEPARTMENT MISSION

UC San Diego Radiology Department provides _patient-first_, imaging-based care, _trains_ tomorrow's radiology _leaders_, and discovers and establishes _novel solutions_ at the intersection of health care, science, and technology.

OUR DEPARTMENT VISION

To be the _premier global academic_ radiology department, while leading UC San Diego Medicine in innovative, integrative, and translational health care.

OUR EDI MISSION

UC San Diego Radiology Department values each individual's perspective, experiences, and contributions toward patient care, education, research, innovation, and professional growth.

OUR EDI VISION

UC San Diego Radiology Department strives to have faculty, house-officers, researchers, and staff as diverse as the populations we serve.

MISSION OF UCSD HEALTH

To deliver outstanding patient care through commitment to the community, groundbreaking research and inspired teaching.

VISION OF UCSD HEALTH

To create a healthier world — one life at a time — through new science, new medicine and new cures.

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GENERAL OBJECTIVE OF OUR PROGRAMS

As our primary objective, the UC San Diego Diagnostic Radiology (DR) and Interventional Radiology (IR) Residency Programs strive to provide an outstanding graduate medical education encompassing a variety of diagnostic imaging techniques and interventional radiology procedures. We aim to prepare residents to excel in academic or private practice radiology. Our programs provide a supportive environment for the acquisition of knowledge, skills, and clinical judgment in all aspects of radiology, including radiography, nuclear medicine, ultrasound, computed tomography, magnetic resonance imaging, and interventional radiology.

Our programs strongly emphasize the concept that the training program serves as the beginning of a lifelong study. We stress the importance of continually improving the practice of diagnostic and interventional radiology with the incorporation of newer techniques as they are developed and a critical evaluation of their predicted and eventual role in diagnostic imaging and imaging-guided intervention. In addition, we reinforce the importance of practice-based medicine through both monthly Journal Clubs and resident self-directed review of the literature.

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WELLNESS

Wellness is just as important as all other aspects of residency training. UCSD is dedicated to physician and trainee wellness through a variety of resources, some of which are detailed below. For more information, please contact the Radiology Wellness Directors (UCSD: Dr. Anthony Tadros; VA: Dr. Isabel Newton). If you are experiencing distress, please speak to your Program Director, Mentor, or other trusted faculty member. We are committed to supporting you.

UC SAN DIEGO HEALER EDUCATION ASSESSMENT AND REFERRAL (HEAR) PROGRAM

The UC San Diego HEAR program was created to offer confidential support and resources to healthcare providers and trainees. It aims to increase understanding of burnout, depression, and suicide among healthcare professionals. HEAR provides confidential, online assessment of stress, depression, and other related issues. The dedicated HEAR counselors provide support and can make personalized referrals to local mental health clinicians and other community resources. The HEAR service is independent of the service provided by the UC San Diego Physician Well-Being Committee (PWBC).

HEAR program: https://medschool.ucsd.edu/som/hear/Pages/default.aspx
HEAR anonymous questionnaire: https://www.ucsdhear.org/welcome.cfm
HEAR Program Counselors (wellbeing@health.ucsd.edu)
- Courtney Sanchez, LCSW, (858) 657-6795, cos006@health.ucsd.edu
- Rachael Accardi, LMFT, (858) 657-6799, raccardi@health.ucsd.edu
- Julie Kawasaki, LCSW, (858) 284-6952, jkawasaki@health.ucsd.edu
HEAR Program Chairman
- Sidney Zisook, MD, (858) 249-1371, szisook@health.ucsd.edu
HEAR Program Committee Members in Radiology
- Isabel Newton, MD, PhD, lnewton@health.ucsd.edu
- James Chen, MD, jamesychen@health.ucsd.edu
- Residents have also served on the HEAR committee. Contact one of the counselors if you would like to join!

UC SAN DIEGO PEER SUPPORTER TRAINING

An initiative of the HEAR Committee, Peer Supporter training is designed to educate healthcare providers and trainees in mental and emotional first aid techniques. Weekly hour-long interactive didactics focus on topics including peer support, mindfulness, resilience, moral injury, the impaired clinician, second victim, grief, depression and suicide, and burnout, emotional exhaustion and demoralization. Dr. Isabel Newton has completed this training and is happy to answer your questions. If you would like to find out about the next training opportunities, please contact Sidney Zisook, MD (szisook@health.ucsd.edu) or Judy Davidson, DNP, RN, FCCM, FAAN (jdavidson@health.ucsd.edu).

CHILDCARE
UCSD childcare resources can be found at this link.

GINGER
Ginger is a virtual on-demand mental health platform that offers a range of mental health support/care, all available via a tele-medicine platform where you are and when you need it. This program does not require referrals, and engagement is entirely driven by you. Please visit the UC Resident Benefits website for more information. To access Ginger:

1. Download the Ginger Emotional Support app.
2. In the app, tap "Get Started," then "My Organization."
3. Follow the instructions. You're all set!

UC SAN DIEGO PSYCHIATRY
In response to the unique stressors and challenges of the COVID-19 pandemic, the UCSD Department of Psychiatry has responded by creating unique contacts for individuals at need.

- emotionalsupportCOVID@health.ucsd.edu
- (858) 534-7792

UC SAN DIEGO CENTER FOR MINDFULNESS COMPASSION
In March 2020, the UC San Diego Center for Mindfulness and the UC San Diego Sanford Institute for Empathy and Compassion teamed up to help the public navigate the COVID-19 pandemic. They provide free and daily live meditation practice sessions and resources.

- https://cih.ucsd.edu/mindfulness/free-sessions

NATIONAL SUICIDE HOTLINE
If you are contemplating suicide, please call 911 or the National Suicide hotline at (800) 273 - 8255.

RADIOLOGY RESIDENT WELLNESS COMMITTEE
Among many leadership opportunities at UCSD, the Resident Wellness Committee is a resident-run group within the Department of Radiology whose mission is to promote the physical and mental well-being of our radiology residents. Tasks include but are not limited to: 1) coordinating the wellness curriculum; 2) managing wellness funds; and 3) planning residency social gatherings. Innovation and exploration are welcome and will be met with open-minded department leadership, who are committed to resident well-being. The committee typically consists of three to five junior residents with an R2 as chair. Interest in committee involvement will be solicited at the start of each academic year.

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ERGONOMICS

UCSD Health provides free individual ergonomic evaluations with subsequent recommendations. Through this service, certain products are provided free-of-charge and others at a department discount. Please visit this link to get an evaluation started.

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EQUITY, DIVERSITY, AND INCLUSION

The Department of Radiology values each individual's perspective, experiences, and contributions toward patient care, education, research, innovation, and professional growth. We strongly encourage you to get involved with making our space a more diverse and equitable environment. There is much work to do, and we need allies from every step of training. As a resident, what can you do? Advocate and get involved.

HIGH SCHOOL LEVEL
-Volunteer at the High School Medical Career Day targeted to low income and underrepresented students (radiology residents can be on the career panel or lead an ultrasound workshop).
-Underserved students need exposure to STEM, and your face in the classroom makes a difference. Come dissect a frog with us!
-Residents who are 1st generation college graduates -- help us mentor high school students trying to navigate uncharted territory via the Board Scholars Program STEM panel.

UNDERGRADUATE LEVEL
-MSTP SURF program: URM and underrepresented students will rotate through the radiology department, in the lab, and in the reading room. Invite them to learn radiology with you as they shadow over the summer.

MEDICAL SCHOOL LEVEL
-We align ourselves with URM medical student associations. Join the Near-Peer mentorship program, which helps URM medical students transition from the books to the wards.
-Go to medical school conferences to recruit the next generation of socially conscious physicians.
-Go to URM Mixers at the School of Medicine.

RESIDENCY LEVEL
-Join the Radiology Equity, Diversity and Inclusion committee. Become a resident liaison to communicate with other departments, so we can leverage joint efforts to recruit and retain underrepresented students.
If interested, contact Dr. Dorathy Tamayo-Murillo at dtamayomurillo@health.ucsd.edu
-Join the American Association for Women in Radiology (AAWR) as well as its UC-wide chapter (open to all)
-Volunteer at the UCSD free ultrasound clinic, one of our community outreach efforts
-Get involved with health equity research.

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PROFESSIONALISM AND RESOLUTION SERVICES

Our department should be highly regarded and respected throughout the hospital system and by our community partners. We expect you to comport yourself in a civil, courteous, and respectful manner towards everyone at all times. This includes, but is not limited to, patients, students, nurses, technologists, peers, administrative staff, and attendings. Never act rude to anyone, no matter the circumstance. Always take the higher ground. Your appropriate behavior will make theirs all-the-more glaring. If you are in a situation where you are concerned about patient safety, then promptly alert your attending, who will help handle the situation.

Please allot yourself at least one to two hours per week to handle administrative tasks and answer emails. The timely execution and submission of rotation onboarding documents, for example, will be critical for participating in clinical rotations at our affiliate institutions such as Rady and Navy.

To report near-misses, process problems, or patient and employee injury events, you can do so via iReport, which is UC San Diego Health's online event reporting system. This is how our health system identifies improvement opportunities and implements changes before they impact our patients. You can report through this link, through Epic, or on any UCSD Health computer that has this icon:

Should you encounter someone from our department or another service who treats you in an unprofessional manner, there are at least a few options:

1) Provide information directly to your Program Director or Chief Resident(s).

2) Provide information anonymously through online feedback links, one to Dr. Yen and one to the APD and Chief Residents. These links are also accessible on your MedHub homepage and on our radres.ucsd.edu website.

3) Make an online report of bias, harassment, or discrimination to the Office for the Prevention of Harassment & Discrimination by visiting https://reportbias.ucsd.edu.

4) Visit https://ombuds.ucsd.edu/ for confidential, neutral, and informal dispute resolution services.

The School of Medicine students have also created an Anti-Racism Coalition. There is a mechanism on their website to report racism. To get a better understanding of its presence on our campuses, please visit this link.

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Please dress appropriately and professionally at all times. Take special consideration of your dress and appearance on rotations where patient interaction is routine, such as on fetal ultrasound and breast imaging. It is appropriate to wear clean scrubs on IR rotations.

Please wear your name badge at all times and be prepared to introduce yourself to patients, referring physicians, staff, and anyone else you may encounter.

Please be a team player. If your fellow resident needs to switch calls and you are available, please help out. If your colleague is sick or on leave or otherwise needs your help, please assist with coverage. Chances are that you will need help too someday, so please pay it forward.

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MENTORSHIP

At the start of your training, you will be paired with a big sibling from the 2nd year class. You will have a resident "family" comprising a chain of R1-R4 siblings meant to support one another.

If you are a DR resident, you will also be arranged to have a faculty mentor. You may choose to have more than one faculty mentor.

If you are a T32 CSRRP resident, you will choose your research mentor during the first month of your dedicated research year. You will also be encouraged to choose a career development mentor during that year.

If you are an IR resident, you will be encouraged to choose a mentor from within IR (excluding the Program Directors) and, if you choose, a career development mentor from outside of IR.

You are encouraged to be proactive about setting up meetings with your mentor(s). The Individual Development Plan is a UCSD document used by T32 and IR residents to help mentees verbalize their career goals and the necessary steps to achieve them. This living document is meant to be revisited at least twice a year and updated accordingly. DR residents are invited to use the IDP, as its utility has been widely demonstrated beyond our institution.

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CURRICULUM AND TRACKS

CURRICULUM

At a minimum, residents should have the following experience over the course of four years:

Body	24 weeks
Chest	12 weeks
Cardiac	4 weeks
MSK	8 weeks
Neuro	12 weeks
Breast	12 weeks
Nuclear Medicine	16 weeks
Pediatrics	12 weeks
Interventional	8 weeks
Night Float	16 weeks
VA ER	4 weeks
AIRP	4 weeks

SPECIFIC TRACKS

T32 Clinician-Scientist Radiology Residency Program (CSRRP)

Residents in the T32 track will typically get 4 weeks of research in the R1 year, 4 weeks as an R2, 8 weeks as an R3, and 8 weeks as an R4.

Early Specialization in Interventional Radiology

Please see the selection process below. ESIR residents will have 10 additional months of IR (which includes an ICU month) mostly in the R4 year.

Interventional Radiology – Integrated

Integrated IR residents (including IR/T32 residents) will frontload their Night Float months with 8 weeks in the R2 year and 8 weeks as an R3. They will also have 10 additional months of IR (which includes an ICU month) mostly in the R4 year.

Nuclear Medicine Pathway

Residents in this pathway will have 8 additional months of nuclear medicine mostly in the R4 year. Please see the selection process below.

Global Health Track

This is intended for those residents who are interested in becoming engaged and active in the fight to decrease local to global healthcare inequities as they relate to imaging. Please see the selection process below.

*Please note that engaging in more than one track may be difficult for any one resident to achieve the goals and objectives of each track.

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EARLY SPECIALIZATION IN INTERVENTIONAL RADIOLOGY PATHWAY SELECTION PROCESS

The Early Specialization in Interventional Radiology (ESIR) Pathway is a training option for DR residents who identify an early desire to specialize in IR. Our program can accommodate up to 2 residents per year. The deadline for declaration of interest is March 31st in the R2 year of residency.

The ESIR pathway requires 48 weeks (12 months) of IR-designated rotations during the 4 years of residency. This total includes 4 weeks (1 month) of ICU. Additionally, the ESIR pathway requires that residents fulfill all DR requirements (mammography and nuclear medicine).

If you are interested, please submit an application. The application consists of a CV, a written statement of intent, and an explanation as to why this pathway is desired.

The ESIR pathway selection committee will comprise, at a minimum, the IR Residency Program Director, the IR Residency Assistant Program Director, the IR Chief Resident(s), and any current ESIR residents.

The committee is charged with evaluating each applicant and then deciding by vote. Your written statement, academic standing, and CV will be considered in this evaluation process.

NUCLEAR MEDICINE PATHWAY SELECTION PROCESS

If you would like to obtain dual certification in nuclear medicine and diagnostic radiology, you may apply for the Nuclear Medicine Pathway (NMP). Our program can accommodate one resident per class in this pathway. The deadline for declaration of interest is March 31st in the R2 year of residency.

The NMP requires 16 months of nuclear medicine. Please refer to the American Board of Nuclear Medicine (ABNM) website and the American Board of Radiology (ABR) website for guidelines. The ABNM has stricter requirements.

Please submit an application if you are interested. The application will consist of a CV, a written statement of intent, and an explanation as to why this pathway is desired.

The nuclear medicine pathway selection committee will comprise, at a minimum, the Division Chief of nuclear medicine, one additional attending in nuclear medicine, the DR Residency Program Director, and any resident currently in the pathway.

The committee is charged with evaluating each applicant and then deciding by vote. Your written statement, academic standing, and CV will be considered in this evaluation process.

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GLOBAL HEALTH PATHWAY

The Global Health Pathway is a training option for residents. Our program can accommodate up to 2 residents per year. With exception, accepted candidates start in January of their R1 year and continue in the pathway for the remaining 42 months. The application deadline for any given year will be November 30. The application consists of a CV and a written statement outlining any past experiences and future goals. The selection committee will comprise, at a minimum, the DR Residency Program and Associate Program Directors, the RAD-AID Chapter Chief, a RAD-AID Chapter Member, and any residents currently on the pathway. If you are interested in this pathway, please submit an application.

Expectations for the Global Health Pathway

-Remain in good standing throughout residency training
-Identify one or more global health mentors within or outside of UCSD
-Try to formally identify a local and an international partner organization by the end of R1
-Depending on the needs of the chosen partner organizations, complete relevant training (e.g., proficiency in ultrasound to obtain an ultrasound "passport")
-Complete the RAD-AID training course within the first two years of residency
-Attend RAD-AID meetings/webinars (approximately once a month)
-Coordinate as-needed UCSD conferences related to global health
-Be responsible for at least one journal club and at least one lecture on global health during residency
-Become a member of the Departmental Equity, Diversity, and Inclusion (EDI) Committee
-Engage in local outreach (e.g., free ultrasound clinic with scan time)
-Participate in a PQI or research project related to global health (can be related to the next item)
-Aim for a stint abroad (ideally in the 4th year as an away elective) and subsequently share the experience with our department
-Assist with our social media presence and help maintain our website as they pertain to global health

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CLINICAL AND EDUCATIONAL WORK HOURS

Work hours are defined as all clinical and academic activities related to the training program, i.e., patient care, administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Work hours do not include reading and preparation time spent away from the duty sites.

Work hour restrictions will always be adhered to. Residents average 45 hours of clinical work per week while on diagnostic radiology rotations and 55 hours while on interventional radiology rotations.

1. Start and end times are at the discretion of the service or rotation but will stay within ACGME guidelines.

2. Your clinical and educational work periods should not exceed 24 hours of continuous scheduled clinical assignments. We encourage you to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10p and 8a, is strongly suggested.

3. You should have 8 hours off between scheduled clinical work and education periods.

4. Your work hours should be limited to 80 hours per week averaged over a 4-week period, inclusive of all in-house call activities. All moonlighting hours (internal and external) are included in the 80-hour limit.

5. You should be scheduled for a minimum of 1 day off per week of clinical work and required education (when averaged over 4 weeks).

6. If you choose to stay to care for your patients or return to the hospital with fewer than 8 hours free of clinical experience and education, this must occur within the context of the 80-hour and 1-day-off-in-7 requirements.

7. You should have adequate time for rest and personal activities.

8. You will be reimbursed for taxi service if you are too fatigued to drive home from work. The Chief Residents and/or Program Coordinator will need to be notified prior to utilizing this service. Your receipt may be taken to the Office of Graduate Medical Education.

9. If you are on call for IR and must go to the hospital to do a procedure between the hours of 10p and 5a Sunday-Thursday, you may be granted subsequent late arrival (up to noon) to catch up on sleep, with permission from the IR Chief Resident, IR Residency Program Director, and IR attending.

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References:
[ACGME Program Requirements for Graduate Medical Education in Diagnostic Radiology](#)
[ACGME Program Requirements for Graduate Medical Education in Interventional Radiology](#)
[UCSD Office of Graduate Medical Education Academic Policies, Procedures, and Guidelines](#)

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SUPERVISION

DEFINITIONS
Direct supervision: Supervisor physically present in the room
Indirect supervision: Supervisor inside the procedure facility, not in the room
Offsite supervision: Supervisor outside the procedure facility
Oversight supervision: Supervisors provide feedback after care has been delivered

GENERAL STATEMENT
In accordance with GME policy and the UCSD House Officer Policy and Procedure Document, you will be directly supervised unless otherwise specified below.

IMAGING INTERPRETATION

UC San Diego / La Jolla VA

In your 1st clinical year (R1), you are not permitted to work independently and may not give curbside consults to clinicians without first having a documented discussion of the case with an R2 or above. Also, you do not take independent call.

Faculty supervision during readouts is tailored to give you as much independence as possible, allowing you to make calculated decisions and carefully structured reports prior to final sign off. As an R2 or above, you are allowed to run the service, answer inquiries, and protocol without the direct supervision of the faculty, turning to them for help as necessary. R1 residents may protocol routine studies.

There is always back up on call. Fellows and/or faculty for each of the major sections will be available via pager or phone at all times. Please note that faculty/fellow call shifts start each day at 8a, not at midnight. You should always put **patient safety first** and are therefore encouraged to have a low threshold to ask for help. In addition, you are allowed to send cases to our contracted teleradiology services for off-hour reads.

Rady Children's Hospital

All cases you interpret will have oversight and final signature by attending pediatric radiologists. No fellows ever final sign resident reports. All fellow reports are signed by attendings.

You do not take independent call at Rady Children's Hospital.

As an R1, you are not permitted to work independently and may not give curbside consults to clinicians without first having a documented discussion of the case with an R2 or above.

R1s are specifically assigned to the ER radiology rotation which focuses on radiographic interpretation. During that rotation, you will also help with fluoroscopy and ultrasound. Faculty supervision during readouts is tailored to give you as much independence as possible, allowing you to make calculated decisions and carefully structured reports prior to final sign off. As an R2 or above, you are allowed to run the fluoroscopy and ultrasound service, answer

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inquiries, and protocol without the direct supervision of the faculty, turning to them for help as necessary.

PROCEDURES

UCSD and VA

Most of your procedures will be with direct supervision. Offsite supervision is not permissible for IR procedures (please see *Interventional Radiology Supervision* below). Please refer to the fluoroscopy section for details regarding fluoroscopy-related supervision.

Rady Children's Hospital

Most of your procedures will be with direct supervision. For other procedures, there will be graded supervision starting with direct supervision and advancing to indirect supervision, and **never** to offsite supervision. Please refer to the fluoroscopy section for details regarding fluoroscopy-related supervision.

Navy Hospital

While rotating at the NMCSD Breast Health Clinic, you may perform ultrasound-guided breast and axillary lymph node biopsies, stereotactic biopsies, and needle localizations. These procedures are performed under the direct supervision of attending staff.

If rotating with nuclear medicine, you may perform lymphoscintigraphy injections. These procedures are performed under the direct supervision of an attending physician. At the discretion of the attending physician, indirect supervision may be utilized. Radioiodine therapies/ablations are always conducted under direct supervision of an attending physician.

The IR rotation at Navy has been temporarily discontinued.

Competencies/Certifications

Ancillary staff (e.g., nurses, techs) may access individual trainee competencies/certifications through UCSD Pulse or MedHub.

INTERVENTIONAL RADIOLOGY SUPERVISION (UCSD/VA/KAISER)

Supervision provides safe and effective care to patients; ensures each resident's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of interventional radiology; and establishes a foundation for continued professional growth.

Residents will be evaluated based on individual abilities based on progression of milestones and the recommendation of the IR Clinical Competency Committee. Faculty will delegate care to the resident based on the resident's skills and needs. Senior residents (R4s/R5s) can serve in a direct supervisory role for basic procedures (such as paracentesis, biopsies and venous access) while the attending assumes an indirect supervisory role. Graded supervision and roles in patient care are discussed with the resident at the start of each rotation.

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Offsite supervision is not permissible for IR procedures. Residents always have an attending who is immediately available via direct communication and accountable for patient care. Preprocedural time outs must be performed with the attending, technologist, and nurse before the resident is authorized to begin a procedure. Active moderate sedation certification, California fluoroscopy license, and DEA license are required for indirect supervision.

Direct Supervision: All residents will have direct supervision in the operating room with the attending in sterile attire during the first 3 years of residency (R1-R3s). Direct supervision is also required for all cases in the last 2 years (R4/R5) until the resident has shown competency to the supervising attending in specific procedures and the resident has been approved by the IR CCC for indirect supervision. Once competency has been proven and CCC approval has been obtained, the resident can begin performing procedures with indirect supervision.

Indirect Supervision: Only occurs with direct supervision immediately available. As residents progress through their R4 and R5 years of training, they are eligible to complete procedural steps with non-sterile attending oversight in the operating room control room. Attendings are present at all times. Once competency has been proven to the supervising attending and IR CCC approval has been obtained, the resident can begin performing procedures with indirect supervision.

Oversight Supervision: Attendings provide feedback after the care has been delivered. This occurs during inpatient evaluation, outpatient clinic visits, and referring physician consultation. Attendings review documentation and discuss management with the resident.
Situations that require immediate faculty/attending consultation: surgical emergencies (such as traumatic hemorrhage and cerebral ischemia). If a resident is contacted and consulted for a surgical emergency, the resident must immediately contact the supervising attending for appropriate triage and management. Various scenarios of surgical emergencies are discussed with the residents during IR call orientation.

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CALIFORNIA MEDICAL LICENSE

U.S. AND CANADIAN MEDICAL SCHOOL GRADUATES
If you have completed 12-months in an ACGME-accredited postgraduate training program and do not already possess a California Physician's and Surgeon's License, you have up to 90 days from July 1st to obtain licensure. Otherwise, you will be required to cease all clinical services according to law.

INTERNATIONAL MEDICAL SCHOOL GRADUATES
International medical graduates have up to 180 days from July 1st to obtain a Postgraduate Training License (PTL). After completing a total of 24-months of ACGME-accredited postgraduate training, you may apply for a California Physician's and Surgeon's License.

APPLICATION
Please click on this link for more information about licensing in California.

FEES
The Graduate Medical Education Office reimburses you for the expense of applying for and maintaining your licensing during your training. This information is on the MedHub home page under "For House Officers (Trainees)".

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FLUOROSCOPY

Direct supervision: Supervisor physically present in the room
Indirect supervision: Supervisor inside the procedure facility but not in the room

REQUIREMENTS
1) At the start of your residency, you must complete the "Fluoroscopy 2017" online training module at the UC Learning Center website, followed by a fluoroscopy practicum. We will provide you with details about the completion of this requirement when you arrive in July.

2) You are required to document a **minimum of 10** fluoroscopy procedures in MedHub, **at least 5** of which are under **direct** supervision and any remainder under indirect supervision. This requirement is intended to ensure that you are familiar with and competent in the general use of fluoroscopy. This requirement **takes precedence** over the specific procedure requirements listed towards the end of this section but does not supersede those requirements. For example, completing two cystograms at Rady under direct supervision does not permit indirect supervision on subsequent cystograms at Rady until the general requirement of at least 5 fluoroscopy cases under direct supervision has been met. Likewise, fulfilling the general fluoroscopy requirement of at least 5 cases under direct supervision does not mean that a subsequent retrograde urethrogram done for the very first time can be performed with indirect supervision.

Competency in the general use of fluoroscopy includes the following:

Room Setup Prior To Procedure:
Verify the doors are closed
Verify only necessary people are in the room
Verify everyone in the room has appropriate personnel lead shielding, including thyroid shields
Verify everyone in the room is wearing their dosimeter in the proper location
Verify that equipment has radiation safety shielding properly installed and operational

Patient Setup Prior To Procedure:
Verify patient is appropriately shielded for procedure
Verify patient is appropriately located in equipment imaging field prior to exposing patient

Equipment Setup Prior To Procedure:
Demonstrate equipment set to proper kVp
Demonstrate equipment set for automatic exposure mode
Identify and demonstrate fluoroscopy foot pedal proper positioning and function(s)
Demonstrate equipment set to lowest frame rate for proposed study
Demonstrate equipment set to lowest magnification for proposed study

Demonstrate equipment set to proper collimation for proposed study

Operations During Procedure:
Demonstrate minimum foot-on-pedal (beam on) time
Demonstrate setting minimum Patient to Image Intensifier Distance
Demonstrate setting maximum Source to Patient Distance
Demonstrate proper use of pulsed fluoroscopy when possible with lowest frame rate
Demonstrate collimation to smallest field size appropriate to diagnostic study
Demonstrate minimum use of magnification
Demonstrate As Low As Reasonably Achievable (ALARA) concepts during procedure
Demonstrate active monitoring of cumulative fluoroscopy time
Demonstrate active monitoring of radiation dose to patient (both Cumulative Air Kerma (CAK) and Dose Area Product (DAP))

Operations Following Procedure:
Demonstrate proper recording of fluoroscopy time, CAK and DAP in fluoroscopy log

Safety:
Know that tube current (mA) and potential (kVp) need to be monitored weekly, and if output falls outside the accepted range, Medical Physics must be contacted

3) You can achieve progressive independence for the fluoroscopy procedures listed below. All other fluoroscopy procedures must be performed with ***direct*** supervision at all times by an individual holding a California Radiology Supervisor/Operator Permit or Certificate.

*Number of per-resident cases requiring **direct** supervision before allowing indirect supervision*

PROCEDURES	UCSD/VA	RADY	TOTAL
Cystogram	2	2	4
Esophagram	2	2	4
Retrograde urethrogram	2	2	4
Upper GI	3	3	6
Voiding cystogram/loopogram	2	2	4
Water soluble iodinated enema/pouchogram	1	1	2
Sniff test/diaphragm check	NA	1	1

These numbers have been agreed to by each subspecialty section. For these specific fluoroscopy procedures, please document your directly-supervised cases in MedHub, as these will need to be verified by an attending.

4) After you obtain your Medical Board of California license, you are permitted but not required to obtain a CDPH Supervisor and Operator *Permit*. If you pass the ABR core exam, you are permitted but not required to obtain a CDPH Supervisor and Operator *Certificate* unless you are in the IR Program (i.e., Integrated, Independent, and ESIR), in which case you are required to

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obtain a certificate as soon as possible. Those staying to train or practice in California after residency are encouraged to apply for the certificate as well. A *permit* allows you to operate and supervise the use of fluoroscopy equipment, whereas a *certificate* allows you to also supervise radiography and CT equipment.

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MODERATE SEDATION

The following is applicable to UCSD and VA. At the start of your R2 year, complete the online modules and exam (passing score 90%) on the UC Learning Center website. Please see instructions below. Also, document 3 proctored cases of moderate sedation in MedHub, each requiring verification by an IR attending. R1 residents may take the online course but are not allowed to supervise sedation until the R2 year. Once certified in moderate sedation, residents are permitted to perform cases supervising an RN who is administering moderate sedation. Renewal is every 2 years and requires retaking the online modules and exam. Having additional proctored cases of moderate sedation is not necessary for renewal.

You will not perform moderate sedation at Rady Children's Hospital. During some fluoroscopic examinations in children, Nitrous oxide (N_2O) is delivered by the nursing staff (RN) at a concentration of <50% and is accepted as a minimal sedation drug by both the American Society of Anesthesiologists and the American Academy of Pediatrics. For R1s and those not yet qualified to perform fluoroscopy independently, these exams are directly observed by the attending radiologist. For R2s and above, these exams are indirectly observed.

INSTRUCTIONS FOR THE ONLINE MODULES AND EXAM
-Log into UC Learning Center
-Select "Find a Course" (magnifying glass)
-Type in "procedural sedation"
-Click on "Procedural Sedation Competency" in the search results
-Then click "Register" on the right-hand side
-There will be 3 modules and an exam in this curriculum
-A 90% passing score is required for the exam
-After completing the modules and exam, on the "Options" tab press "Evaluation"
-Once the evaluation is complete, you will receive a certificate of completion

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<center>**CALL**</center>

Below you will find a description of expected call during your residency training. Please keep in mind that these are targets but may change depending on unexpected circumstances.

WEEKEND CALL
-Onsite at UCSD or VA, 7a-5p
-Subspeciality-specific at UCSD (i.e., chest, body, musculoskeletal, neuro) with one resident each
-1st years: neuro call (may be integrated into the JMC neuro rotation with a Sun-Thu workweek)
-2nd-4th years: remaining weekend call days are roughly evenly distributed
-Integrated IR and Early Specialization in IR (ESIR) residents do not take weekend call after the 3rd year due to IR call responsibilities
-A day float resident is usually assigned for prn backup

NIGHT FLOAT
-Onsite at UCSD
-Staffed by 3 residents
-Cycles of 3 days off, 3 days of evening shift (5p-1a), and 3 days of overnight call (hours vary, mostly 8p-8a)
-2nd years: one 1-month rotation
-3rd years: two 1-month rotations
-4th years: one 1-month rotation
-Integrated IR residents differ by doing two 1-month rotations in the 2nd year and none in the 4th year
-ESIR residents will either follow the call schedule of a DR resident or that of an integrated IR resident depending on when interest in the ESIR pathway is declared
-A brief leave of absence by one resident will probably require rotating in the "off" resident or filling in by a Chief Resident; _for this reason, the "off" resident should remain available to cover_
-A lengthy leave of absence may require switching the resident out of night float

VA-ER
-Onsite at VA, M-F, 2:30p-11p
-3rd years: one 1-month rotation
-A leave of absence may require shifting the responsibility to the Night Float rotation if another resident is unavailable

HOLIDAY CALL
-Evening and overnight shifts during a holiday are covered by the Night Float rotation
-Day time call on major holidays (Thanksgiving, Christmas, and New Year's) will be covered by R2 residents in accordance with weekend call guidelines above

INTERVENTIONAL RADIOLOGY
-Home call, 7 days a week, 5p-7:30a

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-Resident triages emergent consults from home with offsite EMR and PACS access and then staffs with the supervising provider
-On-call team comes into the hospital for emergent procedures
-The resident may be relieved of clinical duties the following day if there was inadequate rest
-1st years: one week of buddy call with a senior IR resident
-2nd years: one week of solo or buddy call
-Integrated IR and ESIR residents will take additional weeks of call starting in the R3 year; additional call during R2 is possible

SUPERVISION (for Night Float and VA-ER)
-On-call faculty or fellows are available for after-hours support and should be contacted
-Faculty/fellow call shifts start each day at 8a, not at midnight
-For more information regarding supervision, please click here.

GENERAL ACGME GUIDELINES
-You should have in-house call no more frequently than every 3rd night, averaged over a 4-week period
-You should have at least 14 hours free of clinical work and education after 24 hours of in-house call
-At-home call (pager call) is defined as call taken from outside the assigned institution
-The frequency of at-home call is not subject to the every-3rd-night limitation
-At-home call must not be so frequent as to preclude rest and reasonable personal time
-If you are taking at-home call, you must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over 4 weeks
-When you are called into the hospital from home, the hours you spend in-house must be counted toward the 80-work-hour limit

FOOD AND REST
-At Hillcrest, a call room is available adjacent to the chest reading room
-At Jacobs Medical Center, call rooms are available on the 7th floor (for access, go to the security office in the basement using the public elevators)
-The ACGME gives you an allowance for food from the cafeteria (and from the vending machine in the resident lounge) on a per-month basis
-You have a cafeteria funds account which requires you to scan your badge (or use the GET Mobile App, see below) to pay for food
-Every June 30th, all account balances are cleared, so please be sure to use all of your available funds before then

-The GET Mobile App allows you to check your balance
-You can use the GET Mobile App to order breakfast or lunch on weekdays
-GET Mobile App link

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MOONLIGHTING POLICY

Effective Date: July 1, 2022

The UCSD Department of Radiology permits moonlighting by trainees in full compliance with the *UCSD GME Guidelines for Moonlighting Policy* included below (GME - 005 updated 02-01-2022). Research residents and R1-R4 residents (with the exception of J-1, H-1B, and O-1 visa holders) are permitted to moonlight internally and externally so long as:

1) The resident is in good standing with the training program
2) A request for moonlighting (one each for internal and external moonlighting) is submitted annually through MedHub in a timely fashion and approved by the Program Director
3) The moonlighting experience does not interfere with training program requirements or responsibilities
4) The resident moonlights voluntarily
5) Advanced Resuscitation Training or an equivalent is documented prior to any moonlighting
6) California licensure is obtained prior to any moonlighting
7) The moonlighting work hours comply with ACGME Common Program Requirements
8) The moonlighting work hours are documented in MedHub in a timely manner

Noncompliance may result in the trainee forfeiting the privilege to moonlight.
A checklist is provided here.

GUIDELINES FOR MOONLIGHTING
Policy Number: GME - 005   Version: 04
Effective Date: 12-09-2009   Updated: 07-01-2011, 02-01-2022

Description
These guidelines provide clarification for professional and patient care activities by UCSD trainees external to the educational requirements of a UCSD training program.

Purpose
Sponsoring institutions must develop policies and guidelines for moonlighting by UCSD trainees.

Scope
Trainees and program leadership of ACGME accredited and ABMS certificate training programs and non-accredited fellowships sponsored by UCSD.

Definitions
External Moonlighting: Voluntary, compensated, medically-related work performed   outside the institution where the trainee is in training or at any of its related participating sites. (ACGME Definition)

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Internal Moonlighting: Voluntary, compensated, medically-related work performed within the institution/training site in which the trainee is in training or at any of its related participating sites (ACGME Definition)

Professional Fee Billing: Billing for a physician's clinical services to patients under the Medicare Physician Fee Schedule. (CMS Definition)

Trainee: Any physician in an accredited or non-accredited graduate medical education program, including interns, trainees, and fellows.

Policy

I.   Institutional Requirements and Responsibilities

    a.   Trainees must not be required to engage in moonlighting.

    b.   All trainees engaged in moonlighting must be licensed in the State of California. If the trainee has a postgraduate training license, they must abide by the conditions of that training license with regard to any moonlighting.

    c.   It is the responsibility of the institution hiring the trainee to determine whether such licensure is in place, adequate liability coverage is provided, and whether the house officer has the appropriate training and skills to carry out assigned duties.

    d.   UCSD liability coverage will not be extended to cover moonlighting efforts of the trainee that fall outside the course and scope of the individual's University appointment, unless UCSD is the specific contracting entity.

    e.   Moonlighting, both internal and external, must be counted toward the 80-hour weekly limit on duty hours. In addition, trainees must have a minimum of 8 hours free of clinical work and education after a moonlighting assignment.

    f.   PGY1 trainees are not permitted to moonlight.

    g.   Holders of J-1, H-1B, and O-1 visas are generally ineligible to engage in moonlighting and should contact the Office of Graduate Medical Education for further information.

    h.   In the event a trainee is given permission to moonlight, the program director shall monitor the trainee for the effect of these activities upon performance in the trainee's residency program. Adverse effects may lead to the withdrawal of permission for moonlighting.

    i.   The GMEC will oversee the training program's implementation and monitoring of these UCSD guidelines.

The GMEC may monitor the training programs' compliance through periodic reviews/surveys conducted with the trainees and program directors and may require reports from each program. The GMEC may audit the data provided to assure that each program has demonstrated its adherence to policy.

    j.   The UCSD guidelines for moonlighting must be disclosed to applicants to the GME training programs and to all current trainees.

    k.   Trainees may not independently bill for services rendered in the course and scope of their training program nor for services rendered as a supervised trainee.

    l.   Moonlighting activities are performed during the trainee's off-hours, separate from duties of the training program, and cannot exceed 20% time in any work

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year. This amounts to no more than 16 hours per week (averaged over any month).

II. Training Program Responsibility

    a. Each program director must develop a written policy and procedure document for moonlighting that implements these guidelines. Programs may develop more restrictive policies or prohibit moonlighting altogether.

    b. Each program policy must contain a method for written pre-approval, monitoring (which must include the method for tracking hours), and periodic review. It should also include language that internal or external moonlighting is voluntary and must not be required.

    c. In training programs that allow moonlighting, the program's policy and procedures must comply with the UC San Diego Health Moonlighting Policy or risk having program's ability to offer moonlighting rescinded.

    d. A trainee must be in good standing with the program in order to moonlight. The program director must provide electronic approval for internal or external moonlighting using the current residency management system, which shall be maintained in the trainee's electronic demographic file.

    e. In accordance with each program's policy, the program director shall monitor the effect of moonlighting upon the performance of the house officer in his/her training program. Adverse effects may lead to the program director withdrawing permission for moonlighting.

    f. The program director shall also monitor both internal and external moonlighting to assure that hours spent in that activity are counted toward the 80-hour weekly limit on duty hours and that trainees have a minimum of 8 hours free of clinical work and education after a moonlighting assignment. Each program must be able to demonstrate ongoing compliance with clinical and educational duty hour requirements. Programs not in compliance may have their ability to offer moonlighting rescinded.

III. Trainee Responsibility

    a. Trainees will not engage in activity or employment that will interfere with their obligation to the University in any way or to the effectiveness of the individual in the training program, including the quality of patient care rendered.

    b. Trainees will comply with their program as well as UCSD guidelines regarding their professional and patient care activity outside of the UCSD training program.

    c. Trainees must be in good standing in the approved training program in order to moonlight and remain in good standing in order to continue.

    d. Trainees will communicate their request to engage in moonlighting to their program director and will comply with the processes developed by the institution to implement the UCSD guidelines for moonlighting using the current residency management system, MedHub.

    e. Trainees will log all moonlighting hours in the current residency management system, MedHub.

IV. Additional requirements

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a. Moonlighting approval must be renewed annually for each moonlighting location.
b. The program director must be informed of any activity changes in moonlighting, including hours, location, type of activity, etc. The trainee must submit a new request using the residency management system, MedHub, and the program director must approve any changes electronically.
c. Any trainee that engages in unsupervised internal moonlighting must have hospital privileges for the clinical activities being performed within the hospital setting. This unsupervised moonlighting cannot involve the type of work the trainee is training for.

References

ACGME Institutional Requirements
CMS Regulations
Attachments:
Approval Dates:
GMEC December, 2009, updated July 1, 2011, updated Feb 1, 2022
Contact Information:
Office of Graduate Medical Education

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CONFERENCES

ATTENDANCE
You must attend all Grand Rounds, megaconferences, and noon conferences arranged by the department. Attendance is excused if you're on vacation, on call, at an away elective, on an ICU rotation, or away for other reasons (e.g., sickness, board review). Certain rotations like research and Navy breast may be excusable. On IR rotations, you may choose between attending conference or participating in IR procedures. Attending less than 80% of required conferences may have consequences. History has shown that those who do not regularly attend conferences do poorly on the core exam.

MEGACONFERENCE
Megaconference takes place every Monday morning from 7a-10a, either held virtually or in-person (usually in the Goldberg Auditorium, 2nd floor of the Moores Cancer Center). The bulk of these conferences are didactics or core lectures. If you are on an IR rotation, you are encouraged to attend megaconference but are not required to do so.

NOON CONFERENCES
Noon conferences take place Tuesdays through Fridays and may be site-specific or broadcast from a single location. These may be didactic or case-based.

LEOPOLD CLUB
During your first year, you and your classmates will have weekly sessions with a faculty member to review one or two chapters in a general radiology textbook. This is a great way to build camaraderie with your classmates and to get to know the faculty.

GRAND ROUNDS
The department holds Grand Rounds twice a month. Your attendance is mandatory, and punctuality is important. You are expected to take advantage of any additional talks given by the speaker that day, typically a resident conference and an evening talk at the San Diego Radiological Society (SDRS) meeting.

OTHER CONFERENCES
Various divisions within the department hold conferences throughout the week. Please refer to the "Conferences" dropdown menu on radres.ucsd.edu for more information. In addition, there are multidisciplinary conferences at your disposal. If you wish to attend a conference that interferes with your clinical duties, please obtain permission from your rotation faculty.

LOCAL/NATIONAL/INTERNATIONAL CONFERENCES
You are encouraged to attend conferences away from clinical work. An average of 10 days per year is allowed over the entire residency training period. Days used for traveling will not be counted. Please refer to this checklist for additional instructions.

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Before planning travel and/or registering for a conference, please review the Travel and Reimbursement Policy and seek assistance from the Program Administrator as needed.

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TRAVEL AND REIMBURSEMENT POLICY

All your travel should be arranged through Concur. Cancellations are refundable through this service.

REIMBURSEMENT

Reimbursement is subject to the availability of funds from the department, which is at the discretion of departmental leadership, including the Chair and Executive Vice-Chair. If funds are available, the following reimbursement policy applies:

-If you meet criteria below, up to $1500 of approved expenses may be reimbursed each year from the department
-These funds can be divided between multiple conferences within a single academic year
-You also directly receive a $750 educational stipend (included in your salary) from the GME office in the Fall of each year

Criteria for reimbursement (you must meet one of the following for a given academic year):
• Scientific exhibit (first author or senior author)
• Oral presentation (first author)
• 3 or more posters or electronic educational exhibits (first author on two)

Exceptions:
-You are elected to a committee of an association hosting a conference that requires in-person attendance
-AIRP registration fee
-AUR: Chief Residents are reimbursed for all expenses, including AUR membership fees

CSRRP residents: With Program Director approval and if presenting, T32 residents can be reimbursed up to $1000 from T32 funds, if provided through the department. An exception is attendance of the CSRRP residents to the biannual meeting at the NIH; please contact your Program Director for more information. Any additional approved expenses may be paid by the resident's research mentor or alternative sources.

Pending prior approval, 4th year residents who decide to do an away elective may apply the $1500 to help offset expenses if grant money is unattainable. You must do your utmost to obtain grants to cover travel expenses. Those residents with grants are to use grant funds for travel associated with the grant's research or presentation. You are expected to show proof of an attempt to obtain funding from other sources.

Please find a copy of the Resident Travel Reimbursement Form here.

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OTHER EXPECTATIONS

Submitted work should be presented to the department prior to the conference. Presentations for the ARRS and RSNA conferences will be allotted 5 minutes to present at Radiology Grand Rounds and for all other conferences during noon conferences.

Residents who submit scientific oral presentations, posters and exhibits, and attend the conference are expected to pledge to submit these for publication to a peer-reviewed journal. This policy is not dependent on having the article accepted, but a good attempt must be made to multiple and lesser journals if required. Failure to submit your work will be considered when requesting to attend future conferences. Your Program Director also has the ability to decide if you should not attend a conference based on poor academic performance or inability to maintain an ACGME-acceptable portfolio, including up-to-date "practice quality improvement."

For conferences providing CME, you must obtain at least 5 CME credits per day of conference attended. Copies of CME certificates must be submitted with the travel reimbursement form. Non-compliance will be considered when requesting to attend future conferences and approval of reimbursement.

Prior to major meetings such as RSNA and ARRS, your Chief Resident(s) and Program Director will determine how many residents can attend a given conference and still maintain adequate clinical coverage. This may restrict the travel of those with only posters and/or electronic exhibits.

If you are a CSRRP resident, you must include the T32 grant number (T32EB005970) on all publications based on work performed during your residency and notify your Program Directors and Program Administrator prior to publication submission. You are also expected to provide updated, detailed information regarding your publications, grants, and other achievements in order to satisfy conditions of the T32 grant or its re-submission; this expectation extends beyond graduation.

Please direct all questions about the Travel and Reimbursement Policy to Dion Brown, dibrown@health.ucsd.edu, 619-543-3534.

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EVALUATIONS/FEEDBACK

YOUR FEEDBACK

End-of-Rotation Evaluations

You will be asked to complete service and faculty evaluations via MedHub after each rotation, allowing you to comment on your learning experience. At the end of the academic year, services with evaluations sufficient in number to protect resident anonymity are anonymized and collated by the Program Administrator and sent to the Division Chiefs, Program Directors, Chair, and Executive Vice-Chair. In similar fashion, faculty evaluations are anonymized, collated, and sent to the Chair, Executive Vice-Chair, and corresponding Faculty.

Program Evaluation and General Feedback

You will have multiple opportunities to provide feedback. Periodic reminders will be sent regarding anonymous feedback links, one going to Dr. Yen and one to the APD and Chief Residents, also accessible on our radres.ucsd.edu website. Feedback will also be solicited during semi-annual meetings with your Program Director as well as through an end-of-year survey. Additionally, monthly resident town hall meetings allow you to voice your concerns. Residents are encouraged to participate in the Program Evaluation Committee (PEC), which meets once a year around June.

T32 CSRRP residents will be asked to evaluate the program yearly through anonymous surveys. The results of these surveys are discussed at the yearly T32 town hall meeting in May, which is run by the T32 chiefs, who subsequently convey the consensus and recommendations to the T32 Program Directors.

Conference Evaluations

Anonymous evaluations of educational conferences will be solicited. On a yearly basis, these evaluations will be collected by the Program Administrator and sent to the corresponding presenter/lecturer and, if applicable, the Division Chief.

EVALUATIONS OF RESIDENTS

Faculty Evaluation of Residents

Faculty members evaluate you after completion of each rotation. You will have access to these evaluations on MedHub.

Other Sources

Additional evaluations may come from ancillary staff, patients, and peers. These will be shared with you in anonymized form during your semi-annual meetings with your Program Director. You will also be asked to complete periodic self-assessments and individualized learning plans. An example of an individualized learning plan is provided here.

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Clinical Competence Committee

The Clinical Competence Committee (CCC) is required by the ACGME to evaluate you according to the ACGME Milestones. The CCC tracks your progress throughout training and serves as an advisory committee to your Program Director. Various factors are considered in your appraisal, such as faculty feedback, exam scores, professionalism, and scholarly activities. The CCC evaluation is discussed with you by your Program Director during your semi-annual review. You are assessed using well-defined, published metrics:

DR Milestones

IR-Integrated Milestones

IR-Independent Milestones

If you are behind on one or more milestones, you will be given the opportunity to improve. If there is a more serious concern, you may be issued any one of the following: a counseling letter, a notice of concern, or a probation letter (please refer to the HOPDD for more details). The greatest consequence for failure to meet milestones is the repetition of a year or dismissal from the program. However, this is rare. We will do our utmost to ensure your success.

The Diagnostic Radiology and Interventional Radiology Residency Programs each have a separate CCC. During the first three clinical years, IR-integrated residents are evaluated in the DR CCC meetings, with committee members including IR faculty; during the final two years, those residents are evaluated in the IR CCC. Early Specialization in Interventional Radiology (ESIR) residents are evaluated in the DR CCC with IR representation during the first three clinical years and in the IR CCC with DR representation during the last clinical year. IR-independent residents are evaluated in the IR CCC.

If you are a T32 CSRRP resident, during your research year you are not evaluated in the CCC but your progress is assessed by your research mentor, career development mentor, and T32 CSRRP Program Directors. During your clinical years, if you are not meeting milestones according to the CCC, you may lose protected research time (in full or in part) to focus on improving your clinical skills.

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EXAMS

RADPRIMER/RADEXAM
Throughout your training, you may be assigned online practice exams or quizzes to assess your baseline or progress.

PRE-CALL EXAM
At the end of your first year, you will take a pre-call exam to gauge your readiness for taking call.

ACR IN-SERVICE EXAM
R1-R3 residents will take the American College of Radiology in-service exam around January. This exam should not be taken lightly, as it will help uncover your deficiencies and focus your studying. At least one study suggests that your score on the in-service exam correlates with your performance on the ABR core exam.

PHYSICS EXAM
R1-R3 residents will take the mock physics exam towards the end of the academic year.

ABR CORE EXAM
To sit for the American Board of Radiology (ABR) core exam at the end of your R3 year, you cannot have been away from clinical work over the preceding 3 years for more than 90 days (60 days of vacation + 30 days of sick leave, FMLA, or other). This excludes conferences. The ABR also applies a 36-month rule, which states that you should be in at least the 36th month of training to sit for the core exam.

ABR CERTIFYING EXAM
The certifying exam can be taken at the first administration offered 12 months after completion of your residency. The core exam must be passed before a candidate is eligible to take the certifying exam. For IR, certifying exams occur in October following completion of your PGY-6 year (i.e., following fellowship or your last year of IR residency). For more information on this exam, please see the ABR website. The IR oral exam is for ESIR and IR integrated residents only.

IR Integrated, IR Independent, and ESIR residents in their R4 and R5 years will be given access to the Society of Interventional Radiology (SIR) Essentials Modules. More information will be provided by the IR Residency Program Director.

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LIBRARY

Our radiology library is at the UCSD Medical Center (CTF Building A-118) in Hillcrest but will be relocating to the new resident lounge. To access the library in the CTF Building, please request a set of keys from the Program Administrator. You will find an ever-growing selection in our library. You may borrow books from the library on the honor system. If you lose the book, you may be required to replace it.

The UCSD library has additional resources available to you online. Some are listed here:
-Top Score for the Radiology Boards
-Top 3 Differentials in Radiology: A Case Review
-MedOne Education Titles
-AccessMedicine

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TIME AWAY

Time away from clinical service must be approved by your **Program Director**, **Program Administrator**, **Chief Resident(s)**, and if applicable, the **Site Director** (i.e., Dr. Cassidy at the VA, Dr. Koning at Rady, Dr. Montgomery at Navy). Once approved, notify the **Rotation Faculty**. If the faculty schedule is not yet on radres.ucsd.edu, you may notify the Division Chief. Please see individual sections below for additional details.

SICK LEAVE

Sick days are accrued starting on day one. You accrue 1 day per month. If you need to take a sick day, you will still be paid. Sick leave is not to be used as additional vacation.

Please notify the persons above when you need to take sick leave and also how many days total you ultimately take (for bookkeeping purposes). If requested, please provide physician records to document illnesses lasting 3 or more days.

PREGNANCY/CHILDBEARING DISABILITY LEAVE

If you are disabled due to pregnancy, childbirth, or related medical conditions, you will be granted a medical leave of absence of up to 4 months, but not to exceed the period of verified disability. Pregnancy disability leave may consist of leave without pay or paid leave such as accrued sick leave and vacation. If you are on an approved pregnancy disability leave and are also eligible for family and medical leave (see below), up to 12 work weeks of pregnancy disability leave will run concurrently with family and medical leave under Federal law. Upon termination of a pregnancy disability leave that runs concurrently with Federal family and medical leave, you may be eligible for additional work weeks under State family and medical leave.

FAMILY AND MEDICAL LEAVE ACT OF 1993 (FMLA)

FMLA is a United States labor law requiring covered employers to provide employees with job-protected and unpaid leave for qualified medical and family reasons. The FMLA allows eligible employees to take up to 12 work weeks of unpaid leave during any 12-month period to care for a new child, care for a seriously ill family member, or recover from a serious illness. In order to be eligible for FMLA leave, you must have worked for UC San Diego at least 12 months.

Please refer to the UC San Diego Office of Graduate Medical Education's House Officer Policy and Procedure Document (HOPPD) for comprehensive leave policy and eligibility.

CONFERENCES

If you need time away to attend a conference (e.g., RSNA), please click here for more information.

VACATION

Residents are assigned 20 days of vacation per year, **taken by the week**. Your Chief Resident(s) will coordinate the scheduling of vacations **before the start of a given academic year** and make

final decisions about whether certain dates can be granted. This applies to terminal leave (i.e., vacation during the last 2 weeks of residency). Please do not assume that you will be able to leave prior to the end of your training. Please also note that allotted vacation must be used during the academic year; likewise, unused vacation weeks cannot be carried over to subsequent years. It is understood that last-minute vacation requests may be required, and they will be considered on a case-by-case basis – however, please notify your Chief Resident(s), Program Administrator, Program Director, and affected Faculty as soon as you know. IR residents in their R4 and R5 years may schedule vacation by the day or week.

There are no other vacation days. For example, days before or after national holidays cannot be taken as unscheduled vacation, even if your attending says you need not come in. Care for Medicare and Medicaid patients is paid for by CMS, a federal institution. CMS pays a large part of your salary. If UCSD bills CMS for days you have not worked, it is a federal crime.

HOLIDAYS
1) Residents bank a vacation day if a UCSD holiday coincides with scheduled vacation.
2) Residents at an affiliate (e.g., VA) bank vacation days for UCSD holidays not observed by the affiliate. Vacation days banked in this manner may not be used while rotating at the affiliate in question.
3) Residents do not have additional days off if they are on-call at UCSD during a UCSD holiday.
4) If a resident is scheduled at an affiliate that observes a holiday not observed at UCSD, then UCSD has the right to schedule that resident for clinical work on that specific holiday, or alternatively, the resident can take the day off, but it would subtract from item 2) above.
5) Banked vacation days expire at the end of each academic year.
6) Banked vacation days may be used in advance of the actual accrual date(s) in a given academic year.
7) Please do not use banked vacation days more than two consecutive days at a time.

Residents are expected to arrange the use of these "additional" days by coordinating with those listed at the very top of this section.

INTERVIEWS
Please use vacation time to interview for fellowships or jobs. Because vacation weeks are planned well in advance of the academic year, time taken for these endeavors will need to be deducted from your pre-planned vacation weeks.

GRADUATION
Graduation will be contingent on having had no more than 160 days of absence (including vacation) from residency training, per the ABR's residency leave policy. Exceeding this allowance will require an extension of training beyond the originally planned graduation date. Please check additional requirements for graduation here.

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RESIDENT LEARNING PORTFOLIO

The ACGME requires that you maintain a learning portfolio during your residency training. Please use MedHub for this purpose (click on "learning portfolios/residents" to make entries and upload documents). You will be responsible for adding information to your portfolio throughout residency. Below is a list of recommended items but is not meant to be exhaustive. Please upload as applicable. **Please also note** that copies of your CA medical license (or post-graduate training license), curriculum vitae, and DEA license should be sent directly to your Program Administrator rather than uploaded to your portfolio.

-Certificates (e.g., CITI training, CME activity, AIRP, NIIC, ACR RLI, mini-MBA course, fluoroscopy permit or certificate)

-Logs (e.g., I-131)

-PQI projects

-Scholarly activities (e.g., abstracts, manuscripts, oral presentations, exhibits)

-Awards/recognitions

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PROCEDURES

EXPECTATION
You are required to maintain a procedure log using the ACGME website or app.

GOALS
Hands-on ultrasound*   75

Goals for Non-IR Residents

Lumbar puncture   10
Arthrograms   10
Biopsy   15
Bone marrow biopsy   5
Drainage catheter placement, CT and US   15
Drainage catheter check/change/removal   5
Gastrostomy tube placement/exchange   5
Nephrostomy tube placement/exchanges   5
Paracentesis   5
PICC placement   5
Thoracentesis   5
Tunneled venous catheter removal, bedside   5
Venous access   10

SUPERVISION
For information regarding supervision, please click here.

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Procedures requiring hands-on ultrasound count towards this requirement. Practice with phantoms also counts. A personal record may be kept and regularly uploaded to your MedHub portfolio. Alternatively, these instances may be logged into the ACGME website or app using code 76999.

I-131 NUCLEAR MEDICINE DOCUMENTATION

The American Board of Radiology (ABR) recently informed the Nuclear Regulatory Commission (NRC) that it will discontinue including Authorized User-Eligible (AU-E) designations on ABR certificates issued after December 31, 2023. This is under the premise that ABR certification has never been a prerequisite to becoming an NRC Authorized User of medical radionuclides for imaging and localization studies and for oral administration of sodium iodide I-131. The NRC and its Agreement States already provide a straightforward application process for this purpose. NRC approval is obtained upon written application to the NRC/Agreement State and also requires submission of an NRC preceptor form that has been completed and signed by the preceptor who must be an Authorized User. The forms are available on the NRC website.

If you are graduating before December 31, 2023, you should try to observe a minimum of 3 low dose ($\leq$33 mCi) and 3 high dose ($\geq$33 mCi) oral administrations of I-131 by the time you graduate, with documentation to be submitted to the ABR.*

All other residents will document these observations through MedHub.

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Independent IR residents should have already fulfilled this requirement. Residents in the nuclear medicine pathway will have different I-131 requirements and also need to document parenteral administrations of radionuclides.

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PRACTICE QUALITY IMPROVEMENT

You are required by the ACGME to be active in a practice quality improvement (PQI) project, carrying it through as many PDSA (Plan-Do-Study-Act) cycles as needed. When completed, you should start another project. You should have at least one ongoing project at all times. You may team up with other residents. Some project ideas can be found here.

Please also visit this link for additional resources and support: ACQUIRE

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SERVICE AND TEACHING

You are encouraged to take on membership or leadership roles in various departmental, university, and national/international committees. Participation can be quite rewarding and can enhance a curriculum vitae. Please check here for some opportunities. You may also contact your Program Director to discuss possibilities. Otherwise, solicitations will go out periodically.

You will also have opportunities to teach medical students and peers. Look out for these requests. It is especially encouraged that you mentor underrepresented undergraduates and medical students (see *Equity, Diversity, and Inclusion* section).

Our department collaborates with the medical school by offering a free ultrasound clinic. If you're interested, please visit radres.ucsd.edu, go to the dropdown menu under "Schedules," and then click "Free US Clinic." You can also directly access the sign-up sheet here.

RAD-AID

Directly from their website, RAD-AID's mission is: *"To improve and optimize access to medical imaging and radiology in low resource regions of the world for increasing radiology's contribution to global public health initiatives and patient care."*

We have a San Diego RAD-AID chapter as of January 2020. You are encouraged to get involved. You can start by joining our RAD-AID chapter. One-week missions will be regarded as conference time. Proposals for longer missions will need to be assessed on a case-by-case basis by your Chief Resident(s) and Program Director.

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AMERICAN INSTITUTE OF RADIOLOGIC PATHOLOGY

The ACGME requires that you demonstrate knowledge of radiologic/pathologic correlation. A 4-week course offered by the American Institute of Radiologic Pathology (AIRP) fulfills this requirement. Our department facilitates your participation in this course during your R3 year, either virtually or in-person (Washington, D.C). Your registration is paid for by the department, and a stipend of up to $1,500 will be available for expenses.

REQUIREMENT

Please note that a rad-path case ***must be submitted*** prior to attending the course. The case must include clinical characteristics, imaging features, pathology findings, treatment, and prognosis for a diagnosis you choose, to be submitted with representative radiology and pathology images from a patient. Please obtain the D3186 image request form from the Program Administrator to assist with this process.

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AWAY ELECTIVE

Recognizing the value of diverse educational experiences, our department supports the option of an away elective during your R4 year. This can be performed at other institutions in the United States or internationally. Mozambique and New Zealand are examples of previously arranged international away electives. An away elective up to 4 weeks is feasible for certain residency tracks and would depend on the absence of travel restrictions. You would be expected to apply for funding, if available, such as from the American College of Radiology (ACR). Your $1500 annual allowance for conferences can be used (pending departmental availability) to assist with funding.

A checklist is available here for away electives.

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APPENDICES

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CHECKLISTS

FIRST YEAR

□ Complete your ABR registration

□ Obtain a California Physician's and Surgeon's License within 90 days of enrollment (or a Postgraduate Training License (PTL) within 180 days of enrollment if applicable)

□ Obtain a DEA license once you are licensed

　　　□ Register with CURES after receiving your DEA license

□ Complete your MedHub training

□ Complete any required UCSD/VA online training modules

□ Obtain Advanced Resuscitation Training (ART)

□ Complete your annual MRI safety training

□ Complete the "Fluoroscopy 2017" training module online at the UC Learning Center website

　　　□ Then participate in a practicum with a Radiology Equipment Specialist

　　　□ Document 10 fluoro cases (at least 5 with direct supervision) on MedHub to show general competency

　　　□ Document direct supervision of specific fluoro procedures on MedHub

□ Start an ACGME resident learning portfolio on MedHub

□ Begin logging procedures on the ACGME website or app

□ Begin documenting proctored cases of moderate sedation in MedHub (a minimum of 3 cases), to be signed off by IR faculty

□ Become a member of various societies, in particular American Roentgen Ray Society (we will arrange memberships for San Diego Radiological Society and Radiological Society of North America)

□ Start a Practice Quality Improvement (PQI) project

□ Sign up for committees

□ Complete GCEP modules online (these will be assigned later in the year)

□ Download the MedHub app for your mobile phone (optional)

□ Open a Twitter account (optional)

□ Consider CITI training for conducting research

□ For PTL holders, start preparations in June to obtain a California Physician's and Surgeon's License

SECOND YEAR

□ If applicable, obtain a California Physician's and Surgeon's License within 90 days of starting your 2nd year

□ Moderate sedation

　　　□ Complete the online modules and exam on the UC Learning Center website (instructions here)

　　　□ If not already completed, document a minimum of 3 proctored cases of moderate sedation in MedHub, to be signed off by IR faculty

□ Renew Advanced Resuscitation Training (ART) if applicable

□ Complete your annual MRI safety training ("MRI Safety – Level 2" at the UC Learning Center website)

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□ Complete any required UCSD/VA online training modules
□ Obtain a DEA license if you haven't already
    □ Register with CURES after receiving your DEA license
□ Sign up for committees
□ Complete GCEP modules online (these will be assigned later in the year)
□ Download the MedHub app for your mobile phone (optional)
□ Open a Twitter account (optional)
□ Consider CITI training for conducting research

THIRD YEAR
□ If applicable, renew moderate sedation online training and exam on the UC Learning Center website
□ Renew Advanced Resuscitation Training (ART) if applicable
□ Complete your annual MRI safety training ("MRI Safety – Level 2" at the UC Learning Center website)
□ Complete any required UCSD/VA online training modules
□ Obtain a DEA license if you haven't already
    □ Register with CURES after receiving your DEA license
□ Sign up for committees
□ Complete GCEP modules online (these will be assigned later in the year)
□ Download the MedHub app for your mobile phone (optional)
□ Open a Twitter account (optional)
□ Consider CITI training for conducting research
□ Take the ABR core exam
    □ No more than a total of 90 days are permitted away from clinical work over the preceding 3 years (excluding conferences), prior to sitting for the core exam
    □ You must be in at least the 36th month of residency training

FOURTH YEAR
□ If you pass the core exam, consider obtaining a CDPH Supervisor and Operator Certificate*
□ If applicable, renew moderate sedation online training and exam on the UC Learning Center website
□ Renew Advanced Resuscitation Training (ART) if applicable
□ Complete your annual MRI safety training ("MRI Safety – Level 2" at the UC Learning Center website)
□ Complete any required UCSD/VA online training modules
□ Obtain a DEA license if you haven't already
    □ Register with CURES after receiving your DEA license
□ Sign up for committees
□ Complete GCEP modules online (these will be assigned later in the year)
□ Download the MedHub app for your mobile phone (optional)
□ Open a Twitter account (optional)
□ Consider CITI training for conducting research

A certificate is required for residents in the IR Program and suggested for those staying in California for fellowship or practice

MOONLIGHTING

□ Holders of J-1, H-1B, and O-1 visas are not permitted to moonlight
□ Obtain a Postgraduate Training License (PTL) or California Physician's and Surgeon's License
□ Complete Advanced Resuscitation Training (ART) or equivalent
□ Submit moonlighting requests in MedHub *ANNUALLY* – see instructions here
□ Before moonlighting internally at UCSD, ensure that a Managers and Senior Professionals (MSP) contract has been drawn up for payment purposes
□ Regularly submit hours worked on MedHub so as not to exceed the 80-hour work limit per week, averaged over 4 weeks (failure to submit work hours may result in loss of pay and/or loss of moonlighting privileges)

GRADUATION REQUIREMENTS

□ Complete 3 months of breast and 4 months of nuclear medicine
□ Miss no more than 80 days of residency in addition to your 80 days of vacation
□ Be in good standing with the Clinical Competence Committee

ON A REGULAR BASIS

□ Allot at least one to two hours per week for administrative duties and answering emails
□ Read the Goals & Objectives for each upcoming rotation
□ Enter work hours (including moonlighting hours) in MedHub
□ Enter standard work hours (i.e., 8a-5p) when away at a conference or on a research block
□ Complete Ecotime on a monthly basis
□ Enter your procedures on the ACGME website or app
□ Log the requested number of fluoroscopy and proctored moderate sedation cases into MedHub for attending verification
□ Update your Resident Learning Portfolio in MedHub
□ Work on a PQI project

ABSENCES RELATED TO CONFERENCE ATTENDANCE

□ Except where indicated, please request approval to attend a conference from your Program Director at least 6 weeks in advance
□ The request should include information about the conference and your role
□ Once approved, send an absence request to your Chief Resident(s), Program Administrator, the appropriate Division Chief, and if applicable, the Site Director
□ Site Directors at the VA are Dr. Fiona Cassidy for DR rotations and Dr. Chris Friend for IR rotations
□ Site Directors at Rady and Navy are Drs. Jeffrey Koning and Richard Montgomery, respectively
□ Arrange for contrast coverage if relevant
□ Book any travel through Concur
    □ Register with UCOP Travel (if booked independently of Concur)

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□ Send a reminder of your anticipated absence to the rotation faculty as the conference approaches

□ After the conference, submit a Resident Travel Reimbursement Form if applicable

AWAY ELECTIVES (assuming no travel restrictions)

□ Intended for R4s

□ Inform your Chief Resident(s), Program Director, and Program Administrator as early as possible

□ Obtain rotation approval from that site

□ Select a faculty supervisor at that site who is agreeable to the elective

□ If applicable:

   □ Check appropriateness of the away elective with UCSD risk management

   □ Obtain document templates from your Program Director (revise and tailor to your rotation as needed)

   □ Select a UCSD faculty member for remote supervision

   □ Apply for travel funding

   □ Book any travel through Concur

        □ Register with UCOP Travel (if booked independently of Concur)

For international electives, please also ensure the following:

□ Confirm that the desired country or area does not have US Department of State travel warnings

□ Read the ACGME Guidelines for International Rotations in Diagnostic Radiology

□ Have your Program Director present your request at the monthly GMEC meeting for approval

□ Obtain a signed DIO letter

□ Have your Program Director submit all materials to the ACGME

□ Ensure health care coverage

□ While on rotation, check in with your supervisor(s) regularly

□ Upon return, present your experience during a conference

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INSTRUCTIONS FOR LOGGING PROCEDURES ON MEDHUB

Select "Home" from the upper toolbar...

Select "Procedures" from the upper toolbar and then select "Log New Procedure/Case"...

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Select date, location, supervising faculty

Select "Procedure" from list and "Role" from drop down

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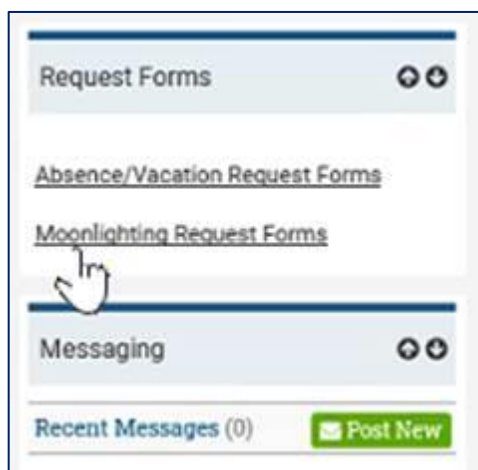**MEDHUB MOONLIGHTING REQUEST FORM INSTRUCTIONS**

1) From your MedHub home screen, select *Moonlighting Information*.
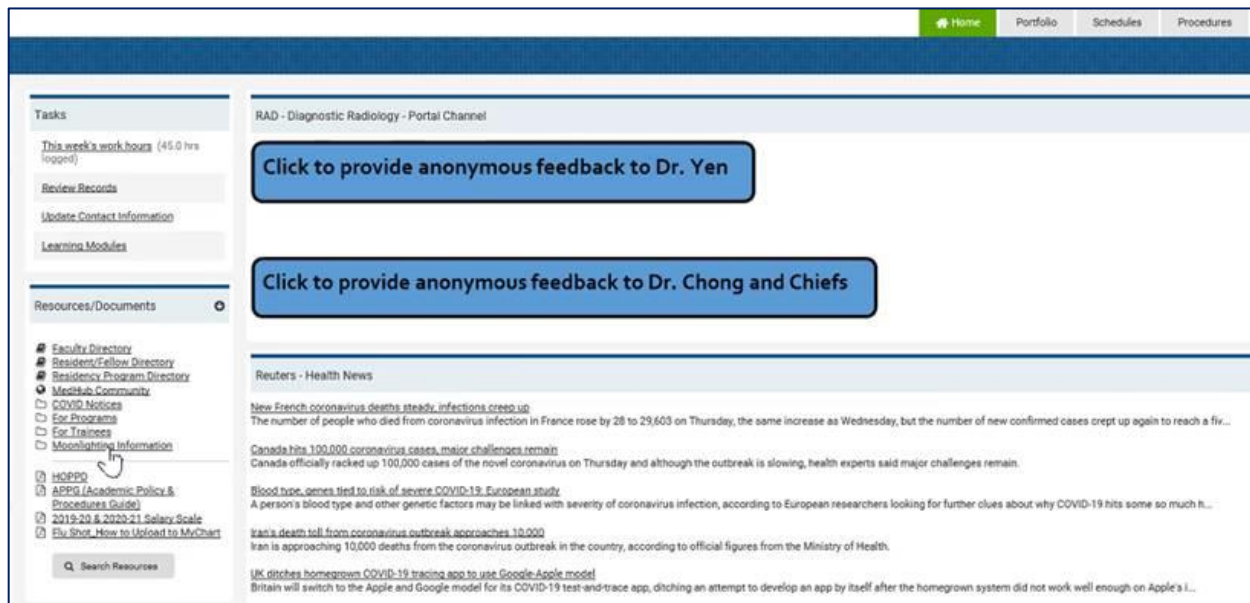
2) Download the *House Officer Attestation for Moonlighting* form and save it as a pdf.

3) Sign and date it electronically.

4) From your MedHub home screen, select *Moonlighting Request Forms* from the left-hand margin.

5) The screen below will open.

Submit New Moonlighting Request

1. Download the "House Officer Attestation for Moonlighting" form (available in the Moonlighting Information folder in the Resources/Documents section of your MedHub home page) and save as a PDF with another name. Sign and date form electronically.

2. Complete the information below using the following guidelines:
• Fill out location of the moonlighting activity.
• Fill out a complete description of the activity you will be doing. If the activity is clinical in nature, please include whether the activity is in an inpatient or outpatient setting and whether you will be billing for your services.
• Indicate whether the activity is internal (UCSD or related participating training site) or external (outside of UCSD and any related training sites).
• Indicate the start and end date of the activity.
• Specify the maximum hours per week you will be engaged in the activity.

3. Select "Chose File" to upload the completed and saved version of the House Officer Attestation for Moonlighting" form from step #1. **Please understand that request will not be approved if this form is not uploaded.**

4. Select "Submit".

5. MedHub will route your request to your Program Director for Approval, then to the Director, GME. You will received notification upon final approval of your request.

Location of activity: *

Description of activity: *

Type: * [Internal ▼]

Start date: * (MM/DD/YYYY)

End date: * (MM/DD/YYYY)

Max weekly hours: *

File(s): [Browse...] [Add another file]

[Submit Request]

6) Separate requests are required for internal and external moonlighting.

7) Complete the fields with the following information (internal = red, external = green):

Location of activity: *URLJ and Thornton* or *IHS and Sharp*

Description of activity: *Provide physician coverage during procedures requiring contrast injections.*

Type: *Internal* or *External*

Dates: *07/01/202X* to *06/30/202X* (the duration should be a total of 1 year)

Max weekly hours: List your anticipated weekly average

Upload your *House Officer Attestation for Moonlighting* form

Click *Submit Request*

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RESIDENT TRAVEL REIMBURSEMENT FORM

Please complete and print this form, attach your receipts, and submit to Dion Brown for reimbursement.

Name:		Conference Name:	
Email:		Conference Dates:	
		Conference Location:	

DATES	EXPENSES	DETAILS	AMOUNT
	Airfare		
	Ground Transportation		
	Lodging		
	Meals- Not to exceed $61/day & no alcohol.		
	Registration Fee		
	Miscellaneous		
		Total	

The Rules
- Original itemized receipts (no photocopies, bank statements, or scanned documents can be accepted).
- Registration must be in your name and the method of payment must be included in your receipt (email receipt is accepted for this expense).
- Airfare bill must show flight information and method of payment (email receipt is accepted for this expense if it shows method of payment). UCSD will only reimburse for coach fare.
- Hotel bill must show daily rate and method of payment in your name. UCSD does not pay for extras such as movie rentals, long distance calls etc.
- Food receipts must be itemized showing the actual food/meal name and cost. <u>No alcohol is allowed.</u> Buying food/meals for others   is not allowed. You are allowed a maximum of $71 per full day of travel for meals, any amount over $71 is at traveler's expense.
- Ground transportation can be taxi, bus, train, Uber, Lyft, parking, etc…you must have original receipts.
- If you rent a room in a private home (AIRP) you must have the landlord provide information to the University prior to staying there   for tax purposes.

All receipts must be submitted together, do not email part of your receipts (airfare and conference registration) and then mail your other original receipts. Emailed receipts will not be accepted, you must submit all of your receipts together with this completed form within 21 days after returning from your trip.

_____   _____
Signature   **Date**

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INDIVIDUAL DEVELOPMENT PLAN

Name: _____   Date: _____

Department: _____ Date of 1st Postdoc Appt/Grad. School Entry: _____

Professional/Career Objective (e.g., position within Academia, Industry, Government, Other-specify)

1st Choice	
2nd Choice	

Mentor(s) Please list your primary faculty advisor and other mentors (strongly encouraged) who will enhance the training experience by supporting your development in various skill sets.

Mentor 1	
Department & Institution	

Mentor 2	
Department & Institution	

Mentor 3	
Department & Institution	

The IDP is meant to cover various areas of training. As each postdoc/graduate student will have a unique plan, these areas of training will be defined by the postdoc/graduate student in collaboration with mentors. Suggested areas of training are Research Activities, Research Productivity (i.e., publications, presentations, patents, etc.), Professional Development (e.g., professional associations, conferences/meetings, workshops, improvement of teaching methods, etc.) and Other (customized by postdoc/graduate student).

The postdoc/graduate student and the mentors will assess the skill set of the postdoc/graduate student in each of these areas and then define short-term and long-term goals to address the skills to develop. In addition, the entire training period (up to 5 years) needs to be considered in the IDP as goals may have a particular sequence or necessary timeframe for success. These goals can be accounted for in the 5 Year Plan Overview section. Please note that the length of training may not be 5 years, thus use the number of years appropriate to the individual's situation. Mentors will guide the postdoc/graduate student in how to meet these goals to best achieve the desired career outcome.

At least annually, the postdoc/graduate student will meet with the mentors, preferably on an individual basis to ensure that the goals are specific, realistic and being met in a timely manner. Goals will also need to be reassessed to address the particular needs of the individual and to reflect the changing nature of research and/or the postdoc/graduate student's career goals.

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INDIVIDUAL DEVELOPMENT PLAN

Training Skills Assessment

Please list the postdoc/graduate student's skill strengths and ones that require improvement in the postdoc/graduate student defined areas of training to help the individual reach the desired career objective. This portion is to be completed by the postdoc/graduate student and mentors. Alternatively, the postdoc/graduate student via correspondence with mentors can summarize the skills section.

	Strong Skills (In Each Area of Training)	*Skills to Develop (In Each Area of Training)*
Postdoc/ Graduate Student Self-Assessment of Skills		
Mentor1 Input on Postdoc/ Graduate Student Skills Assessment		
Mentor 2 Input on Postdoc/ Graduate Student Skills Assessment		
Mentor 3 Input on Postdoc/ Graduate Student Skills Assessment		

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<p align="center">**INDIVIDUAL DEVELOPMENT PLAN**</p>

Annual Plan

The postdoc/graduate student will work with mentors to create goals and specific action steps to address and gain the skills necessary for the anticipated career. This plan will be updated and revised each year, when the postdoc/graduate student will assess each goal: if it was met, still in progress or needs revision. Suggested Areas of Training are: Research Activities, Research Productivity, Professional Development and Other.

Goal 1 (Area of Training)	Action Step	Frequency (i.e., weekly)	Target Completion Date

Date: ___Met Goal ___ In Progress ___ Needs Revision

Goal 2 (Area of Training)	Action Step	Frequency (i.e., weekly)	Target Completion Date

Date: ___Met Goal ___ In Progress ___ Needs Revision

Goal 3 (Area of Training)	Action Step	Frequency (i.e., weekly)	Target Completion Date

Date: ___Met Goal ___ In Progress ___ Needs Revision

Goal 4 (Area of Training)	Action Step	Frequency (i.e., weekly)	Target Completion Date

Date: ___Met Goal ___ In Progress ___ Needs Revision

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INDIVIDUAL DEVELOPMENT PLAN

5 Year Plan Overview

As an IDP is an overall plan for training at UC San Diego, goals for every year in training is important to keep in mind to help postdocs/graduate students progress and build upon goals in successive years. In addition, certain goals for a career may need to be met on a timely basis. However, the length of training may not be 5 years for all, so use the number of years appropriate for the individual's training period.

Year 1 Goals

Year 2 Goals

Year 3 Goals

Year 4 Goals

Year 5 Goals

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INDIVIDUAL LEARNING PLAN (Example)

Learning Objective	Steps to Reach Your Objective (Strategies/Resources/Tools)	How to Evaluate Your Progress	Target Completion Date
-Achieve above the 60th percentile in the next Cardiology In-Training Exam	-Do the MKSAP questions in cardiology every evening, 10 questions -Next read the answers -Next read the MKSAP chapter -Then repeat the questions and mark the incorrect questions -Bring in the wrongly answered questions and discuss with my advisor	-Compare my original MKSAP Cardiology test knowledge with my second attempt	-Need at least 1 month -I am in ICU and will start next block -I will be done by September 15, 2016