GASTROINTESTINAL RADIOLOGY: VA HOSPITAL

Responsible Staff Radiologist: Randy Scott, M.D.

ROTATION RESPONSIBILITIES

Resident responsibilities for the rotation are verbally provided to the resident at the beginning of the rotation. A written guideline for the performance of barium studies is also provided and expected to be followed.

THE RESIDENT IS EXPECTED TO MEMORIZE "FLOUROSCOPY TECHNIQUES FOR RESIDENTS" BY RANDALL SCOTT, M.D.

The resident performs all cases. All areas have resident involvement.

The resident is expected to be at his or her assigned area by 8:00A.M. on weekdays.

In general, the resident's weekday responsibility is completed by 2:00P.M. The resident then goes to prescribed study time within the confines of the Radiology Department at the VA. The resident is not to be out of the department on "beeper." The resident must be available for any additional fluoroscopic studies until the 4:00 p.m. conference.

The resident has no routine clinical responsibilities on Saturday or Sunday.

The residents attend the UT radiology conferences at noon and at 4:00P .M. Residents are excused from conference ONLY if they are actively involved with a procedure. Reports can be dictated after conferences.

Vacation may be scheduled at any time during the rotation; however, coverage must be arranged in advance.

Coverage for post-call day MUST BE ARRANGED IN ADVANCE.

The resident prepares for readout with staff by previewing old and new films and then reviewing the findings with staff.

All cases are dictated by residents.

Dictated reports are reviewed with residents to confirm proper style and content. The resident has an opportunity to participate in new or ongoing research during the rotation.

The resident attends multispecialty conferences during the rotation: Thursday, 4:30-6:00p .m,

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Rotation 1

Knowledge Based Objectives:

At the end of the rotation, the resident should be able to:

1. Discuss the proper clinical and radiologic indications for the following studies:

a) Barium swallow
b) Upper GI series
c) BE
d) ACBE
e) SBFT
f) Enteroclysis
g) ERCP
h) Fistulograms

2. State the physiologic properties, proper concentrations, and proper Indications for the use of the following contrast material:

a) Barium
b) Water soluble contrast media (oral Hypaque Gastrografin)

3. Discuss the following information about Glucagon:

a) Proper indications and dosages used in GI radiology
b) Physiologic effects
c) Side effects
d) contraindications

Patient Care Objectives:

1. Demonstrate basic knowledge of the equipment to be used during fluoroscopy, including proper KV techniques for the various procedures, radiation safety features of the machines, and proper radiation safety techniques.
2. Demonstrate fluoroscopy techniques for performing the following Procedures:

a) Barium swallow
b) UGI
c) BE
d) ACBE
e) SBFT
f) Enteroclysis
g) ERCP
h) Fistulogram

3. Demonstrate knowledge of proper KV techniques, patient positioning, and type of after-films that should be taken for the procedures listed in #2 above.
4. Demonstrate initial development of fluoroscopic skills by identifying peptic ulcer disease and malignancy on barium studies.
5. Interpret abdominal radiographs and perform all GI examinations at a skill level sufficient to fulfill "on-call" responsibilities.

Interpersonal/Communication Skills Objectives:

1. Review history of the patient for whom a procedure has been ordered and determine the appropriateness of the study requested.
2. Communicate with the referring physician about any recommendations for change in the type of procedure to be performed.
3. Communicate with the technologist about any special or additional views that should be obtained to demonstrate the pathology identified.
4. Read and dictate the studies performed with the assistance of the faculty radiologist.
5. Communicate to the referring physician on the day of the exam any significant abnormalities identified on the examination.

Professionalism Objectives:

1. Demonstrate a responsible work ethic with regard to work assignments and conference attendance
2. Demonstrate acceptable personal demeanor and hygiene.

Practice-Based Learning and Improvement Objectives:

1. Participate in quality assurance and quality improvement activities
2. Recognize and correct personal errors

Systems-Based Practice Objectives:

1. Demonstrate knowledge of and apply appropriateness criteria and other cost-effective healthcare principles to professional practice.

VA HOSPITAL: GI FLUOROSCOPY

Advanced rotations

Knowledge Based Objectives:

At the end of the rotation, the resident should be able to:

1. Demonstrate review and/or retention of knowledge requirements set forth for the first rotation.
2. Describe and/or discuss GI tract pathology in specific detail (refer to GI syllabus)
3. Assist with preparation and presentation of GI noon resident conferences.

Technical Skills Objectives:

At the end of the rotation, the resident should be able to:

1. Demonstrate further development of the technical skills of performing the GI studies listed in the first rotation.
2. Demonstrate improved skill for tube placement, technical performance and interpretation of enteroclysis procedures.
3. Given a fluoroscopic examination, demonstrate the ability to identify the abnormality at fluoroscopy and modify the technique or change the patient's position to take more diagnostic fluoroscopic spot films.
4. Demonstrate the ability to perform efficiently through decreasing fluoroscopic time needed to perform a study without compromising diagnostic acumen.

Patient Care Objectives:

1. Demonstrate an enhanced ability to perform decision-making and valuing requirements listed under the first rotation.
2. Evaluate and integrate data from other studies (CT, MRI, sonography and nuclear medicine) of the GI tract to make recommendations to the referring physician about more appropriate or additional diagnostic studies needed for evaluation of the patient's abnormality

Interpersonal/Communication Skills Objectives:

1. Review history of the patient for whom a procedure has been ordered and determine the appropriateness of the study requested.
2. Communicate with the referring physician about any recommendations for change in the type of procedure to be performed.
3. Communicate with the technologist about any special or additional views that should be obtained to demonstrate the pathology identified.
4. Read and dictate the studies performed with the assistance of the faculty radiologist.
5. Communicate to the referring physician on the day of the exam any significant abnormalities identified on the examination.

Professionalism Objectives:

1. Demonstrate a responsible work ethic with regard to work assignments and conference attendance
2. Demonstrate acceptable personal demeanor and hygiene.

Practice-Base Learning and Improvement Objectives:

1. Participate in quality assurance and quality improvement activities
2. Recognize and correct personal errors

Systems-Based Practice Objectives:

1. Demonstrate knowledge of and apply appropriateness criteria and other cost-effective healthcare principles to professional practice.

GI RADIOLOGY READING LIST

1. Levine, Rubesin, Laufer. Double Contrast Gastrointestinal Radiology, 3rd edition, 2000. This is the newest edition of this text, "teal" in color. This is obviously the most current text, but is not as complete as its predecessor.
2. Laufer, Levine. *Double Contrast Gastrointestinal Radiotogy*,2nd edition, 1992-The older "red" book, more detailed but less current.
3. Gore, Levine, Laufer. *Textbook of Gastrointestinal Radiology*. Two volumes, large, primarily for reference, has all modalities and is all inclusive. Good for biliary disease and ERCPs.
4. Levine. *Radiology of the Esophagus*. Excellent small book, good photos and text.
5. Baker. *The Abdominal Plain Film*. If you read this, you w ill know more than anyone.
6. ACR. *Gastrointestinal Disease Syllabi* #11, 17, 29, 39.