

**Resident Guide to Online Portfolio in New Innovations  
Diagnostic and Interventional Radiology – Integrated Residency Programs  
Effective Date: July 1, 2018**

*Last updated on 05/29/2018 by J. Craig*

**Why do we have to maintain a portfolio?**

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

**I. Patient Care**

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

**II. Medical Knowledge**

- a. Conferences/courses/meetings attended, and self-assessment modules completed (*tracked via Scholarly Activities and Journals module*)
- b. Performance on rotation-specific and/or annual objective examinations (*tracked via Evaluations module; USMLE scores are recorded in the Personnel Records in NI*)

**III. Practice-based Learning and Improvement**

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

**IV. Interpersonal and Communication Skills**

- a. Formal documented assessment of oral and written communication (*tracked via Evaluations module*)

**V. Professionalism**

- a. Compliance with institutional and departmental policies including, but not limited to HIPAA, Joint Commission, patient safety, infection control, and dress code (*tracked via UTHSA Knowledge Center*)
- b. Status of medical license, if appropriate (*recorded in Personnel Record of NI, including NPI number, current CPR certification, and DEA license if applicable*)

**VI. Systems-based Practice**

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

**Why are we using New Innovations?**

Due to the size and complexity of the Diagnostic Radiology Residency program, as well as the start of the new Interventional Radiology – Integrated program, New Innovations allows the department to collect a wide variety of data required by the ACGME and store it centrally in one location that all of the Academic

Program Coordinators, Program Directors, and Associate Program Directors have access to. This also ensures that documentation is not lost and is retained in a secure database to protect Residents' confidentiality.

### **I'm an IR Resident, why do I have to do this?**

The ACGME requires that certain documentation be on file for all programs for Residents, including scholarly activity, documentation of procedures performed, evaluations, etc. And because Residents may transfer between the two training programs it is in the best interests of trainees that all Residents follow the same process for the e-Portfolios.

### **Why do we have to complete Journal Entries?**

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

### **What do I (Residents) need to do throughout the academic year?**

#### Weekly:

- Log your duty hours and record procedures for Faculty sign-off in the Procedure logger.  
**Tip: all procedures must be signed off by a supervising Faculty**

#### Monthly:

- Complete evaluations of Faculty and of Rotations.
- Email your Program Coordinator with any recent scholarly activities you've completed (posters, abstracts, grants, committee membership, teaching presentations, etc.). The PC will log your activity into New Innovations.

#### Semi-Annually:

- Complete your assigned journal entry for your annual self-assessment.

#### On-going throughout the academic year:

- Email your CPR cards to your PC whenever you get a renewal; the PC will update your certification in NI.
- Email any changes in your TX Physician-in-Training Permits (PITs) or TX Full Medical License to your PC so that they can update your records in New Innovations and also ensure that UHS Professional Staff Services has updated copies.
- If you have any recent USMLE scores please email the scores to the PC
- Provide the paper forms to patients and techs who you work with; have them fill out the paper form and return to your PC. The PC will enter the information into New Innovations and destroy the paper form.

### **What happens at my semi-annual (6-month) evaluation? Do I still need to meet with the PD or Associate PD in person?**

Yes, you will still meet in person with the Program Director or one of the Associate PDs. The Program Director or one of the Associate PDs will complete an electronic evaluation summarizing your performance for the past 6 months. An example of the evaluation that you will receive is provided below. The Faculty completing your evaluation will rank you on the 6 ACGME competencies and include any additional comments if needed. The Faculty will then sign the electronic evaluation and the Resident will also electronically sign.

Semi-Annual Review

Review Period: 8/1/2009 - 12/31/2009

Residency Period: N/A - 12/31/2009

Meeting Date: 1/1/2010 7:00A-8:00A

Sample Review Form



Sample, Person

PRG 2  
Internal Medicine

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

Duty Hour Rule Violations

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

Procedures Logged

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

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

Scholarly Activity

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

Conference Attendance

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

Journal Assignment Compliance

Review Period

Assigned	Submitted
12	10

Compliance per Rotation

Drag a column header and drop it here to group by that column					
Rotation	Start Date	End Date	Evaluation of Rotation	Evaluation of Faculty	Reviewed Curriculum
ACE	7/1/2009	7/31/2009	✓ 1 of 1	✓ 2 of 2	N/A
Ward B	8/1/2009	8/31/2009	✓ 1 of 1	⚠ 1 of 2	✓ 1 of 1
CCU	9/1/2009	9/30/2009	✓ 1 of 1	✓ 1 of 2	✓ 1 of 1
Renal	10/1/2009	10/31/2009	✓ 1 of 1	✓ 2 of 2	✓ 1 of 1
Ward A	11/1/2009	11/30/2009	⚠ 0 of 1	✓ 2 of 2	✓ 1 of 1
ICU	12/1/2009	12/31/2009	✓ 1 of 1	✓ 2 of 2	✓ 1 of 1

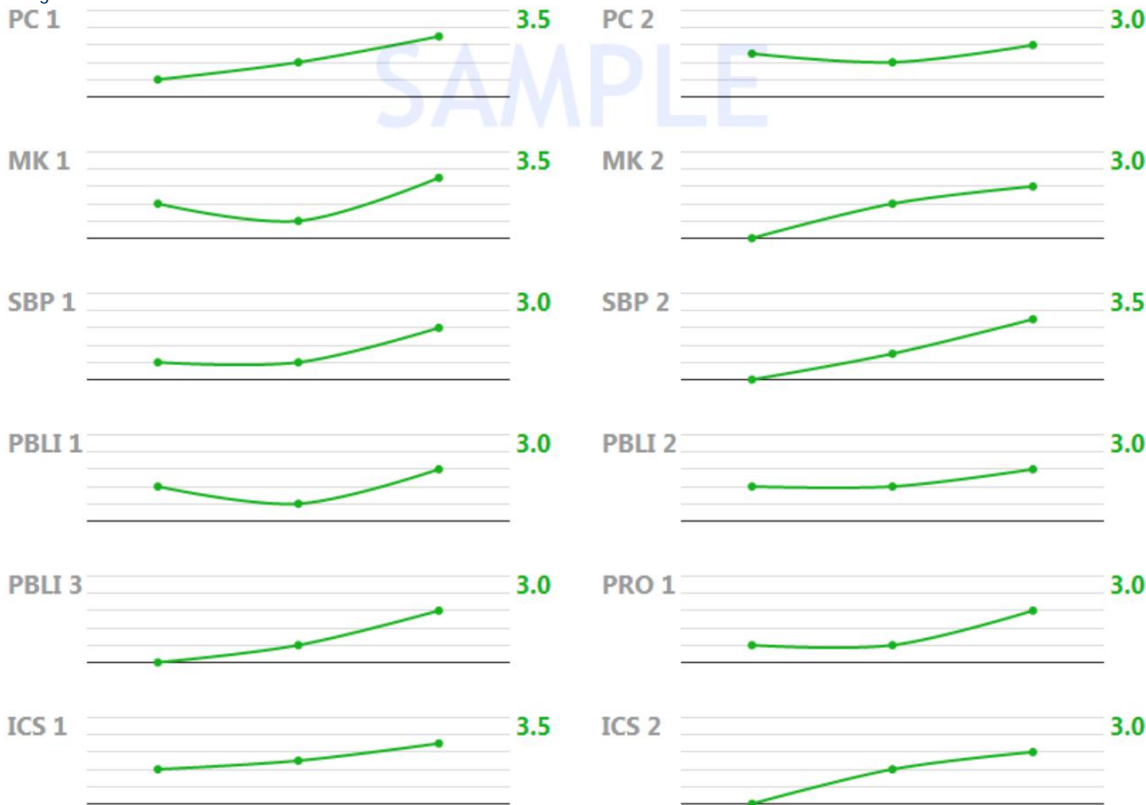
Evaluation Comments by Competency

Comment
<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>Accurate; comprehensive medical interviews; physical examinations; review of other data; procedural skills; makes diagnostic and therapeutic decisions based on available evidence, sound judgement and patient preferences.</li> <li>Has a solid base of knowledge, prompts insightful questions and possesses good management skills in the care and supervision of patients.</li> </ul> </li> <li> <ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>Establishes an effective therapeutic relationship with patients and families; demonstrates relationship building through listening, narrative and nonverbal skills; provides education and counseling to patients, their families and colleagues; always "interpersonally" engaged; provides timely information to faculty and other residents about patients.</li> <li>Excellent overall performance. Great example of team leadership with superior preparation and flexible but firm guidance to others.</li> </ul> </li> </ul> </li> </ul> </li> </ul> </li> </ul> </li> </ul>

Evaluation Comments - All

Comment	
<ul style="list-style-type: none"> <li>- Patient Care                             <ul style="list-style-type: none"> <li>- Demonstrates respect, compassion, integrity, honesty and always considers needs of patients, families, colleagues? Has a solid base of knowledge, prompts insightful questions and possesses good management skills in the care and supervision of patients.</li> </ul> </li> <li>- Interpersonal Skills and Communication                             <ul style="list-style-type: none"> <li>- Always shows exceptional communication, collaboration and respect for nursing staff Excellent overall performance. Great example of team leadership with superior preparation and flexible but firm guidance to others.</li> </ul> </li> <li>- Medical Knowledge                             <ul style="list-style-type: none"> <li>- Overall Comment Above average resident with potential to be a superior primary care doctor. Thorough, organized with a good sense of judgment a great instinct for adjusting priorities as the situation dictates.</li> </ul> </li> </ul>	

Milestone Progress



Test Scores

Drag a column header and drop it here to group by that column				
Test Type	Date Taken	Score	Passed	Percentile
USMLE Step 1	5/12/2007	241	●	
USMLE Step 2 CK	10/25/2007	253	●	
USMLE Step 2 CS	2/4/2009	236	●	
USMLE Step 3	9/25/2009	249	●	

Certifications

Drag a column header and drop it here to group by that column					
Certification Type	Description	Start Date	End Date	Status	Expired
ACLS	Advanced Cardiac Life Support	5/21/2008	5/21/2010		
ATLS	Advanced Trauma Life Support	8/21/2007	8/21/2011		
BCLS	Basic Cardiac Life Support.	6/12/2007	6/12/2008		●
FCCS	Fundamental Critical Care Support	3/21/2008			●



**Progress Summary**

Overall Progress  Meets Expectations  Requires Attention

**Competency Progress**

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

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

**Comments**


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

**Signatures**

- Subject**
- Program Director**

**Attached Files**

[Upload File](#)

 Sample File.gif