

Diagnostic Imaging and Nuclear Medicine

Goal: Provide a structured opportunity to learn the appropriate application of techniques and specialty consultations in the diagnostic imaging and nuclear medicine therapy of organs and body systems. Instruction includes limitations and risks attendant to these techniques.

Rotational Experience:

Required Rotations – There is no required rotation specific to diagnostic imaging and nuclear medicine. Residents receive training in the use and interpretation of diagnostic imaging and nuclear medicine throughout many of the required rotations in their three years of training. These include daily radiology rounds on ICU and NICU and weekly radiology rounds on the family medicine inpatient service. Residents also receive daily instruction by the in-patient medicine attendings both at the bedside and during attending rounds. Residents are the indications for and limitations of nuclear medicine techniques such as lung and myocardial perfusion scanning on both the Family Medicine in-patient service and also on their cardiology rotation. Instruction takes place in both the in-patient and out-patient settings.

Starting in July 2006, the G1 residents will participate in a ½ month long required radiology rotation.

Elective Rotations An elective rotation can be arranged by the resident to supplement the longitudinal training they receive throughout their training.

Longitudinal Experience:

Continuity Clinic For the duration of their training, residents are assigned as the primary care provider for a panel of patients. This panel grows in number as the resident progresses through training. As a primary care provider, the resident is expected to provide continuous, comprehensive care to these patients including direction of work-ups, ordering and interpretation of diagnostic imaging and counseling of the patient regarding risks/benefits of a variety diagnostic imaging tests. Residents are responsible for selecting and reading plain x-rays on their clinic patients.

Didactic Sessions:

DFPCH Special Courses – Introduction to Obstetric Ultrasound course (8 hours) to be completed during the first two years of training.

FPC Lecture Series – Quarterly lectures on a variety of diagnostic imaging tests. Up to 12 additional hours are possible in crossover topics such as surgical, orthopedic, internal medicine, pediatric, emergency and obstetrics/gynecologic lectures that are included in the series.

Rotation-specific Sessions – The resident participates in weekly radiology rounds while rotating on the teaching service at FUMC-Riverside. (see attached schedule and curriculum) Lectures will occur every Friday after the teaching service signouts from 8:00 AM – 8:30 AM.

During the weekly Friday radiology lectures, approach to the interpretation of plain chest, abdominal, and bone x-ray will be reviewed systematically in addition to the basics of head CT interpretation.

University of Minnesota/Fairview-University Medical Center
Family Practice Residency Curriculum

Required Skills:

Upon graduation the resident physician will be expected to be competent in the following skills:

- Choice of appropriate imaging study
- Basic interpretation of skull, chest, abdominal, joint and extremity radiographs
- Performance of limited OB ultrasound
- Recognition of gross abnormalities on CT or MRI

Evaluation

Evaluation of the resident includes many tools used to assess the resident's competence in the six ACGME Essential Competencies as well as the progression of the resident's skills from first through third year. The resident meets quarterly with the advisor to review performance, identify problems and plan for the future.

In-Training Exam – Given yearly, this exam assesses medical knowledge and the resident is expected to show improvement as he/she progresses through his/her years of training.

Rotation Evaluations – These evaluations are reviewed each quarter with the advisor and consist of written reports on performance and feedback from the rotation faculty. Essential Competencies assessed: medical knowledge, patient care, interpersonal and communication skills and professionalism.

Faculty/Staff Evaluations – These evaluations are reviewed each quarter and include evaluations of performance in clinic, interactions with the nursing and support staff, attendance at required activities and performance in CQI projects. These evaluations also review patient compliments/complaints and compliance with dictation and coding policies. Attention is given to resident well-being and assistance is offered if needed. Essential Competencies assessed: medical knowledge, patient care, interpersonal and communication skills, practice-based learning and improvement, professionalism and systems-based practice.

Self-Assessment – Residents are offered the opportunity to assess themselves through the use of a questionnaire. The questionnaire covers a broad range of medical topics and is useful in identifying areas in which the resident feels more focus is needed. Essential Competencies assessed: medical knowledge, patient care and professionalism.

Periodic Skill Evaluation – Skill proficiency is measured in many ways from periodic skill workshops to OSCE stations to longitudinal evaluation by faculty. Evaluation includes review of complications and monthly M&M conferences. Essential Competencies assessed: medical knowledge, patient care, professionalism and practice-based learning and improvement.

Total Training Time

- Total didactic hours per year: PGY-1 at least 10, up to 14
- PGY-2 at least 20, up to 24
- PGY-3 at least 5, up to 9