Radiology
Rotation Goals and Objectives
Pulmonary/Critical Care Medicine Fellowship Program
University of Nebraska Medical Center
Revised: 2/2016

I. Rotation Educational Goals

A. To acquire knowledge of imaging techniques employed in the evaluation of patients with critical illness and/or pulmonary disorders

B. To improve interpretive abilities for imaging studies used in the diagnosis of chest or critical care disorders

C. To acquire and hone advanced skills such as small-bore and tunneled chest tube placement and chest imaging by ultrasound to guide diagnostic studies such as biopsies or thoracentesis

D. To observe the technique of percutaneous biopsy of chest nodules and masses

II. Teaching Methods

A. Clinical experience

1. Review with the radiologist imaging studies related to chest or critical care medicine
   (a) The fellow will acquire knowledge of and ability to interpret the following imaging procedures: chest roentgenograms, computed axial tomograms, radionuclide scans, pulmonary angiograms and other radiologic procedures.

2. Prepare one case for each week on this rotation for presentation at a future PCCM chest case conference.

3. Participate in as many interventional radiology chest procedures as can be coordinated with the IR service

B. Clinical Teaching

1. Present interesting chest images reviewed with the radiologists during the preceding week at the weekly chest conference on Friday

C. Performance Feedback

1. Fellow and the staff radiologist will review the radiology goals and objectives at the beginning of the rotation
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2. The fellow should be involved in primary interpretation of some chest images. Staff radiologist will provide ad hoc feedback on a regular basis.

3. Fellow and supervising staff radiologist will meet and the staff will provide written and verbal feedback at the completion of the rotation.

D. Didactic Sessions

1. Attend all daily noon conferences of the PCCM fellowship program.

E. Self-Learning

1. The fellow is expected to complete any readings assigned by the supervising staff radiologist.

III. Responsibilities

A. Fellow

1. The fellow will coordinate with the radiologist to review the interpretation of imaging studies related to chest or critical care medicine.

2. The fellow will coordinate with the interventional radiologist(s) to be informed when chest procedures are to be done so they can observe or perform the procedure at the radiologists’ discretion.

   a) The fellow should gain experience in ultrasound guided thoracentesis and placement of small bore chest tubes.

3. Complete an evaluation of the radiology attending(s) and another one of the rotation.

B. Radiology Attending

1. Allow the fellow to acquire knowledge of imaging techniques employed in the evaluation of patients with critical illness and/or pulmonary disorders.

2. Provide the fellow an opportunity to interpret chest images or review with the fellow the interpretation of imaging studies related to chest or critical care medicine.
3. The interventional radiologist(s) should demonstrate placement of small bore or tunneled chest tubes and chest ultrasound imaging techniques used to guide diagnostic biopsies. It is the radiologists’ discretion to allow the fellow to perform these procedures.

IV. Service

A. On Call Responsibility

1. The fellow may have to take off-hours call as assigned by the Chief Fellow. This call would be Saturday and Sunday daytime call and scheduled only once in a two-week elective

B. Vacation

1. One week of vacation time may be taken during this rotation; if two weeks of vacation is desired it may be taken in lieu of this rotation.

2. Emergency leave may be requested after discussion with the Program Director or surrogate (Radiology attending)

V. Method of Evaluation

A. Formative

1. The Attending should give feedback throughout the rotation

B. Summative

1. A formal verbal evaluation should be given at the mid-point and at the end of the rotation

2. The responsible attending physician must prepare a written evaluation of the fellow at the conclusion of the rotation. This evaluation will assess the subspecialty milestones as outlined by the ACGME on the form provided by logging in to New Innovations.

   a) The fellow may desire to review the assessment personally and can do so by contacting the program coordinator.

3. At the conclusion of the fellow’s service period, he/she should complete an evaluation form assessing the quality of the rotation
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4. The fellow should complete an evaluation that addresses the teaching undertaken by the radiologist(s).

VI. Education Objectives

A. Medical Knowledge

1. Demonstrate an investigatory and analytic thinking approach to clinical situations by applying an evidence-based medicine principles.

2. Be able to identify radiographic structures on the chest radiograph and CT scan and localize the lobes and segments of the lung on those imaging studies.

3. Understand the interpretive strategies for a variety of imaging studies.

B. Practice-based Learning and Improvement

1. In reading the medical literature, apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness.

2. Use information technology to manage information, access on-line medical information and support their own education.

C. Interpersonal & Communication Skills

1. Create and sustain a therapeutic and ethically sound relationship with patients.

2. Demonstrate effective listening skills.

3. Elicit and provide information using effective nonverbal, explanatory, questioning and writing skills.

4. Work effectively with others as a member or leader of a health care team.

D. Professionalism

1. Demonstrate respect, compassion, and integrity.

2. Demonstrate a responsiveness to the needs of patients and society that supercedes self-interest.
3. Demonstrate accountability to patients, society and the profession

4. Demonstrates a commitment to excellence and on-going professional development

5. Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent and business practices

6. Demonstrate sensitivity and responsiveness to patients’ culture, age, gender and disabilities

E. System-based Practice

1. Understand how their patient care and other professional practices affect other health care professionals, the health care organization, and the larger society

2. Practice cost-effective health care and resource allocation that does not compromise quality of care

3. Advocate for quality patient care and assist patients in dealing with system complexities