| | UNITED COUNCIL For NEUROLOGIC SUBSPECIALTIES |
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| 3 | UCNS Neuroimaging Milestones |
| 4 5 6 7 | For definitions and instructions to complete milestones, please visit the <u>ACGME website</u> . |
| 8 9 10 11 12 13 | UCNS Common Milestones for Interpersonal & Communication Skills, Practice-based Learning and Improvement, Professionalism, and Systems-based Practice, adopted from the ACGME Clinical Neurophysiology milestones Template for subspecialty-specific milestones for Patient Care and Medical Knowledge |

| 1 | Neuroimaging Milestones Task Force |
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| 3 4 | Representing the Neuroimaging Subspeciality as appointed by the American Society of Neuroimaging: |
| 5 | Jerome Graber, MD, MPH, Alvord Brain Tumor Center at University of Washington Medicine |
| 6 | Ryan Hakimi, DO, MS, NVS, RPNI, CPB, FNCS, University of South Carolina School of Medicine Greenville |
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| 1. Systems thinking, including cost- and risk-effective practice – Systems-based Practice | | | | | | |
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| Level 2 | Level 3 | Level 4 | Level 5 | | | |
| Minimizes unnecessary diagnostic and therapeutic tests. Advocates for cost- conscious utilization of resources. Reports system errors that contribute to patient safety. | Practices cost-effective patient care. Advocates for safe patient care and optimal patient care systems. Participates in quality assurance or improvement activities to improve patient safety. | Leads quality assurance or improvement activities. Initiates care delivery models to mitigate barriers to cost- effective and high- quality care. | Mentors others in quality improvement activities. Mentors others in developing care delivery models. | | | |
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| Comments: Not Applicable | | | | | | |
| | • Minimizes unnecessary diagnostic and therapeutic tests. • Advocates for cost-conscious utilization of resources. • Reports system errors that contribute to patient safety. | Level 2 Minimizes unnecessary diagnostic and therapeutic tests. Advocates for cost-conscious utilization of resources. Reports system errors that contribute to patient safety. Participates in quality assurance or improvement activities to improve patient safety. | Level 2 Level 3 Level 4 • Minimizes unnecessary diagnostic and therapeutic tests. • Practices cost-effective patient care. • Leads quality assurance or improvement activities. • Advocates for cost-conscious utilization of resources. • Advocates in quality assurance or improvement activities to improve patient safety. • Initiates care delivery models to mitigate barriers to cost-effective and high-quality care. • Reports system errors that contribute to patient safety. • Participates in quality assurance or improve patient safety. • Not A | | | |

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2. Self-directed learning – Practice-based Learning and Improvement

- Identify strengths, deficiencies, and limits in one's knowledge and expertise
- Set learning and improvement goals
- Identify and perform appropriate learning activities

| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | |
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| Engages in self- reflection when asked to do so. Responsive to feedback when offered. | Welcomes unsolicited feedback. Engages in self- reflection routinely. Receptive to feedback from multiple sources. | Recognizes sub-optimal performance as an opportunity for self-improvement. Consistently incorporates feedback in learning plan. | Demonstrates proficiency in reconciling disparate or conflicting feedback. Continuously self- reflects and incorporates self- improvement opportunities to maximize practice improvement. Seeks 360-degree feedback. | Mentors others on self-reflection. Mentors others on the process of self-improvement. Provides constructive feedback to others in a non-judgmental manner. | |
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| Comments: Not Applicable | | | | | |

| 3. Practice-Based Learning and Improvement 1: Evidence-Based and Informed Practice | | | | | |
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| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | |
| Demonstrates how to access and use available evidence to determine the best imaging examination for a routine patient/diagnosis. | Articulates clinical questions and elicits patient preferences and values in order to guide evidence-based imaging. Elicits findings listed as standards in authoritative guidelines. | Locates and applies the best available evidence, integrated with patient preferences and values, to the <i>diagnostic</i> exploration of complex patients. Adheres to common terminology and key imaging elements deemed meaningful in authoritative guidelines. | Critically appraises conflicting evidence to guide care and diagnostic imaging investigations, tailored to the individual patient and stage in the disease process. Constantly reports beyond the common data elements as per authoritative guidelines. | Coaches others to critically appraise and apply evidence for complex patients; and/or participates in the development of evidence-based neurological care and neuroimaging guidelines. Develops new avenues for precision neuroimaging and tailoring of neurological care. | |
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| Comments: Not Applicable | | | | | |

| 4. Compassion, integrity, accountability, and respect for self and others – Professionalism | | | | | | |
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| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | | |
| Demonstrates compassion, sensitivity and responsiveness to patients and families. Demonstrates non- discriminatory behavior in all interactions including diverse and vulnerable populations. Consistently demonstrates professional behavior, including, boundaries, dress, and timeliness in all activities. | Demonstrates appropriate steps to address impairment in self. Demonstrates compassionate practice of medicine, even in context of disagreement with patient beliefs. Incorporates patients' socio-cultural needs and beliefs into patient care. Advocates for quality patient care. | Advocates to reduce healthcare disparities. Demonstrates appropriate steps to address impairment in colleagues. Committed to managing conflicts of interest with sponsors and/or for- profit industries. | Mentors others in the compassionate practice of medicine, even in context of disagreement with patient beliefs. Mentors others in sensitivity and responsiveness to diverse and vulnerable populations. | Engages in scholarly activity regarding professionalism in the subspecialty. Advocates for quality patient care at a regional or national level. Advocates to reduce healthcare disparities at a regional or national level. | | |
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| Comments: Not Applicable | | | | | | |

| 5. Knowledge about, respect for, and adherence to the ethical principles relevant to the practice of medicine, remembering in particular that responsiveness to patients that supersedes self-interest is an essential aspect of medical practice – Professionalism | | | | | | | |
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| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | | | |
| Demonstrates ability to discuss common ethical principles and identify ethical issues in practice. | Consistently displays responsiveness to patients that supersedes self-interest. | Analyzes and manages ethical issues in straightforward clinical situations. | Analyzes and manages ethical issues in complex clinical situations and resource allocation. | Demonstrates leadership and mentorship in applying ethical principles. Active participant on hospital ethics committee. | | | |
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| Comments: Not Applicable | | | | | | | |

| 6. Relationship development, teamwork, and managing conflict – Interpersonal and Communication Skills | | | | | |
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| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | |
| Develops a therapeutic relationship with patients in uncomplicated situations. Actively participates in team-based care. | Manages simple patient/ family related conflicts. Engages patients in shared decision making. Consistently demonstrates respect for all team members in all capacities. | Manages conflict in complex situations. Uses easy-to-understand language in all phases of communication (avoids "medicalese" and considers the health literacy of the recipient). Consistently demonstrates respect for healthcare providers from other departments. | Manages conflict across specialties and systems of care. Leads team-based patient care activities. | Engages in scholarly activity regarding teamwork and conflict management. Is proficient in crucial conversations. | |
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| Comments: Not Applicable | | | | | |

| 7. Demonstrates communication skills which result in effective information exchange and collaboration with patients, their families and other healthcare professionals – Interpersonal and Communication Skills | | | | | |
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| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | |
| Completes documentation in a timely fashion. Describes how to communicate respectfully with persons of different socioeconomic and cultural backgrounds. Follows through on patient. communications. Forwards notes to appropriate providers. | Educates patients about their diseases and management including risks and benefits of treatment options. Effectively communicates the results of a neurologic <i>study</i> in a timely manner. Effectively communicates with other healthcare professionals. | Effectively gathers information from collateral sources when necessary. Demonstrates synthesis, formulation, and clinical appropriateness in documentation. Demonstrates effective non-verbal communication skills. Communicates clinically relevant guidelines. Identifies common findings adhering to authoritative guidelines standards in neurosciences. Engages in communication with persons of different socioeconomic and cultural backgrounds. | Mentors colleagues in timely, accurate and efficient documentation. Systematically reports clinically meaningful elements, in adherence to standard expectations for subspecialized clinical teams. Models cross-cultural communication and establishes therapeutic relationships with persons of diverse socioeconomic and cultural backgrounds. Recommends subsequent neuroimaging studies if additional investigation is warranted. | Consistently receives highest tenth percentile patient/family feedback on communication skills on standardized validated assessments. Develops patient education materials related to the subspecialty. Engages in scholarly activity regarding interpersonal communication in the subspecialty. <i>Recommends additional</i> <i>investigation across</i> <i>disciplines, including</i> <i>those outside of</i> <i>neuroimaging if</i> <i>investigation is</i> <i>warranted.</i> | |
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| Comments: Not Applicable | | | | | |

| 8. Research and other scholarly activity | | | | | | | |
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| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | | | |
| Reads subspecialty- scientific literature. | Critically evaluates and presents results of published research in the subspecialty at journal club or in a similar setting. | Writes a case report, review article, or chapter suitable for publication in the subspecialty, or Presents an abstract or lecture in field of the subspecialty at a professional meeting. | Designs and initiates original research in the field of the subspecialty. Develops an educational curriculum in the subspecialty. | Publishes original peer- reviewed research. Serves as a research mentor. | | | |
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| Comments: Not Applicable | | | | | | | |

| 9. Imaging in Vascular Neurosciences – Medical Knowledge | | | | | | |
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| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | | |
| Recognizes emergent imaging findings on brain MR and CT. Recognizes major abnormalities on vascular imaging. Differentiates normal from abnormal findings and identifies potential significance. | Discusses general diagnostic approach appropriate to clinical presentation. Explains risks and benefits of tests to patient. Selects imaging protocols based on patient comorbidities and/or provisional diagnosis. | Individualizes diagnostic approach to the specific patient. Selects imaging modalities based on comparative effectiveness and cost. Identifies risks and benefits of various imaging tests as they pertain to an individual patient. | Recognizes subtle abnormalities on vascular imaging. Demonstrates knowledge of indications for, and limitations of, anatomic and physiologic imaging studies. Accurately interprets results of less common diagnostic testing. Recognizes indications for advanced imaging and other diagnostic studies. Assesses clinically relevant temporal changes based on prior imaging. | Serves as a role model for use of imaging studies in patient management. Engages in scholarly activity on neuro imaging to steward or individualize neurologic treatment plans. Critically appraise other neuroimaging studies from outside institutions. | | |
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| Comments: Not Applicable | | | | | | |

| 10. Neuro-Oncology – Medical Knowledge | | | | | | |
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| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | | |
| Recognizes common neuroimaging presentations of a brain or spine mass. | Identifies neuro- oncological emergencies and communicates promptly to clinical team. Participates in multidisciplinary conferences. | Provides differential diagnoses of brain or spine masses. Identifies neurologic complications due to cancer or the treatment of cancer. Communicates the extent of diagnostic uncertainty with the clinical team. | Correctly interprets advanced imaging. Appropriately uses alternative neuroimaging modalities when necessary, e.g., during pregnancy, contrast allergic, etc. Applies imaging standards specific to the patient's condition. Recognizes technical limitations of certain imaging modalities. | Engages in scholarly activity in neuro- oncology imaging (e.g., teaching, research). Adjudicates discrepancies between neuroimaging and clinical data. | | |
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| Comments: Not Applicable | | | | | | |

| 11. General Neuro-imaging – Medical Knowledge | | | | | | |
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| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | | |
| Identifies basic neuroanatomy on brain magnetic resonance (MR) and computerized tomography (CT). | Identifies neuroimaging emergencies and communicates promptly to clinical team. Describes abnormalities of the brain and spine on MR and CT. | Recognizes subtle abnormalities in the neuroimaging of the central and peripheral nervous system. Identifies major abnormalities on CT and MR angiography Interprets common findings on MR and CT neuroimaging of brain and spine | Interprets complex findings on MR and CT neuroimaging of brain and spine Detects subtle structural or common functional abnormalities | Identifies subtle abnormalities on angiography Interprets functional or perfusion neuroimaging Interprets nuclear neuroimaging Interprets spectroscopic or advanced neuroimaging studies in subspecialized clinical contexts | | |
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| Comments: Not Applicable | | | | | | |

| 12. Medical Knowledge 1: Application of Neuroscience to Neuroimaging | | | | | | |
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| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | | |
| Discusses basic pathophysiology, anatomy, and treatment-related effects of the brain, neck, and spine. | Demonstrates knowledge of pathophysiology, anatomy, and treatment-related effects to image interpretation and management of common conditions. | Utilizes knowledge of pathophysiology, anatomy, genetics of diseases, and treatment-related effects to image interpretation and management of uncommon conditions. | Masters knowledge of pathophysiology, anatomy, genetics of diseases, and treatment-related effects to image interpretation and management of rare or unusual conditions. | Teaches and advances the application of neuroscience to neuroimaging. | | |
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| Comments: Not Applicable | | | | | | |

| 13. Medical Knowledge 2: Protocol Selection, Contrast Agent Selection/Dosing, and Image Optimization | | | | | | |
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| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | | |
| Discusses protocols and contrast agent/dose. Discusses imaging technology and image acquisition. | Selects protocols and contrast agent/dose for common exams. Demonstrates knowledge of image acquisition and processing and recognizes common imaging artifacts and technical problems. | Selects protocols and contrast agent/dose for advanced exams. Applies knowledge of image acquisition and processing and troubleshoots for imaging artifacts and technical problems. | Independently tailors protocols to answer complex clinical questions. Proficiently optimizes image acquisition and processing in collaboration with the technologist/imaging team. Coordinates appropriate sedation regimens with other members of the multi- disciplinary team. | Teaches and/or develops imaging protocols. Teaches and advances knowledge of image acquisition and processing. Recommends sedation regimens to other members of the multi- disciplinary team. | | |
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| Comments: Not Applicable | | | | | | |

| 14. Diagnostic Neuroimaging Examinations – Patient Care | | | | | |
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| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | |
| Selects protocols for common neurologic examinations. Makes efficient and accurate interpretations of common neurologic examinations. | Tailors protocols for common neuroimaging examinations. Makes efficient, accurate, and comprehensive interpretations of common and advanced or invasive neuroimaging examinations, including secondary findings. | Tailors protocols for uncommon and multimodal neuroimaging examinations. Makes efficient, accurate, and comprehensive interpretations of uncommon specialized brain and spine examinations, including secondary findings and subtle observations. | Teaches common, advanced, and uncommon findings in neuroimaging examinations to junior learners. Independently serves as a consultant to interdisciplinary clinical care teams. | Creates protocols for emerging neuroimaging diagnostic or interventional applications. Leads interdisciplinary clinical care teams. | |
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| Comments: Not Applicable | | | | | |

| 15. Diagnostic and Functional Advanced Neuroimaging Examinations – Patient Care | | | | | | |
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| Level 2 | Level 3 | Level 4 | Level 5 | | | |
| • Ensures appropriateness and quality of MRI examinations and recognizes adequacy of interpretation and reporting. | Ensures appropriateness and quality of neurologic perfusion examinations and recognizes adequacy of interpretation and reporting. | Independently serves as a consultant to multidisciplinary care teams to direct neurologic and neurosurgical evaluations using functional | Evaluates new paradigms for assessing neurologic disease with alternative imaging modalities. | | | |
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| Comments: Not Applicable | | | | | | |
| | Advanced Neuroimaging I Level 2 Ensures appropriateness and quality of MRI examinations and recognizes adequacy of interpretation and reporting. | Advanced Neuroimaging Examinations – Patient Care Level 2 Ensures appropriateness and quality of MRI examinations and recognizes adequacy of interpretation and reporting. Ensures appropriateness and quality of neurologic perfusion examinations and recognizes adequacy of interpretation and reporting. | I Advanced Neuroimaging Examinations – Patient Care Level 2 Level 3 Level 4 • Ensures appropriateness and quality of MRI examinations and recognizes adequacy of interpretation and reporting. • Ensures appropriateness and quality of neurologic perfusion examinations and recognizes adequacy of interpretation and reporting. • Independently serves as a consultant to multidisciplinary care teams to direct neurologic and neurosurgical evaluations using functional neuroimaging. • Independently serves as • Independently serves as | | | |

| 16. Reporting and Information Sharing – Patient Care | | | | | | |
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| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | | |
| Efficiently generates clear, concise, and thoroughly proofread reports which do not require substantive correction. Describes lexicons and structured reporting. Completes documentation in a timely fashion. | Generates reports with appropriate elements for coding. Uses lexicons and structured reporting that do not require substantive correction. Effectively communicates during team meetings, and other transitions of care. Educates patients about their disease and management, including risks and benefits of treatment options. | Efficiently generates clear, concise, and thoroughly proofread reports which rarely require correction. Uses lexicons and structured reporting which rarely require correction. Effectively gathers information from collateral sources when necessary. Integrates common clinically used reporting, e.g., ASPECTS score, ICH volume, etc. | Proficiently uses lexicons and structured reporting to provide accurate and timely reports which do not require correction. Effectively and ethically uses all forms of communication. Mentors colleagues in timely, accurate, and efficient documentation. Integrates subspecialty- specific clinically used reporting, e.g., RANO, MAGNIMS, etc. | Creates and revises templates to meet the needs of the subspecialty care provider. Serves as a role model for use of lexicons and structured reporting. Develops patient education materials. Engages in scholarly activity regarding interpersonal communication. Develops patient education materials. Engages in scholarly activity regarding interpersonal communication. | | |
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| Comments: Not Applicable | | | | | | |

| 17. Contrast Agent Safety – Patient Care | | | | | | |
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| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | | |
| Demonstrates knowledge of contrast safety and reactions. | Recognizes contrast safety issues and reactions. | Manages contrast safety concerns and reactions, with supervision. | Independently manages contrast safety concerns and reactions in complex situations, e.g., kidney dysfunction or pregnancy, etc. | Serves as a role model and researches on or teaches contrast safety, including to referring providers. | | |
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| Comments: Not Applicable | | | | | | |

| 18. Radiation Safety – Patient Care | | | | | | |
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| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | | |
| Demonstrates knowledge of the mechanisms of radiation injury and the ALARA ("as low as reasonably achievable") concept. | Accesses resources to determine exam- specific average radiation dose information. | Communicates the relative risk of exam- specific radiation exposure to patients and practitioners. | Applies principles of ALARA in daily practice including for pediatric patients. | Creates, implements, and assesses radiation safety initiatives at the divisional, departmental, or institutional level. | | |
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| Comments: Not Applicable | | | | | | |

| 19. Magnetic Resonance (MR) Safety – Patient Care | | | | | | |
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| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | | |
| Demonstrates knowledge of the risks of magnetic resonance imaging (MRI), including safety zones and pre- magnetic resonance (MR) screening. | Accesses resources to determine the safety of implanted devices and retained foreign bodies. | Discusses MR safety concerns, including implants and retained foreign bodies, with patients and practitioners. | Independently applies principles of MR safety to daily practice. | Creates, implements, and assesses MR safety initiatives at the divisional, departmental, or institutional level. | | |
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| Comments: Not Applicable | | | | | | |
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