



Program Director's Evaluation of Clinical Competence

One of your trainees has applied to take the ABNM certification examination. The Board requires each trainee to obtain an evaluation from their Nuclear Medicine/Nuclear Radiology Program Director(s). Please complete all items on this form, and send a PDF copy with your signature directly to abnm@abnm.org. Please provide any additional information or comments that will aid the Board in evaluating this trainee's competence and integrity in the space provided on the last page of this form. **Your evaluation is confidential.**

SECTION 1 – General Information

1. TRAINEE *(Please complete this section in its entirety)*

Name of Trainee _____

Trainee Email Address _____

2. PROGRAM *(Please complete this section in its entirety)*

Program Name _____

Program ACGME Number _____ Telephone Number _____

Program Address _____

City _____ State _____ Zip/Postal Code _____ Country _____

Program Director Name _____

Program Director Email Address _____

SECTION 2A – ACGME Nuclear Medicine Program Requirements

- CT 6 months, including at least 4 months on a dedicated CT service
- Pediatric nuclear medicine 100 cases
- Cardiac stress test supervision, exercise or pharmacologic 100 cases
- Certified in advanced cardiac life support (ACLS)

Met All Requirements

Did Not Meet Requirements *(Explanation Required)*

Explanation *(If Required)*

SECTION 2B – Radionuclide Therapy Requirements *(Please Check ONE)*

ACGME Nuclear Medicine Program Requirements

- **30 cases:** Radiiodine therapy, including at least 10 cases for benign disease and at least 10 cases for malignant disease; at least three cases must use ≤ 33 mCi of sodium I-131, and at least three cases must use >33 mCi of sodium I-131
- **5 cases:** Parenteral administration of any alpha emitter, beta emitter, or a photon-emitting radionuclide <150 keV, for which a written directive is required

ABNM Provisional Requirements *(Radionuclide Therapy Case Log required)*

- **10 cases:** Radiiodine therapy, including at least 5 cases for benign disease and at least 5 cases for malignant disease; at least three cases must use ≤ 33 mCi of sodium I-131, and at least three cases must use >33 mCi of sodium I-131
- **10 cases:** Parenteral administration of any alpha emitter, beta emitter, or a photon-emitting radionuclide <150 keV, for which a written directive is required; at least 2 different FDA approved radiopharmaceuticals, excluding microspheres
- **15 cases:** Additional therapies any therapies in the above two categories.

SECTION 3 – Compliance With NRC Training and Experience Requirements

NUCLEAR REGULATORY COMMISSION TRAINING *This section to be completed only for physicians trained in the United States.*
Diplomates trained in the United States will have "United States" printed under their certificate number, whereas diplomates trained in Canada will have "Canada" printed under their certificate number. These designations allow the NRC to determine which diplomates have fulfilled NRC supervised training and work experience requirements to be an Authorized User, which can only be obtained in the United States under the supervision of an Authorized User.

This trainee has had 700 hours of training and experience including a minimum of 200 hours of classroom and laboratory training in basic radionuclide handling techniques under the supervision of an Authorized User, which meets/exceeds the requirements for **10 CFR 35.190**, **10 CFR 35.290**, and **10 CFR 35.390**:

- **10 CFR 35.190** (Training for uptake, dilution, and excretion studies)
<https://www.nrc.gov/reading-rm/doc-collections/cfr/part035/part035-0190.html>
- **10 CFR 35.290** (Training for imaging and localization studies)
<https://www.nrc.gov/reading-rm/doc-collections/cfr/part035/part035-0290.html>
- **10 CFR 35.390** (Training for use of unsealed byproduct material for which a written directive is required)
<https://www.nrc.gov/reading-rm/doc-collections/cfr/part035/part035-0390.html>

This trainee has satisfactorily completed the supervised work and clinical case experience required by the NRC and has achieved a level of competency sufficient to function independently as an Authorized User.

☐ **Met All Requirements**

Did Not Meet Requirements (Explanation Required)

Explanation (If Required)

SECTION 4 – ACGME Core Competencies

1. **PATIENT CARE** *Provides patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health*

- History taking and physical examination: Thorough, accurate, directed toward patient's problems, elicits subtle findings
- Synthesis of clinical data and differential diagnosis: Integrates medical facts and clinical data with logical synthesis weighing alternatives, probabilities, and limitations of knowledge
- Planning and performance of diagnostic nuclear medicine procedures: Applies above knowledge and skills logically towards patient's problems with consideration of correlative procedures, proper sequence, costs and benefits with minimal discomfort and risk to patient
- Interpretation of nuclear medicine results: Applies careful observation, prior experience, knowledge and common sense towards patient's problems
- Planning and performance of radionuclide therapy procedures: Applies above knowledge and skills logically toward treatment of patient's illness with consideration of alternative therapies, costs and benefits, with minimal morbidity and risk to patient.

Outstanding

Satisfactory

Unsatisfactory (Explanation Required)

SECTION 4 – ACGME Core Competencies CONTINUED

2. MEDICAL KNOWLEDGE *Demonstrates knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.*

- General medicine
- Physical science & instrumentation
- Technical skill in use of equipment
- Mathematics, statistics, computer science
- Radiation biology & protection Radiopharmaceuticals
- Diagnostic uses *in vitro*
- Diagnostic uses *in vivo*
- Radionuclide therapy

Outstanding **Satisfactory** **Unsatisfactory (Explanation Required)**

3. INTERPERSONAL AND COMMUNICATION SKILLS *Demonstrates interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.*

- Dictates reports that are clear, comprehensive, accurate and timely
- Communicates effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds
- Communicates effectively with physicians, other health professionals, and health related agencies
- Works effectively as a member or leader of a health care team or other professional group.
- Acts in a consultative role to other physicians and health professionals

Outstanding **Satisfactory** **Unsatisfactory (Explanation Required)**

4. PRACTICE-BASED LEARNING AND IMPROVEMENT *Demonstrates the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.*

- Identifies strengths, deficiencies, and limits in one's knowledge and expertise
- Sets learning and improvement goals
- Identifies and performs appropriate learning activities
- Systematically analyzes practice using quality improvement methods and implements changes with the goal of practice improvement
- Incorporates formative evaluation feedback into daily practice. Locates, appraises, and assimilates evidence from scientific studies related to their patients' health problems
- Uses information technology to optimize learning. Participates in the education of patients, families, students, residents and other health professionals

Outstanding **Satisfactory** **Unsatisfactory (Explanation Required)**

5. PROFESSIONALISM *Demonstrates a commitment to carrying out professional responsibilities and an adherence to ethical principles*

- Has compassion, integrity, and respect for others
- Responsive to patient needs that supersedes self-interest
- Respects patient privacy and autonomy
- Accountable to patients, society and the profession
- Sensitive and responsive to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation

Outstanding **Satisfactory** **Unsatisfactory (Explanation Required)**

SECTION 4 – ACGME Core Competencies CONTINUED

6. SYSTEMS-BASED PRACTICE *Demonstrates an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care*

- Works effectively in various health care delivery settings and systems relevant to their clinical specialty
- Coordinates patient care within the health care system relevant to their clinical specialty
- Incorporates considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate
- Advocates for quality patient care and optimal patient care systems
- Works in interprofessional teams to enhance patient safety and improve patient care quality
- Participates in identifying system errors and implementing potential systems solutions

Outstanding

Satisfactory

Unsatisfactory *(Explanation Required)*

Explanation *(If Required)*

SECTION 5 – Verification and Recommendation

1. PROGRAM DIRECTORS VERIFICATION FOR TRAINEE *(Please complete this section in its entirety)*

I am an Authorized User, and verify that _____ has _____ will _____ successfully complete(d)

Trainee's Name

a total of _____ months of Nuclear Medicine training in an ACGME or RCPSC accredited program(s), during the time the trainee is/was officially designated as (provide information for all that apply):

- Nuclear Medicine resident: _____ months from _____ to _____
- Nuclear Radiology fellow: _____ months from _____ to _____
- Diagnostic Radiology resident: _____ months from _____ to _____
- Other _____ months from _____ to _____

Position Title

2. PROGRAM DIRECTORS RECOMMENDATION FOR TRAINEE *Please complete this section in its entirety)*

Please Check (ONE) Box

☐ **I recommend** this trainee for the ABNM Certification Exam.

☐ **I do not recommend** this trainee for the ABNM Certification Exam.
Please indicate reasons(s) for this decision. Attach additional pages if needed.

Explanation *(If Required)*

Program Director's Signature *(A digital or written signature is required)*

Date Signed

This form may be uploaded by the trainee when submitting an application for the certification examination; alternatively, the program director may email the form to abnm@abnm.org.

If training will be completed after this form is sent to the ABNM, the ABNM will follow-up via email to obtain your final evaluation and recommendation.

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