

**Specialty-specific References for DIOs:
Conference Attendance
June 2011**

Specialty	Specialty-specific Program Requirements Specifying Conference Attendance
Allergy and Immunology	<p>IV.A.5.a).(1) - [Residents] must study asthma, allergic disorders, immunologic disorders, and immunodeficiency diseases. All residents must be provided with opportunities to apply immunologic theories, principles, and techniques to the investigation, diagnosis, and treatment of a broad spectrum of allergic and immunologic diseases. The clinical education program requires supervised patient care; rotations through cooperating services; attendance at conferences, lectures, journal clubs, or seminars; and, reading and preparation for teaching assignments.</p> <p>IV.B.4.c).(1) - [Examples of “other” include, but are not limited to, the following:] residents attendance at conferences and meetings, including national meetings;</p>
Anesthesiology - Adult Cardiothoracic	<p>V.B.2. - Conferences, including lectures, interactive conferences, hands-on workshops, morbidity and mortality conferences, cardiac catheterization and echocardiography conferences, cardiothoracic surgery case review conferences, journal reviews, and research seminars should be regularly attended. Active participation of the fellow in the planning and production of these conferences is essential. The faculty should be the leaders in the majority of the sessions. Attendance at multidisciplinary conferences, especially in cardiovascular medicine, pulmonary medicine, cardiothoracic surgery, vascular surgery and pediatrics relevant to cardiothoracic anesthesiology, is encouraged.</p>
Anesthesiology - Pediatric	<p>V.C. - Subspecialty conferences, including morbidity and mortality conferences, journal reviews, and research seminars, should be regularly attended. Active participation of the subspecialty resident in pediatric anesthesiology in the planning and production of these conferences is essential. However, the faculty should be the conference leaders in the majority of the sessions. Attendance by residents at multidisciplinary conferences, especially those relevant to pediatric anesthesiology, is encouraged.</p>
Anesthesiology - Critical Care Medicine	<p>V.E. - Subspecialty conferences, including mortality and morbidity conferences, journal reviews and research seminars, must be regularly scheduled. Active participation of the subspecialty trainee in ACCM in the planning and production of these conferences is essential. Attendance at multidisciplinary conferences is encouraged, with particular attention given to those conferences relevant to CCM.</p>
Colon and Rectal Surgery	<p>IV.A.3.b).(1) - A conference attendance record for both residents and faculty members must be maintained.</p>
Dermatopathology	<p>IV.A.3.b).(3) - Fellows should attend all surgical pathology conferences.</p>
Diagnostic Radiology	<p>II.A.4.s) - [The program director must] ensure that residents have protected time to attend all scheduled lectures and conferences. Resident attendance at conferences/lectures must be documented;</p>

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Emergency Medicine	<p>II.A.4.s) - [The program director must] ensure that residents are relieved of clinical duties to attend these planned educational experiences. Although release from some off-service rotations may not be possible, the program should require that residents participate, on average, in at least 70% of the planned emergency medicine educational experiences offered (excluding vacations). Attendance should be monitored and documented.</p> <p>III.B.2. - There should be a minimum of six residents per year of training to achieve a major impact in the emergency department, to ensure meaningful attendance at emergency medicine conferences, to provide for progressive responsibility, and to foster a sense of residency program and departmental identity.</p>
Pediatric Emergency Medicine (Emergency Medicine and Pediatrics)	<p>VI.A. - There should be opportunities to participate in regularly scheduled, multi- disciplinary conferences that include lectures, morbidity and mortality conferences, case conferences, general reviews, and research seminars. The program must include education in related basic sciences, including physiology, growth and development, pathophysiology, and the epidemiology and prevention of pediatric illnesses and injuries. Fellows should attend conferences related to understanding diversity, family presence during resuscitations, cultural competence, professionalism, communication skills, the giving and receiving of feedback, and self-directed assessment and learning. Faculty and fellows' attendance must be documented, and both must participate meaningfully in the didactic activities offered by the program.</p>
IM – Subspecialties	<p>IV.D.2.a) - Conferences must be conducted regularly as scheduled and must be attended by faculty and fellows. At a minimum, these must include:</p> <p>IV.D.2.a).(1) - at least one clinical conference weekly,</p> <p>IV.D.2.a).(2) - one literature review conference (journal club) monthly,</p> <p>IV.D.2.a).(3) - one research conference monthly; and,</p> <p>IV.D.2.a).(4) - at least one core curriculum conference weekly, when averaged over one year.</p>
Medical Genetics	<p>II.A.4.q) - [The program director must] ensure that clinical teaching conferences are organized by the faculty for the residents, and that attendance by the residents and the faculty is documented. These conferences must be distinct from the basic science lectures and didactic sessions. Clinical teaching conferences may include formal didactic sessions on clinical laboratory topics, medical genetics rounds, journal clubs, and follow-up conferences for genetic clinics.</p>

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Medical Biochemical Genetics	II.A.4.p) - [The program director must] along with the faculty, organize clinical teaching conferences for the fellows. Attendance by the fellows and the faculty must be documented. These conferences must be distinct from the basic science lectures and didactic sessions. Clinical teaching conferences may include formal didactic sessions on clinical laboratory topics, medical genetics rounds, journal clubs, and follow-up conferences for metabolic clinics.
Neurological Surgery	II.A.4.u) - [The program director must] ensure that there is a well-coordinated schedule of teaching conferences, rounds, and other educational activities in which both the neurological surgery faculty and residents participate. Conferences must be coordinated among training program sites to allow attendance by a majority of staff and residents. A conference attendance record for both residents and faculty must be maintained;
Neurology	IV.A.3.a) - Residents must attend required seminars, conferences, and journal clubs.
Neurodevelopmental Disabilities	II.A.4.u) - [The program director must] ensure that attendance be documented for faculty and residents at all of the conferences and didactic sessions that constitute the core requirements for training.
Nuclear Medicine	<p>I.B.4. - Programs should avoid affiliations with sites at such distances from the primary clinical site as to make resident attendance at rounds and conferences impractical, unless there is a comparable educational experience at the site.</p> <p>IV.A. 3.c) - All residents and faculty members must participate in regularly scheduled clinical nuclear medicine seminars, journal clubs and interdisciplinary conferences. Participation should be documented with attendance logs.</p> <p>IV.A.6.a).(4).(b).(i) - [This portfolio must be maintained by each resident, must be reviewed with the program director as part of the semiannual evaluation, and must include the following:] documentation of conference presentations, external courses and meetings attended, and self-assessment modules completed;</p>
Ophthalmology	II.A.4.t) - [The program director must] ensure that residents are educated in basic and clinical sciences through a structured and regularly-scheduled series of conferences and lectures, including but not limited to those topics included in Definition and Scope of Specialty, above. This series should include a minimum of 360 hours during the 36 month training program, at least 200 hours of which are intramural. In addition, a minimum of six hours per month should be devoted to case presentation conferences (e.g., Grand Rounds, Continuous Quality Improvement) attended by several faculty and a majority of residents. The program director or designee is responsible for documenting residents' attendance at conferences;

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Ophthalmic Plastic and Reconstructive Surgery	IV.A.3.b).(2) - Mandatory attendance at regularly scheduled case presentation conferences: the fellow must prepare and present a minimum of two case presentations per year;
Otolaryngology	IV.A.5.b).(2) - [Residents] must have a structured educational experience in basic science. Ordinarily, this should be provided within the participating sites of the residency program. Any program that provides the requisite basic science experience outside the approved participating sites must demonstrate that the educational experience provided meets these designated criteria. Faculty must participate in basic science education, resident attendance must be monitored, education must be evaluated, and content must be integrated into the educational program.
Pediatrics	<p>IV.A.3.b) - Reasonable requirements for resident attendance should be established for the various conferences; their attendance should be documented, and there must be appropriate faculty participation.</p> <p>IV.A.5.c).(9) - [Residents are expected to develop skills and habits to be able to meet the following goals:] take primary responsibility for lifelong learning to improve knowledge, skills, and practice performance through familiarity with general and rotation specific goals and objectives and attendance at conferences;</p>
PM& R- Spinal Cord Injury Medicine	IV.A.3.e).(1).(a) - At a minimum, each fellow must have documented attendance at conferences that provide in-depth coverage of the major topics required for competence in spinal cord injury medicine over the duration of the 12-month program.
PM& R- Pediatric Rehabilitation Medicine	IV.A.3.d).(4).(a) - At a minimum, there must be twice-monthly conference time attended by all fellows, with documented attendance.
Plastic Surgery	II.A.4.t) - [The program director must] ensure that faculty and resident attendance at conferences is documented; and,
Preventive Medicine	II.B.5. - <i>Documentation Requirement</i> : Minutes of planning meetings; logs of journal club, rounds, or case conference attendance; membership on thesis committees; updated CVs for faculty and staff that document continuing education, meeting attendance, and publications.
Psychiatry	<p>IV.A.5.b).(2) - The didactic sessions must be scheduled to ensure a minimum of 70% of resident attendance while adhering to program duty hour policy. Didactic and clinical education must have priority in the allotment of residents' time and energy.</p> <p>IV.A.5.c).(9) - [Residents are expected to develop skills and habits to be able to meet the following goals:] taking primary responsibility for lifelong learning to improve knowledge, skills, and practice performance through familiarity with general and rotation-specific goals and objectives, as well as attendance at conferences;</p>
Psychiatry - Addiction	V.B.2. - Conferences in addiction psychiatry, such as grand rounds, case conferences, reading seminars, and journal clubs, should be specifically designed to complement the clinical experiences. Regular attendance by residents and faculty should be documented.

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Psychiatry - Child	<p>IV.A.5.b).(4) - [The curriculum] will have didactic sessions that must be scheduled to ensure a minimum of 70% of resident attendance while adhering to program duty hour policy.</p> <p>IV.A.5.c).(9) - [Residents are expected to develop skills and habits to be able to meet the following goals:] take primary responsibility for lifelong learning to improve knowledge, skills, and practice performance through familiarity with general and rotation-specific goals and objectives, as well as attendance at conferences;</p>
Psychiatry - Forensic	V.B.1.(e) - Conferences in forensic psychiatry, such as grand rounds, case conferences, readings seminars, and journal clubs, should be specifically designed to augment the clinical experiences. Regular attendance by the residents and the faculty should be documented.
Psychiatry - Geriatric	V.B.1.(b) - Conferences in geriatric psychiatry, such as grand rounds, case conferences, readings seminars, and journal club should be specifically designed to augment the clinical experiences. Regular attendance by the residents and the faculty should be documented.
Diagnostic Radiology	II.A.4.s) - [The program director must] ensure that residents have protected time to attend all scheduled lectures and conferences. Resident attendance at conferences/lectures must be documented;
Radiology - Musculoskeletal	<p>IV.B. - There must be didactic conferences and teaching sessions that provide coverage of Musculoskeletal concepts related to anatomy, physiology, pathology, orthopedic surgery, and rheumatology. Attendance at and participation in department conferences, such as daily film interpretation sessions, are required. Regularly scheduled interdepartmental conferences in, for example, orthopedic surgery, neurosurgery, and other appropriate surgical specialties; pathology; rheumatology; and oncology are also necessary components of the program. In addition, the training experience should include radiology oriented conferences with medical students and graduate medical staff. The resident also should be encouraged to attend at least one national meeting or postgraduate course dealing with musculoskeletal radiology during his/her fellowship year.</p>
Radiology - Vascular Interventional	<p>IV.B. - There shall be scheduled intradepartmental conferences as well as conferences with related clinical departments in which fellows participate on a regular basis. These should include one or more specific weekly departmental conferences and at least one interdisciplinary conference per week at which attendance is required. In particular, interdepartmental conferences with the surgical specialties should be an important teaching component. The fellows' teaching experience should include conferences with medical students, graduate medical staff, and allied health personnel. Scheduled presentations by fellows during these conferences should be encouraged.</p>

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Radiation Oncology	<p>Intro.B.2. - No fewer than 36 months of the four-year program must be spent in clinical radiation oncology. (Residents enrolled in the Holman Pathway, a research track designed by the American Board of Radiology to promote a commitment to basic science or clinical research, must complete 27 months in clinical radiation oncology). In addition, the program must provide a two-month rotation in medical oncology to include adult and pediatric patients, as well as a one-month rotation in both oncologic pathology and diagnostic imaging. The medical oncology requirement may be met by documented attendance at regularly-scheduled multidisciplinary conferences (at least four hours per month during the clinical Radiation Oncology 2 rotations). The pathology and diagnostic imaging requirements may be satisfied through multidisciplinary conferences if pathology and imaging material for both pediatric and adult patients are shown and discussed (at least one hour per month during the clinical rotations for each discipline). The remaining months must allow for in-depth experience in individually-selected areas applicable to clinical radiation oncology, as described in Section IV.A.5.</p> <p>II.A.4.p) - [The program director must] ensure that conferences and teaching rounds provide for progressive participation of residents. There must be adequate frequency of conferences, with attendance by residents, radiation oncologists, and other staff.</p> <p>IV.A.5.b).(4) - [Residents] must have instruction in the potential value and limitations of other oncologic disciplines such as medical oncology (both adult and pediatric), and surgical oncology and the various surgical specialties, which play a role in the management of the patient. This may be accomplished by attendance at multidisciplinary and departmental conferences or by clinical rotations;</p>
Surgery	<p>II.A.4.t) - [The program director must] ensure that conferences should be scheduled to permit resident attendance on a regular basis, and resident time must be protected from interruption by routine clinical duties. Documentation of attendance by 75% of residents at the core conferences must be achieved; and,</p>
Thoracic Surgery	<p>II.A.4.u) - [The program director must] keep records of conference attendance which must be available for review by the site visitor; and,</p>
Urology	<p>II.A.4.t) - [The program director must] maintain a list of conferences and have this list available for review at the time of a site visit. The list should include the conference topic, the name of the presenter(s) and the names of the faculty and residents present. Conferences must be well-attended by residents and faculty and attendance must be documented.</p>
Urology - Pediatric	<p>II.A.3.i) - [The program director must] ensure that a list of conferences is maintained and available at the site visit. The list must include the names of those attending, the subjects discussed, and the principal speaker. Attendance must be documented;</p>

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Medicine - Pediatrics	VI.A.10 - [The training in Internal Medicine for the combined program must include the following:] regular attendance at morning report, medical grand rounds, residents' work rounds, and mortality and morbidity conferences when on internal medicine rotations.
Transitional Year	IV.A.5.b).(5) - [Residents] may have planned educational experiences that include: <ul style="list-style-type: none"> (a) multidisciplinary conferences. (b) morbidity and mortality conferences. (c) journal or evidence-based reviews. (d) case-based planned didactic experiences. (e) seminars and workshops to meet specific competencies. (f) computer-aided instruction; and, (g) grand rounds. Attendance must be monitored and documented.
Hand Surgery (Orthopaedic Surgery, Plastic Surgery, and General Surgery)	V.B.1.e) - Conferences should be attended by both the fellows and the faculty, and such attendance should be documented.
Sports Medicine (Emergency Medicine, Family Medicine, Pediatrics, and PM&R)	II.B.5.a) - The faculty must regularly participate in organized clinical discussions, rounds, journal clubs, and conferences.

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