

Resident Core Curriculum 1404 Night Float

Overview: The 1404 night float resident is responsible for multiple modalities while on call that include ER plain radiography, neuroradiology (CT head, neck and spine), MSK – CT spine, osseous pelvis and extremities, GI radiology as well as providing consultation for all in-house plain radiographs. There are two concurrent rotations with similar responsibilities.

First 6 Months:

Patient Care and Technical Skills:

PCTS1: Consultant

- Communicate verbally with referring physicians and house staff about radiographic findings

Medical Knowledge:

MK1: Protocol Selection and Optimization of Images

- Determine the need for repeat or additional radiologic examinations/studies.

MK2: Interpretation of Examinations

- Chest: Identify fractures, joint effusions, pneumonia, congestive heart failure and bowel obstruction. This applies to both the pediatric and adult population
- MSK: Identify and correctly describe fractures of the bony structures. Fine soft tissue signs of trauma (effusions, contusions, and ligamentous injuries)
- Neuroradiology: Identify acute intracranial hemorrhage secondary to trauma and other sequelae of trauma, acute infarcts, acute intracranial hemorrhage secondary to aneurysm, herniation and trauma to the spine. Recognize infectious processes of the neck
- GI: Distinguish ileus versus obstruction; identify bowel perforation and extravasation of oral contrast from bowel
- Knowledge and competency in performing and interpreting Chest, Musculoskeletal, Neuroradiology, and Gastrointestinal exams/studies

Practice-Based Learning and Improvement:

PBLI2: Self-Directed Learning

- Recognize limitations and ask for help when needed

Interpersonal and Communication Skills:

ICS2: Effective Communication with Members of the Health Care Team

- Make decisions when to alert house staff to the immediacy of a condition that is apparent on the image
- Interact in a compassionate and caring manner
- Develop professional relationships with resident colleagues, radiology attending physicians, referring physicians, radiology technologists and nurses
- Communicate verbally with referring physicians and house staff about radiographic

- findings
- Proper report generation

Second 6 Months:

General: Gain in expertise of skills from first six months.

Patient Care and Technical Skills:

PCTS1: Consultant

- Communicate verbally with referring physicians and house staff about radiographic findings

Medical Knowledge:

MK1: Protocol Selection and Optimization of Images

- Determine the need for repeat or additional radiologic examinations/studies.

MK2: Interpretation of Examinations

- Chest: Identify fractures, joint effusions, pneumonia, congestive heart failure and bowel obstruction. This applies to both the pediatric and adult population
- MSK: Identify and correctly describe fractures of the bony structures. Fine soft tissue signs of trauma (effusions, contusions, and ligamentous injuries)
- Neuroradiology: Identify acute intracranial hemorrhage secondary to trauma and other sequelae of trauma, acute infarcts, acute intracranial hemorrhage secondary to aneurysm, herniation and trauma to the spine. Recognize neoplastic and infectious processes of the neck
- GI: Distinguish ileus versus obstruction; identify bowel perforation and extravasation of oral contrast from bowel
- Knowledge and competency in performing and interpreting Chest, Musculoskeletal, Neuroradiology, and Gastrointestinal exams/studies.

Practice-Based Learning and Improvement:

PBLI2: Self-Directed Learning

- Recognize limitations and ask for help when needed

Interpersonal and Communication Skills:

ICS2: Effective Communication with Members of the Health Care Team

- Make decisions when to alert house staff to the immediacy of a condition that is apparent on the radiograph
- Interact in a compassionate and caring manner
- Develop professional relationships with resident colleagues, radiology attending physicians, referring physicians, radiology technologists and nurses
- Communicate verbally with referring physicians and house staff about radiographic findings
- Proper report generation

Levels of Supervision

The 1590 resident is immediately available for assistance. Faculty are immediately available by phone based on the division call schedule as listed in QGenda.

Monitoring and Assessment of Resident Performance

The resident's progress will be monitored by the faculty on the service. Any deficiencies or substandard performance will be discussed privately with the resident by the Program Director. Residents are evaluated after each rotation by faculty. Resident performance is also evaluated through direct observation, case logs, multi-source professional evaluations, structured case discussion, review of patient outcomes, and other performance evaluation methods as determined by the program.