Rotation 1:

1. Knowledge Based Objectives
   At the end of the rotation the resident should be able to:
   - Demonstrate sufficient learning ER precall knowledge goals (see attached).
   - Complete a “mini” emergency radiology OSCE exam covering the most commonly seen entities before taking call.

   By the end of what week of the rotation? (Fill in): ______________

   - Describe relevant findings in a succinct manner and deliver a suitable differential of the most common diseases.
   - Have at least 30 minutes of teaching file or didactic training per day with the attending radiologist.

   Assessment:
   Competency measured by (circle one of the following):

   Observation OSCE Passport (new)
   Global rating by faculty Written Exam, ACR in-service, ABR
   Cases reviewed by/with attending
   Resident Teaching (Conferences, Mentoring)

2. Technical Skills
   At the end of the rotation the resident should be able to:
   - Recognize and initiate management of intravenous contrast reactions.
   - Scan and diagnose ectopic pregnancy, TOA, and biliary disease.

   # Observed/Completed (fill in minimum): ______________

   - Perform basic CT interpretation of the more common disease processes, including acute ischemic and hemorrhagic stroke, head trauma, aortic injury, pulmonary embolism, acute appendicitis, diverticulitis, and small bowel.

   Acute Ischemic -# Observed/Completed (fill in minimum): _____________
   Hemorrhagic Stroke -# Observed/Completed (fill in minimum): _________
   Head Trauma -# Observed/Completed (fill in minimum): _______________

   Aortic Injury -# Observed/Completed (fill in minimum): ______________
   Pulmonary Embolism -# Observed/Completed (fill in minimum): _______
   Acute Appendicitis -# Observed/Completed (fill in minimum): _________
   Diverticulitis -# Observed/Completed (fill in minimum): _______________
   Small Bowel -# Observed/Completed (fill in minimum): _______________

   OR:
   Total # common disease processes Observed/Completed (fill in minimum): ______________

   - Recognize common fractures of the wrist, femoral neck, knee, feet and ankle.
• Give a clear, meaningful dictation after review of studies with the attending radiologist.

**Assessment:**
Competency measured by (circle one of the following):

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### 3. Decision-Making & Value Judgment Skills

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

- Follow explicit instruction and example of physicians, nurses and technologists and treat all physicians, nurses, technologists and patients with respect, understanding and professionalism.

- Judge the best modality and devise protocols for imaging of the most common diseases, including appendicitis, stroke and trauma.

- Provide compassionate, appropriate and effective patient care commensurate with experience and individual competency.

- Insure the patient's dignity and privacy and not discriminate against any patient based on religion, ethnic, sexual or educational differences.

- Communicate effectively and use appropriate nomenclature with healthcare professionals, including faculty, technologists, and support staff.

- Communicate with ordering physicians about all significant or unexpected radiological findings.

- Recognize limits in personal skill and knowledge, especially when assisting with imaging interpretation and patient management. Obtain help from supervisory faculty when appropriate.

- Demonstrate a professional work ethic including:
  - Altruism.
  - Punctuality.
  - Adherence to all relevant policies and procedures.
  - Proper preparation for rotation, including recommended reading assignments completed.
  - Treat all faculty, technologists, and support staff with respect, understanding, and professionalism.

**Assessment:**
Competency measured by (circle one of the following):

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### Rotation 2:

#### 1. Knowledge Based Objectives

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

- Recognize diagnosis of less common disease processes of the head, chest, abdomen, pelvis, and orthopedics.

- Have at least 30 minutes of teaching file or didactic training per day with the attending radiologist.
Assessment:
Competency measured by (circle one of the following):

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</tr>
<tr>
<td>Signed report</td>
<td>Procedure Log</td>
<td>Resident Teaching (Conferences, Mentoring)</td>
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</table>

2. Technical Skills
At the end of the rotation the resident should be able to:

- “Predictate” cases except in unusual and difficult cases.

Assessment:
Competency/Completion is measured by (circle one of the following):

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3. Decision-Making & Value Judgment Skills
At the end of the rotation, the resident should be able to:

- Take a primary role in consultation with caretakers and demonstrate effective communication skills, requesting the attending radiologist as needed.

- Provide compassionate, appropriate and effective patient care commensurate with experience and individual competency.

- Insure the patient’s dignity and privacy and not discriminate against any patient based on religion, ethnic, sexual or educational differences.

- Communicate effectively and use appropriate nomenclature with healthcare professionals, including faculty, technologists, and support staff.

- Communicate with ordering physicians about all significant or unexpected radiological findings.

- Recognize limits in personal skill and knowledge, especially when assisting with imaging interpretation and patient management. Obtain help from supervisory faculty when appropriate.

- Demonstrate a professional work ethic including:
  - Altruism.
  - Punctuality.
  - Adherence to all relevant policies and procedures.
  - Proper preparation for rotation, including recommended reading assignments completed.
  - Treat all faculty, technologists, and support staff with respect, understanding, and professionalism.
Rotation 3:

1. Knowledge Based Objectives
   At the end of the rotation the resident should be able to:
   - Assume a primary role in the education of medical students on their “observation”, less experienced residents on service and visiting residents from other specialties.
   - ..........................................................
   - ..........................................................
   - ..........................................................
   - ..........................................................

   Assessment:
   Competency measured by (circle one of the following):
   Observation OSCE Global rating by faculty
   Written Exam, ACR in-service, ABR Reviewed by/with attending
   Signed report Procedure Log
   Resident Teaching (Conferences, Mentoring) Passport (new)

2. Technical Skills
   At the end of the rotation the resident should be able to:
   - Skillfully interpret complex cervical spine trauma, great vessel injury, aortic dissection and other vascular diseases.
   - Total # Films/Cases (fill in minimum): ____________
   - Have at least 30 minutes of teaching file or didactic training per day with the attending radiologist.
   - ..........................................................
   - ..........................................................
   - ..........................................................
   - ..........................................................

   Assessment:
   Competency measured by (circle one of the following):
   Observation OSCE Global rating by faculty
   Written Exam, ACR in-service, ABR Reviewed by/with attending
   Signed report Procedure Log
   Resident Teaching (Conferences, Mentoring) Passport (new)
Decision-Making & Value Judgment Skills:
At the end of the rotation, the resident should be able to:

- Provide compassionate, appropriate and effective patient care commensurate with experience and individual competency.

- Insure the patient’s dignity and privacy and not discriminate against any patient based on religion, ethnic, sexual or educational differences.

- Communicate effectively and use appropriate nomenclature with healthcare professionals, including faculty, technologists, and support staff.

- Communicate with ordering physicians about all significant or unexpected radiological findings.

- Recognize limits in personal skill and knowledge, especially when assisting with imaging interpretation and patient management. Obtain help from supervisory faculty when appropriate.

- Demonstrate a professional work ethic including:
  - Altruism.
  - Punctuality.
  - Adherence to all relevant policies and procedures.
  - Proper preparation for rotation, including recommended reading assignments completed.
  - Treat all faculty, technologists, and support staff with respect, understanding, and professionalism.

Rotation 4:

1. **Knowledge Based Objectives**
   At the end of the rotation the resident should be able to:
   - Review all the material prescribed for previous rotations.
   - Perform literature searches of unusual or complex problems and share them with the team.

   Minimum # (fill in): ______________

   • ____________________________________________

   • ____________________________________________

   • ____________________________________________

   • ____________________________________________

   • ____________________________________________

   **Assessment:**
   Competency measured by (circle one of the following):

   - Observation
   - OSCE
   - Global rating by faculty

   Written Exam, ACR in-service, ABR Reviewed by/with attending

   Signed report  Procedure Log

   Resident Teaching (Conferences, Mentoring) Passport (new)

2. **Technical Skills**
   At the end of the rotation the resident should be able to:
   - Assume a primary role in the education of less experienced residents on service and medical students on their “observation”.
• Skillfully interpret complex maxillofacial injuries, including Lefort and other unusual diseases.
  Minimum # (fill in): _______________

• Do the majority of interpretations with only occasional correction from attending radiologists on more complex and unusual cases.
  Minimum # (fill in): _______________

**Assessment:**
Competency measured by (circle one of the following):

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Resident Teaching (Conferences, Mentoring) Passport (new)

**3. Decision-Making & Value Judgment Skills**
At the end of the rotation, the resident should be able to:

• Provide compassionate, appropriate and effective patient care commensurate with experience and individual competency.

• Insure the patient’s dignity and privacy and not discriminate against any patient based on religion, ethnic, sexual or educational differences.

• Communicate effectively and use appropriate nomenclature with healthcare professionals, including faculty, technologists, and support staff.

• Communicate with ordering physicians about all significant or unexpected radiological findings.

• Recognize limits in personal skill and knowledge, especially when assisting with imaging interpretation and patient management. Obtain help from supervisory faculty when appropriate.

• Demonstrate a professional work ethic including:
  - Altruism.
  - Punctuality.
  - Adherence to all relevant policies and procedures.
  - Proper preparation for rotation, including recommended reading assignments completed.
  - Treat all faculty, technologists, and support staff with respect, understanding, and professionalism.
Emergency Radiology: Precall Knowledge Goals
Brigham and Women’s Hospital
2007-2008

**Neuro**
- Recognize, differentiate and realize significant of different types of intracranial hemorrhage (SAH, SDH, epidural, intraparenchymal, intraventricular).
- Recognize and differentiate stages of infarct with emphasis on recognizing the early signs (e.g. insular ribbon sign).
- Familiarity with Neuro CTA for acute stroke.
- Understand imaging algorithm for cervical spine trauma (radiography, CT and MR).

**Chest**
- Understanding imaging algorithm for PE (VQ, PE-CT, vascular US, CXR, Pulmonary angiogram)
- Traumatic aortic injury: role of imaging (CXR, CT, aortography); grade injury severity.
- Dissection: recognize, classify, know the indications of complications
- Air space disease: solid differentials for acute versus chronic
- Recognition of basics: pneumonia, CHF, PTX

**Body**
- Diverticulitis: recognize and know complications (perforation, abscess, differentiate from colon cancer)
- Appendicitis: recognize and know complications
- Bowel obstruction: recognize and know causes and complications (strangulation, ischemia, closed loop, perforation, etc.)
- Obstructive uropathy: recognize, when negative, other things to exclude

**Ultrasound**
- Recognize Cholecystitis
- Ectopic pregnancy: recognize, know different types
- Adnexal masses: recognize and know differential
- Approach to imaging in males with RLQ pain and females with LLQ pain

**Musculoskeletal**
- Recognize fractures
- Be familiar with the “language of fractures”
- Know when to order CT or MR