

**University of Tennessee Radiology Residency
Ultrasound Rotation
Resident Scanning Program
October 2011**

Goals:

In order to develop greater depth of understanding of ultrasound technique and diagnosis, a program has been developed to allow for direct scanning of patients by residents during their rotation at Methodist University Hospital.

Overview:

Residents will perform ultrasound scans with image documentation for a set number of examinations per month, determined by their past experience with ultrasound scanning. Residents are encouraged to prepare for scanning of patients by observing the scan technique of sonographers, studying the examination protocols, and reviewing the RSNA physics modules for practical ultrasound physics.

Ultrasound examinations performed by residents will not be included in the patient's medical record; rather, the examination will be performed by the resident after the official examination is performed by sonographers and will be saved in PACS under a different classification than the patient's medical record. To that end, residents, with the assistance of sonographers, will ask patients if they would be willing to have additional, time-limited scanning performed by the resident for training purposes. It is recognized that not all patients will agree to participate; but it is anticipated that there will be enough agreeable patients to allow for this scanning to be performed.

The ultrasound section director will review the completed ultrasound examinations by the residents at the end of the rotation and confirm that the requisite examinations were performed, satisfying a requirement for successful completion of the rotation. The performance of additional examinations beyond the specified requirements will be considered evidence of increased effort and interest. The section director will critique the examinations for the resident, either in person or via email communication.

Since this is a new program, it is expected that some of the specifics and requirements may change as more experience with the program is

Requirements:

1. First rotation in ultrasound (5 examinations):

- a. Leg venous ultrasound examinations: 2 examinations, either 2 separate unilateral legs or 1 bilateral leg examination.
 - b. Right upper quadrant abdominal ultrasound: 1 examination
 - c. Renal ultrasound: 1 examination
 - d. Scrotal, thyroid, or pelvic ultrasound: 1 examination
2. Second rotation in ultrasound (if had experience with scanning during 1st rotation; otherwise follow guidelines for 1s rotation) 6 examinations:
 - a. Leg venous ultrasound: 2 examinations, either 2 separate unilateral legs or 1 bilateral leg examination
 - b. Complete abdominal ultrasound: 1 examination
 - c. Right upper quadrant abdominal ultrasound: 1 examination
 - d. Scrotal or thyroid ultrasound: 1 examination
 - e. Pelvic or transvaginal ultrasound, Gyn or Ob: 1 examination

Procedure:

1. Ask patient if he/she would be willing to undergo additional scanning by resident for training purposes.
2. Coordinate with sonographer the transfer of patient to a scan room not assigned to a sonographer (typically the fluid drainage room)
3. Enter the patient's Medical Record Number (MRN) into the field for the Accession Number
4. Enter the resident's ultrasound scanning number (see list in Appendix A) in the Patient Name field, i.e., Resident2.
5. Perform examination and capture images on PACS per protocol with any needed additional images for clarification of identified pathology.
6. Review examination on PACS and list major findings on the report page. If there are any limitations in the examination, please list them as well with a brief explanation.
7. Be sure that the examination is moved to the resident's ultrasound scan folder in PACS (generally to be done by the MUH PACS coordinator, Brad Yount). If the resident discovers any problems with finding his/her examinations, contact Brad to resolve the problem. "Lost" examinations will not be considered toward meeting the requirements of this program.
8. Communicate (directly or via email) with the ultrasound section director (Donald Emerson, ds.emerson@gmail.com) if there are any problems with meeting the base scanning requirements of this program.
9. Scanning by residents should not take advantage of the good will of patients. Examinations should therefore be completed within approximately ½ hour. Residents should also express gratitude to the patient at the end of the scan session for their willingness to cooperate in physician training.
10. Sonographers are an excellent teaching resource in the department but they have significant clinical obligations and cannot be expected to help perform the resident scans. Furthermore, direct scan assistance by sonographers

would be considered a dilution of the resident's scan experience. On the other hand, if they are available, sonographers may be asked specific questions to help the resident overcome a specific technical or scanning problems encountered.

11. It is the resident's responsibility to keep up with performing the requisite number and type of examination.
12. Be aware that there is always a variation in the type and number of examinations performed in the ultrasound section. Therefore, it is incumbent that the resident does not wait till the end of the rotation to complete these examinations. Plan ahead!
13. The resident must coordinate the performance of his/her scanning with the sonographers in the ultrasound section. Failure to do so may be disruptive to the functioning of the department.
14. If the resident wishes to perform more examinations than specified in the base requirement, that is considered exemplary. Nevertheless, this must not conflict with the orderly functioning of the ultrasound division.

Appendix A
Resident Scan Number

1. Graves, Houston
2. Lemond, Tommy
3. Greene, Elton
4. Young, Michael
5. Allison, David
6. Jones, Matt
7. Natera, Alejandra
8. Chatterjee, Rano
9. Ali, Cina
10. Newman, Justin
11. Windord, Kristi
12. Roberts, Matt
13. Blankeship, Patrick
14. Awwad, Reem
15. Benkhe, Schorr
16. Rozas, Alexandra
17. Chary, Aaron
18. Hansen, Dale
19. Robinson, Kyle
20. Patel, Neil
21. Little, Seth
22. Angel, Wes
23. Laxton, Will

24. Young Natalie
25. Bohl, Casey
26. Oh, Christopher
27. Caldwell, Jason
28. Termiyakarn, Float
29. Walker, Nichole
30. Osborne, Scott
31. Miller, Adrian