

# UCLA Abdominal Imaging/CSIR Fellowship Manual 2016-17

Welcome to the 2016-17 Abdominal Imaging and CSIR Fellowship at UCLA!

Congratulations on completing your residency and joining us as Board Eligible Clinical Instructors. You've made the transition from trainee to colleague. I hope you each have a great year ahead, and hope the fellowship program helps you acquire general and specialized expertise in all aspects of abdominal imaging.

You are the ninth fellowship class to train in one of the most modern healthcare training facilities in the world.

This is both a team and individual effort. Your individual enthusiasm, curiosity and initiative to learn abdominal imaging and interventions via readouts, lectures, journal clubs and conferences makes the whole experience more rewarding for you and us. The partnership between you individually and collectively and the faculty will lead to a long lasting professional and personal relationship hopefully throughout your career.

We're all here to ensure that your individual objectives are met during the fellowship. Each year we modify the fellowship to improve it and ensure that the overall learning experience is maximized.

Although we anticipate a smooth year, there are always issues that come up that may lead to "adjustments" and frustrations. Always talk to me early so we can head off more serious problems and issues.

If you ever have any individual concerns or issue, let me know and we will try to resolve them.

Best wishes for the year ahead!

*Steven S. Raman, MD, FSAR, FSIR  
Professor of Radiology, Surgery and Urology  
Fellowship Director  
Abdominal Imaging & Cross Sectional Interventional Radiology*

## **PROGRAM OBJECTIVES AND GOALS**

The fellowship is designed to address 6 core competencies as defined by the ACGME. These include:

1. Patient care
2. Medical knowledge
3. Practice based learning
4. Communication
5. Professionalism
6. Systems based practice

Our practice incorporates all these objectives in the course of each week.

### **1. PATIENT CARE:**

Patient care is an integral component of our practice, much more so than in almost any other academic radiology practices. We diagnose and treat patients in the ER, inpatient and outpatient settings. We consult and follow up on all tumor ablation patients closely in clinic. We follow up on patients with drainage catheters, ureteral stents and nephrostomy tubes primarily through follow up via our nurse and fellow on the CSIR service.

### **2. MEDICAL KNOWLEDGE:**

This competency incorporates a broad range of formal didactic teaching, clinical conferences and resident conferences. There are a dedicated five hours of didactic instruction per week on Monday Tuesday, Wednesday & Thursday Mornings and the less formal Abdominal Imaging, US and MRI conferences on Friday and Monday Mornings and the monthly Wednesday Morning Ablation conference, Thursday Morning Journal Club. In addition there is a dedicated Oncology and MRI lecture curriculum. There are several other weekly conferences you are either expected to staff or attend to enrich the depth and breath your fellowship experience. You are encouraged to attend as many other seminars and lectures as you can. You should prepare at least one Radiology-Pathology Seminar and “Hot Seat” for the residents (GI, GU, US) and at least one other 30-60 minute talk on any relevant topic this year.

*Primary/Didactic Education*

2016-17 Proposed Weekly Conference Schedule

	Mon	Tues	Wed	Thurs	Fri
7/8 am	7am: Physics / 8 am: AI Lecture	7 am Oncology/ 8 am <i>GI Tumor Board</i>	7 am <i>Surg GR</i> 7am <i>Ablation Conf (4<sup>th</sup> Wed</i> 8 AM <i>IBD Conference</i>	7 am <i>Journal Club</i> 830 <i>Fetal Conf</i>	>7 am US/Renal Donor MRI Conference > AI Case Conference
Noon/ 1 pm	12 pm Noon Conf	11:30 <i>Panc Bil</i> 12: 00 US Conf/ 1pm GU Tumor Bd	12 pm <i>Endocrine Grand Rounds</i>	RAD-PATH 12:30 pm	> 11am <i>GYN ONC</i> 12:30 <i>GI Rounds</i>
5 pm			> Liver Clinic >Hepatobiliary Tumor Board	> Resident Lectures	Happy Hour

**Fellow Education:**

*Sectional Conferences*

- **MRI Physics Lecture Series: Mondays 7:15-8:15 am 1621C Reagan Conference Room (Until October)**

This lecture series is designed to stimulate learning in MR Imaging starting from the basics of MR to more advanced concepts such as Spectroscopy, Diffusion, and Perfusion.

- **Abdominal Fellows Lecture Series: Mondays 8 am; 1621c RRH Conference Room (RCR)**

This series is designed to be a foundation for understanding fundamental and advanced concepts in CT, MR and US relevant to clinically relevant topics in abdominal imaging including GI (liver, pancreas, bowel) and GU (trauma, infection, neoplasms, gyn, urethra). It is designed to be interactive stimulate further reading in these and related topics. Any suggestions for topics are welcome and you are encouraged to present if you wish.

- **Oncology Didactic Conference: Tuesday 7:30-8:30 Resident Lounge**

This lecture series is designed to make you fluent in the language of imaging based oncology. This includes familiarity with RECIST 1.1, WHO, CHOI and understanding the imaging and relevant clinical features of common cancers

- **US Didactic Conference: Tuesday 12 noon- 1pm 200 MP B level MRI room**

This is a combined alternating Lecture and Case Conference. For cases, the US fellow from the prior week shows interesting inpatient and outpatient cases to the group. Make sure you know the radiology and the relevant clinical history and followup. The fellow keeps a log of all cases and turns the list into Afsoon for inclusion in the Interesting Case Teaching File Database.

- **Ablation Conference: Wednesdays 7 -8 am, 1621c Reagan Conference Room (RCR)**

The CSIR fellow from the prior week(s) shows interesting ablation cases to the group with focal discussions. Make sure you know the radiology and the relevant clinical history and followup. The fellow keeps a log of all cases and turns the list into Afsoon for inclusion in the Interesting Case Teaching File Database.

- **Journal Club: Thursday 7 -8 am (Third Thursday) 1621c Reagan Conference Room (RCR)**

We will organize a list of relevant articles surrounding topics of interest. Any suggestions are welcome.

- **MRI Case Conference: Fridays 7 -8 am, 1621c Reagan Conference Room (RCR)**

The MRI fellow from the prior week shows interesting cases to the group with focal discussions. Make sure you know the radiology and the relevant clinical history and followup. The fellow keeps a log of all cases and turns the list into Afsoon for inclusion in the Interesting Case Teaching File Database.

- **Abdominal Imaging conference:  
Fridays 8-9 am; 1621c Reagan Conference Room (RCR) (Weekly)**

Dr Kadell usually shows a number of interesting cases. The Inpatient GI/CT fellow is should also show at least 1-2 good cases. The Inpatient GI/CT fellow keeps a log of all good cases and turns the list into Afsoon for inclusion in the Interesting Case Teaching File Database. Each fellow is also responsible for bringing 2-3 of the best cases from the recent past. Cases preferably have been worked up to ensure that the diagnosis is well established. The case conference is designed to showcase a large number of interesting cases with a focused discussion of the relevant teaching points. Make sure you know the radiology and the relevant clinical history and follow up.

- **Los Angeles Body Imaging Club:  
Quarterly (4x/yr) 6-10 pm; Alternate Venues (UCLA, USC)**

This is a quarterly meeting alternating between USC and UCLA with participation from UCSD, UCSF, Stanford, UCI, Harbor, Olive View, Cedars, Kaiser and others on WebEx. You are each responsible for presenting one to two exemplary case to a group of academic

and community radiologists from around Los Angeles. Everyone presents their best cases.  
Dinner Included

- **Noon Conferences:**  
**Mondays 12-1 pm; 1621c RRH Conference Room**

You are encouraged to attend the Monday AI noon conference and as many of the remainder of the resident noon conferences and Thursday afternoon lectures and events as you can. You are encouraged to give noon conferences and board reviews

- **Radiology-Pathology Conferences:**  
**Monthly Thursdays 12-1; Tamkin Auditorium**

Each of you is responsible for getting 6 cases over the year and presenting a conference in GI, GU or US. The cases should be of academic interest with surgical pathology. The conference is conducted in cooperation with the pathology resident. The conference is easy to prepare if you regularly attend the clinical conferences: Multidisciplinary conference (Tu), GU tumor board (Tu), Hepatobiliary tumor board (Wed), GU Grand Rounds (Thu), GYN onc tumor board (Fri)

- **Radiology Grand Rounds:**  
**Monthly Thursdays 12-1 pm; Tamkin Auditorium**

You are encouraged to attend as many of the resident lectures and events as you can. You are encouraged to give noon conferences and board reviews.

### *Interdepartmental Clinical Conferences*

Required Attendance and Presentation (A.I. fellow and attending run). You should organize yourselves to rotate presentations at these conferences in a manner that best suits your fellowship class.

With assigned attendings, the fellows are responsible for reviewing relevant radiological studies in the following conferences:

- **Multidisciplinary Colorectal Cancer Conference:**  
**Every Tuesday 8-9 pm: RRH 8-234 Conference room**  
You work with Dr Douek to prepare relevant cases for discussion of colorectal cancer issues conference involving radiologists, surgeons, & oncologists.
- **Pancreaticobiliary Conference: Tuesdays 11:30-1:00pm; CASIT Conference Room B**  
This conference is primarily run by Dr. Kadell. It focuses on tough pancreatic and biliary disorders from imaging, GI, IR and surgical perspectives. Great discussion of common and uncommon pancreatic and biliary cases. (All fellows)

- G. U. tumor board:**  
**Tuesdays, 1-2pm; Clark Urology Conference Room 200MP (twice monthly)**  
 The list of cases (Renal, prostate, Bladder, Scrotal) is emailed to our assistant by the GU Oncology fellow. All outside films should be entered into Centricity PACS by them via the film library. You should consult Drs Raman or Margolis. You present cases using our laptop via Centricity with their projector. The GU fellow presents the imaging. (+++ food)
- Inflammatory Bowel Disease Conference: Wednesday 8 am Uberroth (Weekly)**  
 Multidisciplinary discussion of IBD with discussion of relevant imaging. Please work with Dr. Margolis and Masamed to go over the relevant cases. (GI and MR Fellows)
- Urology Grand Rounds: Wednesdays 7-8 am; CHS 63-105 (lecture hall) (3 per month)**  
 Interesting spectrum of urological cases most with imaging presented by Urology residents from UCLA Harbor, OV, VA and Westwood. The GU fellow should attend. . (+ food)
- Hepatobiliary tumor board/lecture:**  
**Wednesday 4:30-5:30 pm; 200 MP B2 Radiation Onc Conf Rm (twice monthly)**  
 Focuses on liver/biliary imaging, pathology and management. This conference is primarily run by Drs Lu or Dr Raman on a twice monthly basis and alternates each week with a lecture series related to hepatobiliary problems. (+ food) Great discussion of complex liver/biliary/metastatic cancer cases. (All interested fellows esp CSIR)
- Renal Donor Conference: Bi weekly/Irregular Fridays 7-8 am Clark Urology Conference Room 200MP**  
 The MP/MR fellow works with Alex Juncosa and Brenda Brownin 3D lab to make sure that the requested cases are on the Vitrea Workstation. You then review the appropriate CTA or MRA in conference to present arterial and venous anatomy. (GU fellow)
- GYN Oncology Tumor Board: Fridays 11am-12 pm; B2 Rad Onc Conf Room**  
 You get the weekly list emailed from the GYN ONC fellow and make powerpoint slides of relevant images. There is a good spectrum of relevant GYN ONC cases (ovarian, endometrial, cervical) with radiology, pathology and management problems. (GU fell

## Regional Meetings:

### Society of Abdominal Radiologists: Hollywood, Florida- ARC.org

**Los Angeles Radiological Society (LARS [larad.org](http://larad.org)):** Great local meetings with Experts. Please expect to attend the US dinner meetings in Marina Del Rey, the midwinter meeting and the Spring US (June) course. You can also attend the July Breast Course:

PO Box 93125  
Pasadena, CA 91109  
Phone: 626-836-5800  
Fax: 626-836-6606

LARS schedule ([www.larad.org](http://www.larad.org)):

## LOS ANGELES RADIOLOGICAL SOCIETY

[www.larad.org](http://www.larad.org)

**67th Annual  
Midwinter Conference  
January 2015  
Pasadena Convention Center**

[WWW.LARS-SPRING-ULTRASOUND.ORG](http://WWW.LARS-SPRING-ULTRASOUND.ORG)

**SUMMER SEMINAR IN BREAST IMAGING**  
Pasadena Hilton Hotel  
July 16 2016 (Saturday)  
FOR DETAILED SCHEDULE, CME ACCREDITATION & DESIGNATION STATEMENTS  
AND LOCATION DETAILS - [Click Here](#)  
FOR ONLINE REGISTRATION - [Click Here](#)

**KEYNOTE SURGICAL PERSPECTIVE LECTURE**  
**MELVIN J. SILVERSTEIN, MD**  
Gross Family Foundation  
Endowed Chair in Oncoplastic Surgery  
Director, Breast Program  
Hoag Memorial Hospital  
Clinical Professor of Surgery, Keck Medicine of USC

**AMERICAN CANCER SOCIETY PERSPECTIVE LECTURE**  
**ROBERT A. SMITH, PHD** -  
Vice President, Cancer Screening  
Cancer Control Department  
American Cancer Society

**Internationally recognized faculty in Breast Imaging, including:**

- STEPHEN A. FEIG, MD, FRCR (UCI)
- CHRISTOPH LEE, MD, MSHS (Univ. of Washington)
- SANDY C. LEE, MD (USC)
- MICHAEL N. LINVER, MD, FRCR (Univ. of New Mexico)
- MELVIN J. SILVERSTEIN, MD (Hoag & USC)
- ROBERT A. SMITH, PHD (ACS)

7.5 Cat. 1 Physician CME available!  
LARS has applied to the ASRT for technologist Cat. A CE.  
Approval information will be posted here upon receipt.

**MIDWINTER RADIOLOGY & RADIATION ONCOLOGY CONFERENCE**  
Pasadena Convention Center  
February 25-26, 2017

Watch this site ([http://www.larad.org/meetings/index\\_meetings.htm](http://www.larad.org/meetings/index_meetings.htm)) for updates on dates, locations and links to online registration.

### 3. PRACTICE BASED LEARNING

This competency is the bulk of the fellowship. You are not just end users or readers. This is your year to understand the fundamental principles of MR, CT, CT-PET and US imaging and appreciate recent advances in the field. We want to dissect protocols, understand how and why things are done and how to make them better.

- Acquire expertise in all aspects of contemporary Abdominal Imaging and basic interventions:

#### Organ System Areas of Expertise:

- Hepatobiliary Imaging including US & MR Elastography
- Pancreatic Imaging
- Bowel Imaging
- Renal and Adrenal Imaging
- Prostate Imaging & Biopsy
- High Risk OB imaging
- GYN benign diseases and Oncology
- Abdominal Vascular Imaging
- Oncological Imaging (PET CT and Clinical Trials)
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#### Procedural Expertise:

- Fluoroscopy (Upper GI, BE, Pouchogram, HSG, Defecography)
  - Abdominal CT, CTA, CTU, CT colonography, CT enterography, PET CT
  - 3D post processing techniques
  - Abdominal/Pelvic MR (Liver MRI including MR Elastography, R2\* and fat fraction, Enterography, MRA, MR spectroscopy of prostate, MR pelvic floor, MR defecography, MR enterography, GYN-uterine & Fetal MR).
  - Ultrasound (including 3D/4D, high risk OB, vascular and saline hysterosonography, US Contrast),
  - Cross Sectional Interventional procedures (US, CT & MR guided biopsies, and drainages) nephrostomies, nephrolithotomy tract placements, and tumor ablation with RF, Cryo, IRE or Microwave.
- Prescribing, performing, and interpreting body imaging studies using state-of-the-art equipment and techniques at expert level
  - Refining skills in consultation, presentation and teaching
  - Preparing conferences and ongoing education
  - Acquiring role models and mentors
  - Mentor junior colleagues



## ***Core Rotations:***

The fellowship is divided into 52 one week blocks.

Rotations for 2016-17 include: GI INP (Reagan), MRI/OP-GI, GU/Onc (Reagan), Cross Sectional Interventional Radiology (CSIR), Outpatient US and, Chest, Oncology, SM Abdomen and four weeks (28 calendar days) of vacation. Each fellow has two weeks for Chest.

The fellow is responsible for understanding the key functions of each service and is responsible for its smooth administration on a daily and monthly basis. Work hours are typically from 8 am to 6 pm.

Fellows are expected to arrive promptly and assess the workload for the day via the (Medicalis Worklist). Fellows then structure their day depending on the workload, attending coverage, & resident coverage.

### **Primarily responsibilities on each service:**

- Clinical Consultations (Clinicians, technologists) including MR pager.
- Understanding of the technical aspects of CT, MR and US. Updated protocols guide workflow especially in CT and MR.
- Understand workflow and organize themselves to meet the individual needs of each service.
- Mentor and guide work to residents (appropriate to resident skill level).
- Populate your powerscribe worklists with the common templates: You can feel free to import any templates from Dr Margolis Lu or Raman.

### **Fellow Rotations**

**INPATIENT GI (Reagan) (IP/GI):** This is among the busiest overall rotations but also has some of the best and broadest mix of ER, inpatient and outpatient CT cases. The Inpatient GI fellow is responsible for:

- Triageing all inpatient abdominal CT scans: In general the ER and inpatient scans should be given to the junior residents. The number triaged to residents will depend on their proficiency, level and skill (variable). The fellow reviews the remainder. The first CT readout usually begins between 9-10 am. You should become organized with Care Connect, Medicalis and pre-dictate with Powerscribe.
- Answering protocol and appropriateness questions from the CT technologists.
- Fluoroscopy: Check the requisitions with the technologists and triage appropriately. Most cases are single contrast studies
- Organize and Present selected interesting cases at Friday imaging conference with Dr Kadell

**MRI/OUTPATIENT GI (MP 200) (OP/GI):** On this service, the fellow is based at 200 Medical Plaza and is responsible for:

- **Signing out the MR pager (pgr 96571) to your pager via page operator (x66766):** **Triaging all Abdominal and pelvic MR studies** from UCLA Westwood and Santa Monica, 1919, Martin Luther King (MLK) and Manhattan Beach including all abdominal MRA studies except those RAS studies and primary aorta cases (read by DCVI). In general all CHS and SM inpatient MR scans should be read first. Familiarize yourself with the MRI master template.
- **Read all MRI and MRA studies of the abdomen and pelvis** (except Prostate, Rectal, Bladder Uterine and Cervical cancer MRI) from Reagan (Avanto & Trio), MP 100 (Sonata), 200 (GE HDx), 300 (Avanto, Prisma & Vario), SMH (Sonata), SMO (Avanto & Vario), SMWG (Vario 3T), MBIP (Vario 3T) & MLK (1.5T)
- MRAs of aorta-iliacs or primary renal artery stenosis are read by the DCVI service
- Contacting the lead MR techs in Reagan, 200MP, 300MP and SMH daily
- Answering protocol and appropriateness questions from MR techs.
- Supervise residents to perform AM fluoroscopic studies (esophagram, UGI, SBFT, enteroclysis, BE, defecography, & HSG) at 200 MP

**GU/3D Lab (Reagan):** On this service, you will gain expertise in interpretation of Uroradiology, CT and fluoroscopy, Prostate MRI, MR guided biopsy and 3D lab post processing. The fellow is responsible for:

- **Administering the GU service:** Know the techs and nurses for the day. On this service, the fluoroscopic procedures (RUG, loopogram, cystograms, VCUG etc) are all done by the techs per protocol. Make sure you have the old studies (usually not on PACS) for any cases that need them.
- **CT cases** (mixture of CT urograms, CT KUB's, and general outpatient CT)
- **3D lab cases:** The 3D in Reagan will be accessible via PACS by Vital Images Web service. It is usually busy on Fridays and Mondays with donor CTA's. There are 2-4 CT virtual colonographies, and weekly volumetric liver assessments and liver donor CTA. Brenda Brown is the 3D processing technologist.
- **Administering the smooth flow of Prostate MRIs** with shared distribution between you and the GU fellow as cases come in. Please learn how to use PI RADS and UCLA PI RADS as well as the DynaCAD workflow. Touch base with Brenda Brown (x78723) for problems with the DynaCAD server to be ready for readout. Know PSA and Bx info.
- **Read all Multiparametric MR Oncology studies requiring DynaCAD:** Prostate, Rectal, Bladder and Cervical cancer
- **MR guided targeted prostate biopsies:** consent patients for biopsies and RAD PATH and perform the MR guided targeted prostate biopsies.

**CSIR (Cross Sectional Interventional Radiology):** You should concentrate on cases requiring US or CT guidance and split cases with the angio/IR fellow. Keep a procedure log.

- You work in concert Angio/IR fellow and a residents to administer the service which includes abdominal and thoracic procedures. Thoracic procedures are split between yourselves and the thoracic fellows.
- Put in the Care Connect Orders in for the Day's Outpatients on the night before.
- Service starts at 7 am for prepping AM cases (consents, labs etc) and includes two schedulers (Tran x79781 and Myrna x 7-8750) and at least 3 nurses each day.
- The lead CSIR nurse (pager # 93810; x79772) comes in at 7 am and has the master list of scheduled and add-on cases. We need to consent all patients in the 1<sup>st</sup> and 2<sup>nd</sup> floor PTU to start the process to bring down the scheduled patients.
- Routine US based Cases are performed in the CSIR room
- All Ablations will be primarily performed on the Definition 64 detector scanner CT on the 2<sup>nd</sup> floor but can be performed on the first floor.
- Add on ablations and routine CT procedures will be performed on CT 1 (64 detector CT) on the first floor.
- All Scheduled CSIR Cases should be protocolled at least on day ahead with respect to imaging guidance, anesthesia level (e.g. nursing conscious sedation or general anesthesia).
- Check the daily schedule each morning for scheduled cases and any inpatient or outpatient add-ons. Triage the cases based on the following:
  - Urgency
  - Skill level (give easier cases to resident)
  - Availability of equipment: US > CT > MR
- Review all studies and H&P for each patient, especially the Ablation Patients.
- For Ablations, introduce yourself to the anesthesiologist and discuss the case including need for breath holding (requires paralysis) and patient positioning
- At a minimum, each patient should be:
  - NPO to solids for 8 hrs or clear liquids for 2 hrs for conscious sedation
  - Have all current labs including PT/INR, BUN/Cr, basic electrolytes
  - A consent for the procedure and for conscious sedation
- Each procedure must be performed with an Attending per Medicare rules.
- In general, after the critical portion of each case, the next patient can be called for to minimize delays.
- All Care Connect orders should be put in the appropriate phase of care for the pre procedure and post procedure phases of care. A standard note, medication and nursing orders and post procedure care (PTU orders for outpatients) should be performed preferably ahead of time to be maximally efficient.
- Check the cases for the following day prior to leaving to minimize surprises
- Protocol upcoming cases and give them to the schedulers (x55659 or x55706) ASAP to increase case volume.

**Oncology (Westwood/SM):** On this service, you will gain expertise in interpretation of PET CT and clinical trials. The fellow and resident read out in RRH on Monday and Tuesday and SM on Wednesday Thursday and Friday in SM.

- Work with resident to cover all PET CT from RRH and SMH.
- There is a joint conference with Nuclear Medicine at WW at 3pm and virtually at SM

**100 MP US/Clinic:** On this rotation you are expected to become skilled at high risk OB, vascular US, thyroid US.. You should try and double check all high risk OB patients and read High Risk OB MR and US. Make sure you contact the lead tech and your tech staff and make sure they run all OB cases and all non routine cases by you before letting the patients go. You are expected to help run the imaging in the CSIR clinic (100 MP) on Monday and Tuesday Afternoons and Thursday and Friday mornings and readout the MR and CT scans..

- Help the junior residents understand basic US.

**SM Abdomen:** . The SM Abdomen fellow will do a combination of imaging and intervention from Monday through Thursday and assist in SM Tumor Board. This rotation gives you a chance to experience a community hospital setting with state of the art imaging and cross sectional interventions. On Fridays, the fellow will be at Westwood to show interesting SM cases in conference and primarily read overflow MR and CT scans with possibility for jeopardy.

**Acute Care Imaging:** Based in SM from 10 pm – 7 am. Read full mix of cases as final read. Will have concurrent Neuro Attending with you this year. Responsible for RR, SM and MLK.

**Call:** One weeknight per week and one of six weekends. Weekend pager call starts at 7 pm Friday until 8 am Monday. On site call starts at 8 am until 2pm in house at Reagan. We cover the entire list of plain films, CT, US, MRI from Reagan and SM. Faculty readout is variable and requires that you check in with individual faculty.

### ***Radiology Workflow Systems***

There are five systems to understand:

Care Connect : Hospital Information System for everything.

Centricity: This is the PACS system that may be accessed individually or through Care Connect and Powerscribe for dictation. Same password as Care Connect

Medicalis: This is the bridging system that creates radiology worklists that bridge Centricity and Powerscribe

Powerscribe: This is the Voice Recognition System requiring the same passwords as Care Connect.

Veriphy: This system enables secure communication with referring physicians and is used for communicating critical results.

#### **4. COMMUNICATION**

This competency incorporates your clinical and didactic teaching activity in # 2

Hints:

Legally a missed communication of a serious finding is considered negligent as a duty of the radiologist. Documenting a conversation with another physician may be performed in the following ways:

1. Document the date and time of conversation in the dictation.
2. Use the Web pager and alpha page a result to a physician. This is a documented method of communication.
3. Use the hospital operator (x66766) to page a physician.
4. Use the hospital operator to use the call connect system to directly reach a person.
5. Use Veriphy-required in appendicitis and aortic dissection cases.

#### **5. PROFESSIONALISM**

We will treat you as colleagues, trust you and rely on you and hopefully you will reciprocate. We're all in this together to have a great year.

Dress Code: Shirt and Tie for men and professional attire for women. Please wear your White Coat and Badge always. You will meet a variety of colleagues from different departments and present at conferences. You are representing AI/CSIR. Please be at your best. Scrubs are fine only for CSIR.

#### **6. SYSTEMS BASED PRACTICE**

We expect that you attend the business and legal lectures and seminars given to the residents

#### **RESEARCH**

This year, each fellow is expected to undertake a project and present it in poster form at the Radiology End of the Year party. The winner does get up to \$1000 with second prize \$500. Faculty in the Abdominal Imaging Division have many ongoing projects, and fellows are actively encouraged to participate in those projects. Time, money and facilities are available for research, and fellows are actively encouraged to become involved in projects during the fellowship year. In past years, fellows have usually presented at national meetings. Though

most research conducted in the department is clinical, tremendous departmental and university resources exist for a broad variety of research endeavors.

The Department of Radiology takes pride in its research and development of such advanced imaging techniques as magnetic resonance imaging, digital radiography, PACS, positron emission tomography, single photon emission tomography.

**Other:**

**Vacation:** 20 calendar days

**Academic Account:** \$1250.00/per fellow; additional funds available for research related travel

**Social:** Happy Hour and other social events planning is encouraged!

We hope this will be the most enjoyable, most professionally rewarding and challenging year of training. You will definitely get multiples of reward for any effort you make in the fellowship.

Good Luck for a fantastic fellowship year!

*SR*

*Steven S. Raman, MD*

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