

Evaluation of Clinical Competence

For Nuclear Medicine Program Directors ONLY

Dear Program Director:

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 Program Director(s). Please complete all items on this form and mail it with your **original signature** to the ABNM. 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.**

Name of Trainee		
Program Director's Name		_
Institution		_
Address of Your Institution		_
		_
PATIENT CARE-Provides patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.	Satisfactory	Unsatisfactory
History taking and physical examination		
Synthesis of clinical data and differential diagnosis		
Planning and performance of diagnostic nuclear medicine procedures		
Interpretation of nuclear medicine results		
Planning and performance of radionuclide therapy procedures		

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.	Satisfactory	Unsatisfactory
General medicine		П
Physical science & instrumentation		
Technical skill in use of equipment		H
Mathematics, statistics, computer science		
Radiation biology & protection		
Radiopharmaceuticals		
Diagnostic uses in vitro		
Diagnostic uses in vivo		
Radionuclide therapy		
3. 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	\square	
Sets learning and improvement goals	\Box	
Identifies and performs appropriate learning activities		H
Systematically analyzes practice using quality improvement methods and implements changes with the goal of practice improvement	\Box	
Incorporates formative evaluation feedback into daily practice	🗔	П
Locates, appraises, and assimilates evidence from scientific studies related to their patients' health problems	🗖	
Uses information technology to optimize learning	\Box	
Participates in the education of patients, families, students, residents and other health professionals	🔲	
4. 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		

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	П			
Sensitive and responsive to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation				
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				
7. OVERALL COMPETENCE				
COMPLIANCE WITH NRC TRAINING AND EXPERIENCE REQUIREMENTS				
This trainee has had the 60 hours of training and experience as required by 10 CFR 35.190 (Training for uptake, dilution, and excretion studies) under the supervision of an authorized user who meets the requirements under	Yes	No No		
§§35,190, 35.290 or 35.390, or, before October 24, 2005, §§ 35.910, 35.920, or 35.930, or equivalent Agreement State requirements.(see http://www.nrc.gov/reading-rm/doc-collections/cfr/part035/part035-0190.html for specifics).				
This trainee has had the 700 hours of training and experience as required by 10 CFR 35.290 (Training for imaging and localization studies) under the supervision of an authorized user who meets the requirements under 35.290 or 35.390 authorized for 35.200 uses, or, before October 24, 2005, 35.920, or equivalent Agreement State requirements. (see http://www.nrc.gov/reading-rm/doc-collections/cfr/part035/part035-0290.html for specifics)	Yes	N _o		
This trainee has had the 700 hours of training and experience as required by 10 CFR 35.390 (Training for use of unsealed byproduct material for which a written directive is required) under the supervision of an authorized user who meets the requirements under 35.390, or, before October 24, 2005, 35.930, or equivalent Agreement State requirements. (see http://www.nrc.gov/reading-rm/doc-collections/cfr/part035/part035-0390.html for specifics)	☐ Yes	No		

PROGRAM DIRECTOR'S VERIFICATION AND RECOMMENDATION

I verify that	was a Nuclear Medicine Resident between		
and	and has/will successfully complete(d)	months of ACGME or RCPSC approved Nuclea	
Month / Date / Yo Medicine training in the	e program for which I am the Program Director.		
Please Check ONE Box	x		
I recommend this to	rainee for the ABNM Certification Examination		
	d this trainee for the ABNM Certification Examination itional pages if needed.	n. Please indicate reasons(s) for this decision	
If training will be com recommendation.	apleted after this form is sent to the ABNM; the AB	NM will follow-up via email to obtain your with fin	
Signature of Program Director	D	Date	
	TURE REQUIRED FOR THIS DOCUMENT. PLEASE SIGN THE IL OR FAXES ARE NOT ACCEPTED AND WILL RESULT IN I		