

MED/VA NIGHT FLOAT

GOALS AND OBJECTIVES

TYPICAL DAY

The day begins with at 9 pm. The resident will check out any pending issues (IR requests, pending US or NM studies) with the late duty resident. The resident will read all CT/ US/ NM from the MED and VA overnight. The resident is expected to prioritize exams, reading emergent studies first and routine studies when possible. The CT tech at the VA will call when studies are ready, but the resident should routinely check the VA PACS for new studies. The resident will dictate a preliminary report using the TALK system at the MED and assign the report to the appropriate attending. A list of attendings will be on the bulletin board in the reading room. For VA studies, the resident will type a preliminary note on the first scout page of all studies including pertinent findings, time of prelim note, residents name, and name of clinician notified. The resident should call all inpatient reports from the VA as well as any emergent findings from the VA emergency department or MED. Overnight the resident will carry the on call pager and promptly return all pages. IR consults can be relayed to the IR attending on call and proper consent should be obtained if the case is scheduled for overnight. When an US or NM study is ordered the resident is responsible for calling the appropriate tech on call to perform the study. Call typically ends at 7 am. If there are pending stat studies at 7 am, the resident should stay until relieved by the daytime attending. Residents should be available to come to morning conference if the workload will allow.

RESIDENT RESPONSIBILITIES

1. The resident is responsible for reading all CT/ US/ NM studies overnight from the MED and the VA.
2. The resident is available for consultation on plain films, MRI, and routine studies but is not responsible for providing a preliminary report.
3. The resident should carry the on call pager and answer any questions in a professional manner. All pages should be returned promptly. Resident should be able to suggest the appropriate imaging modality for common emergent clinical scenarios.
4. When asked for an IR consult, the resident should briefly review the patients history and immediately call the on call IR attending. If the attending wishes to perform the study emergently, the resident is responsible for obtaining informed consent. The IR plan should be conveyed to the requesting physician.
5. The resident should review the previous call night studies and check for discrepancies. Many attendings will use the file system to convey discrepancies while others will simply dictate an addendum.
6. The resident should promptly notify the on call US or NM tech when a study is requested.
7. The resident should be able to evaluate and treat common contrast reactions and protocol studies as appropriate.
8. The resident should check his or her reports for accuracy before signing/ completing them.

STAFF RESPONSIBILITIES

1. Please review goals and objectives with the resident at the beginning of each month.
2. The check out attending should convey all discrepancies with the resident in a timely fashion. This may include using email or the discrepancy folder.
3. Please provide the resident with written feedback of quality of dictated reports utilizing the form on provided on the website. The resident may print this off for you if you so request.
4. Please inform Dr. Shankar about the performance of the resident and give the resident constructive feedback. He will try to give the resident feedback in the mid-month meeting and again on the faculty evaluation at the end of the month.
5. Provide back up on call when the resident is confronted with an upset clinician, difficult exam, or problematic clinical issue.
6. Please review resident generated reports in a timely fashion and inform the resident of any major changes that were made.

COMPETENCY-BASED GOALS & OBJECTIVES

Patient Care

1. Residents should be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health in the patient population.
2. Residents should show ability to interact with referring clinicians when reviewing emergent overnight studies.
3. Residents should demonstrate the ability to recommend additional imaging studies as appropriate to better assess findings on body imaging studies.
4. Residents should be able to use the PACS and hospital information systems

Medical Knowledge

1. Residents should demonstrate knowledge of normal and abnormal anatomy as seen on CT/ US/ NM/ MR studies.
2. Residents should know common presentations of emergency radiology patients including appropriate work up and staging of various emergency room diagnoses.
3. Residents should show the ability to recognize and describe common medical conditions as depicted on ER studies.
4. Residents should be able to list risk factors for allergic reaction to IV contrast.
5. Residents should be able to state the proper assessment and treatment for allergic reactions to contrast.
6. Residents should be able to protocol basic CT/US/ NM/ MR examinations, particularly those for patients from the emergency department, including trauma, renal stone evaluation, appendicitis, etc.
7. Residents should be able to recognize critical findings on emergency CT/US/NM/ MR studies such as ICH, fractures, pneumothorax, abdominal traumatic injury, ectopic pregnancy, PE, appendicitis, etc.

Practice-Based Learning And Improvement

1. Residents should review appropriate reference material for common emergent conditions prior to beginning call. Residents should use digital resources such as STAT DX for unknown cases overnight.
2. Residents should demonstrate appropriate followup of interesting cases.
3. Residents should research interesting cases as directed by facility.
4. Residents should be competent in using the METHODIST GE Centricity PACS in the daily accomplishment of the workload and instruct others in its use. Resident should know how to contact IT for workflow issues.

INTERPERSONAL SKILLS:

Residents must demonstrate the ability to:

1. Interact with radiology technologists, medical students, fellow residents, and attending radiologists.
2. Interact with clinicians when reviewing emergent cases. Residents should call the ordering physician for any emergent findings and document this appropriately.

Professionalism

1. Residents should observe ethical principles when recommending further workup for cases.
2. Promptness and availability at work are expected of every resident.
3. Residents should dress appropriately at work, wearing a name badge at all times.
4. Patient confidentiality should be observed at all times.
5. Residents must demonstrate the ability to interact with the patient or patient's family, clinicians, or others when discussing significant radiology findings.
6. Residents must be able to explain the impact of radiology findings on patient care, including what imaging studies may or may not be appropriate.

Systems-Based Practice:

Residents should:

1. Show ability to interact with clinicians regarding cost effective patient evaluation for differing clinical entities.
2. Be able and willing to participate in clinical conferences in which imaging studies are used to guide patient care or evaluation.
3. Dictate and correct their reports in a timely fashion to avoid delay in patient disposition.
4. Assist in facilitating examinations whenever possible.
5. Make suggestions to improve methods and systems utilized in radiology whenever appropriate.