rotation duty sheet for: umne

the resident will review duty sheet regularly throughout the rotation. please review documents posted on moodle about detailed descriptions on rotation expectations and responsibilities

**general guidelines**

**work hours**

- 7:30 a.m. to 4:30 p.m.
- residents *should not pick up work* at the end of the day that will extend their working hours beyond 4:30 p.m.

**professional standards**

all residents will:

- be on time and prepared to work
- be present in the radiology reading room throughout the day
- attend all required intra- and interdisciplinary conferences and grand rounds
- dress appropriately for interaction with patients and family
- communicate effectively and courteously with clinicians, technologist, medical students, patients and family members
- complete dictations in a timely manner

**responsibilities**

**notification of critical results**

- resident will promptly notify clinicians of all critical results. follow instructions on note cards provided in reading rooms and insert the template for “critical” and “urgent” results.
- additionally, if there are results that the ordering service should follow up (like a new pulmonary nodule), insert the correct template for this. discuss the use of this with your staff.

**protocols**

- be responsible for promptly and accurately generating protocols for patients scheduled for imaging examination of the head, neck, and spine. more junior residents should seek guidance from staff and senior residents when trying to protocol neuroradiological mri examinations
• Verify, before leaving for the day, that all requested imaging studies for the next day have been protocoled
• Intermittently check during the day for same day studies added to the schedule without waiting for a call from a technologist and promptly and accurately protocol these studies

EXAMINATIONS

• Know the relevant history.
• Understand and use the clinical indications, apply the ACR appropriateness criteria.
• Perform the examination appropriately.
• Complete accurate dictation in a timely manner.
• Maintain quality assurance of images.
• Follow-up after surgery or with clinical service to determine final diagnosis in those cases in which we have questioned the findings.

COMPLETE AND ACCURATE REPORTS

Templates for the most common examinations/procedures are in place at all institutions and must be used if available and appropriate. All reports must include the following information:

• Type of study (must include the lack or presence of administration of intravenous contrast agent)
• Concise and comprehensive description of technique (including all MRI sequences)
• Date of study
• Date and type of comparison study
• Concise and comprehensive description of findings emphasizing localization and extent of abnormal findings and interval changes since prior studies
• Succinct impression summarizing but not reiterating findings with relevant differential diagnosis.

CLINICAL ISSUES

• A staff physician must be present for the critical portion of any invasive patient procedure (including lumbar puncture, myelography, angiography and biopsy)

CONFERENCES/ROUNDS

All residents will give cases at the noon conference’ as per the didactic schedule

READING ASSIGNMENTS

NEUROPATHOLOGY


NEURORADIOLOGY

• Additional reading may be assigned as appropriate.

OTHER INFORMATION

• Door to the reading room is locked. Lock combination is: 9753
The resident will review Duty Sheet regularly throughout the rotation.

**GENERAL GUIDELINES**

**WORK HOURS**

- 7:30 a.m. to 5:00 p.m.
- Residents **should not pick up work** at the end of the day that will extend their working hours beyond 5:00 p.m.

**PROFESSIONAL STANDARDS**

**VANE R1 RESIDENT WILL:**

- Carry the VA Neuroradiology pager for the entire month so that the Radiology and ER personnel, radiologic technologists and Radiology nurses may contact a responsible physician.

**ALL RESIDENTS WILL:**

- Be present in the room throughout the day
- Be on time and prepared for work
- Attend all required intra- and interdisciplinary conferences and Grand Rounds
- Dress appropriately and professionally at all times
- Communicate effectively and courteously with clinicians, technologist, medical students, patients and family members
- Complete dictations in a timely manner

**RESPONSIBILITIES**

**NOTIFICATION OF CRITICAL RESULTS**

**VANE R1 RESIDENT WILL:**

- Resident will promptly notify clinicians of all critical results
PROTOCOLS

VANE R1 resident will:

- Be responsible for promptly and accurately generating protocols for patients scheduled for imaging examinations of the head, neck, and spine, as noted immediately below (protocols are in the system):
- 1st Month: for neuroradiological CT examinations, with the guidance and assistance of staff and more senior resident
- 2nd Month: for neuroradiological MRI examinations, with assistance of staff and more senior residents
- 3rd Month: for neuroradiology CT and MRI examinations, and for providing assistance in this task to more junior residents
- Verify, before leaving for the day, that all requested imaging studies for the next day have been protocoled
- Intermittently check during the day (without waiting for a call from a technologist) for same day studies added to the schedule and promptly and accurately protocol these studies

EXAMINATIONS

VANE R1 resident will:

- Know the relevant history.
- Understand and use the clinical indications, apply the ACR appropriateness criteria.
- Perform the examination appropriately.
- Complete accurate dictation in a timely manner.
- Maintain quality assurance of images.
- Follow-up after surgery or with clinical service to determine final diagnosis in those cases in which we have questioned the findings.

COMPLETE AND ACCURATE REPORTS

- Templates for the most common examinations/procedures are in place at all institutions and must be used if available and appropriate. All reports must include the following information:
  - Type of study (must include the lack or presence of administration or intravenous contrast agent)
  - Concise and comprehensive description of technique (including all MRI sequences)
  - Date of study
  - Date and type of comparison study
  - Concise and comprehensive description of findings emphasizing localization and extent of abnormal findings and interval changes since prior studies
Succinct impression summarizing but not reiterating findings with relevant differential diagnosis

**CLINICAL ISSUES**

- A staff physician must be present for the critical portion of any invasive patient procedure (including lumbar puncture, myelography, angiography and biopsy)

**CONFERENCES/ROUNDS**

**VANE R1 RESIDENT WILL:**

- Attend Neuroradiology Section teaching conference every week (Friday 7:45 AM, P4 Radiology HCMC)
- Attend at least 1 weekly Neurosurgery/Neurooncology Tumor Conference (Monday 1:00 PM, 4th Fl. Mayo Bldg)
- Attend N3 (Neurology/Neurosurgery/Neuroradiology) conference every week (Tuesday 7:30 AM, 12th Fl. PWB)
- Attend Pediatric Neurology conference (Last Wednesday of month at 7:30 AM, 12th Fl. PWB)
- Attend at least 1 Head and Neck Tumor Conference (Wednesday 12:30 pm, 8th Fl., PWB)

**VANE 2 RESIDENT WILL:**

- Present case to the Neurology team at daily Neurology Radiology rounds

**TEACHING FILE**

- All residents are responsible for working up and inserting at least 3 cases into the Neuroradiology Teaching File. These cases should be discussed with staff prior to their addition to the Teaching File.

**READING ASSIGNMENTS**

**REQUIRED**

**NEUROPATHOLOGY**

NEURORADIOLOGY


- Additional reading may be assigned as appropriate.

OTHER INFORMATION

- Door to the reading room is locked. Lock combination is: 2525