

Verification of Early Specialization in Interventional Radiology (ESIR) Training Review Committee for Radiology

Complete this form and provide it to the program director of the accepting interventional radiology-independent for each resident who completes ESIR training.

Diagnostic Radiology Program Name:
Diagnostic Radiology Program Number:

Resident Name:

The above-named resident has successfully completed our ACGME-approved ESIR curriculum. This form summarizes the procedural experience obtained during the ESIR training and includes interventional radiology Case Log volumes and the total number of interventional radiology patient procedural encounters.

ACGME Case Logs

| CASE LOG CATEGORY (12) | Number Performed |
|--|------------------|
| VASCULAR | |
| Aortic Stent Grafting | |
| Arterial PTA or Stent | |
| Embolization | |
| Venous Intervention (Stent, PTA, or filter) | |
| Venous Port | |
| Dialysis Access Intervention | |
| Thrombolysis or Thrombectomy (Arterial or Venous) | |
| TIPS or TIPS Revision | |
| | |
| NON-VASCULAR | |
| Primary GI Intervention (PTBD, Cholecystostomy, Gastrostomy) | |
| Primary Nephrostomy | |
| Tumor Ablation | |
| | |
| New Outpatient Clinic Evaluation | |

Completed ICU rotation?..... YES NO

Interventional Radiology Patient Procedural Encounters

Total number of interventional radiology patient procedural encounters in which the resident participated during ESIR training: _____

A detailed log enumerating these patient procedural encounters has been reviewed by myself, with the resident, and a copy is attached to this form.

Diagnostic Radiology Program Director Name:

Date:

Diagnostic Radiology Program Director Signature