

Goals & Objectives CanMeds**Rotation: Abdominal CT, VGH****Total:** # *Periods/modules/Rotations***Level:** PGY 2-5**Rotation Supervisor:** Dr. Silvia Chang, alternate Dr. Alison Harris

The abdominal CT rotation at VGH accommodates PGY 2-5 residents and residents are expected to develop graded responsibility as they rise from PGY2 to PGY5 level. Guidance will be given to each resident at the commencement of a rotation, informal feedback will be given during the rotation, an interim evaluation will occur halfway through the rotation if the resident is not meeting expectations, and a final evaluation will be given following the end of each rotation. Each final evaluation will be submitted to the residency training program director via one45.

All residents are expected to arrive in the department by 0800 hours and stay until the conclusion of the working day, approximately 1730 hours. Ongoing teaching and interaction with staff occurs throughout the day. If a resident is absent from this rotation for any reason, he/she should give ample warning to the Radiologist scheduled for that day. Vacation and conference requests should be communicated with the rotation supervisor.

Medical Expert:

CT

- Knowledge of CT (multi-detector and dual energy) physics, technical imaging parameters and artifacts
- Understands imaging protocols, including use of iodinated IV contrast and positive, neutral and negative oral contrast
- Knowledge of cross sectional CT and multi-planar anatomy
- Knowledge of clinical radiology and pathology
- Acquire diagnostic skills in defining pathologic processes as depicted with CT and to correlate these findings with those of other modalities
- Detects findings and interprets findings into an appropriate differential diagnosis
- Ability to summarize case, offer recommendations, understands treatment and clinical implications
- Knowledge of the procedure: indications, complications, appropriate alternatives, use of conscious sedation, post procedure care
- Basic technical ability: patient positioning, sterile technique, local anaesthetic, simple procedures
- Advanced technical ability: ability to perform more difficult procedures

Communicator:

- Establish therapeutic relationship with patients/families
- Obtain and synthesize relevant history from patients/families/communities
- Listen effectively
- Communicates effectively with patients, families and other health professionals.
- Demonstrate appropriate and timely communication of findings to referring physicians

- Able to obtain appropriate informed consent for CT guided procedures
- Give accurate, concise, complete reports

Collaborator

- Respects, recognizes the roles of, and consult effectively with the healthcare team, including nurses and technologists
- Contribute effectively to other interdisciplinary team activities

LEADER ROLE:

- Implement processes to ensure personal practice improvement
- Set priorities and manage time to integrate practice and personal life
- Apply the science of quality improvement (ie discussion of potential audit) to contribute to improving systems of patient care
- Contribute to a culture that promotes patient safety, including recognition of patient safety issues, and utilization of health informatics to improve patient safety
- Demonstrate leadership skills to enhance health care

Health Advocate

- Understands benefits and limitations/risks related to CT and MR imaging and their respective contrast agents.
- Understands the appropriate use of CT and MR and rationalization of use of imaging resources

Scholar

- Effectively teaches others, including residents, medical students, patients and other health professionals
- Demonstrates continuous self-directed learning (reads around cases and topics)
- Demonstrates evidence based medical approach and critical appraisal with regards to radiology literature
- Develop, implement and monitor a personal continuing education strategy
- Contribute to development of new knowledge

Professional

- Deliver highest quality care with integrity, honesty and compassion
- Exhibit appropriate personal and interpersonal professional behaviours
- Practice medicine ethically consistent with obligations of a physician
- Demonstrates insight with regards to own limitations, strength and weaknesses, asks for help when appropriate
- Acceptance of constructive criticism

Reading List:**Recommended Textbook:**

1. Fundamentals of Body CT, 3rd edition, 2005. By Richard Webb, William Brant and Nancy Major.

Recommended Articles:

1. Bruix, Jordi and Sherman, Morris. Management of hepatocellular carcinoma: An update. *Hepatology*. 2011 March; 53(3): 1020-1022
2. Thoeni, RF. The revised Atlanta classification of acute pancreatitis: its importance for the radiologist and its effect on treatment. *Radiology*. 2012 Mar;262(3):751-64. doi: 10.1148/radiol.11110947.
3. Al-Hawary MM, Francis IR, Chari ST, Fishman EK, Hough DM, Lu DS, Macari M, Megibow AJ, Miller FH, Morteke KJ, Merchant NB, Minter RM, Tamm EP, Sahani DV, Simeone DM Pancreatic ductal adenocarcinoma radiology reporting template: consensus statement of the Society of Abdominal Radiology and the American Pancreatic Association. *Radiology*. 2014 Jan;270(1):248-60. doi: 10.1148/radiol.13131184.

Recommended Resource:

LIRADS: <https://www.acr.org/Quality-Safety/Resources/LIRADS/LIRADS-v2017>

Staff will also recommend additional and new journal articles and references as become available and relevant to common diseases and pathologies encountered in this rotation.

Reading around cases that the resident encounters during his/her rotation is mandatory. This can be done with Stat DX and the internet can provide many review articles (eg Radiographics).