Nuclear Medicine-Related Rotations should reflect the resident's interests while continuing to build upon nuclear medicine knowledge. If the resident proposes a new elective/educational experience, goals and objectives must also be created. Proposed electives are evaluated and ultimately approved by the ABR. ***Please note that per the ABR, a maximum of 12 weeks can designated NM-related rotations.***

BODY – NM RELATED ROTATION

Required Activities

- □ Attend, at minimum, one tumor board weekly while on the body service.
- □ Present a minimum of 3 body-specific tumor boards; any combination of TBs is acceptable. Cases are to be reviewed beforehand with the assigned attending.
    - GI Tumor Board - Weekly, Tuesdays at 6:45 AM
    - GU Tumor Board – Weekly, Thursdays at 4:30 PM
    - Endocrine Conference - 2nd and 4th Thursdays at 4:00 PM
- □ Coordinate one full day in the OR with Surgical Oncology attendings Dr. Smith and/or Dr. Kang (if the resident prefers an ENT experience, this could be done with Drs. Divakar, Paydarfar, or Gosselin).

Patient Care

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the diagnosis and treatment of illnesses of the chest, abdomen and pelvis. Residents are expected to:

- Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families
- Gather essential and accurate medical and radiologic history pertinent to the procedure for which the patient is scheduled or for the examination that the patient has had

Medical Knowledge

Residents must demonstrate knowledge about established and evolving biomedical, clinical, and cognate sciences and the application of this knowledge to patient care.

- Assist with non-oncology studies of priority: STATs and inpatient exams
- Adequately protocol examinations, particularly as they pertain to oncology and indeterminate lesions (for example: s/p Whipple, initial vs follow-up of an IPMN)
- Accurately analyze focal and diffuse pathology in the abdomen and pelvis
- Prescribe and interpret all body CT and MRI examinations, with a focus on oncology cases including:

    - Melanoma
    - Lymphoma
    - GI/GU (liver, bowel, kidney, pancreas, female pelvis, prostate, and rectal malignancies)
    - Radiation planning exams
    - RECIST
- Correlate with PET and NM examinations when available – use MIM to properly evaluate NM studies and NOT screen captures. MIM is on various workstations and can easily be added to a workstation by contacting IT.
- Describe the pathways of disease spread within the abdomen & pelvis
    - Normal patterns of LN drainage
    - Normal patterns of venous drainage; portal and systemic
    - Recesses of the peritoneal cavity and their role in disease spread
- Appropriately recommend the use of MRI in the evaluation of indeterminate findings on CT, specifically:
    - Liver, renal, pancreas, and uterine and adnexal pathology.
    - Compare and contrast the strengths and limitations of MRI and CT in the evaluation of masses in the solid abdominal organs.
- Become familiar with staging systems for common malignancies of the GI and GU tract

Practice-Based Learning and Improvement

Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices. Residents are expected to:

- Apply knowledge of study designs and statistical methods to the appraisal of clinical studies. Discriminate sources based on the quality of the resource.
- Technology assessment literature - describe what it is, how it influences our practice
- Explain how to determine the diagnostic effectiveness of CT-guided biopsies and their role in the clinical care of the patient for their diagnosis.

Interpersonal and Communication Skills

Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange with technologists, referring physicians, and other medical personnel. Residents are expected to:

- Work professionally and effectively with other health care professionals, including technologists, secretaries, schedulers, nurses, students, residents, and physicians
- Interact effectively and sensitively with patients, and with family members of patients.
- Be able to present a concise, clear summary of patient history, physical findings, lab parameters, and previous diagnostic workup relevant to the imaging study before it is interpreted

Updated 6/20/25 by Dr. Dominguez-Konicki

- Create a clear, concise, intelligible radiology report devoid of errors
- Use standard reporting algorithms & templates appropriately (i.e., LIRADS, PIRADS)
- Communicate findings effectively with the referring clinicians
- Communicate and document the communication of critical findings & critical tests with the appropriate medical personnel in a timely fashion

Professionalism

Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient and professional population. Residents are expected to have achieved all the defined components of professionalism outlined for the first 4 body imaging rotations. By the end of this NM-related rotation, they must:

- Demonstrate personal responsibility for running all facets of the body imaging service and relevant patient care with a focus on oncologic pathology
- Work with any and all health care professionals to provide patient-focused and most appropriate care.
- Consult with ordering providers to recommend the best imaging test
    - Know the appropriate indications PET tracer recommendations (neuroendocrine tumors, fever of unknown origin, vasculitis, etc.)
- Address patient questions and concerns and document these communications in the medical record, as appropriate

Systems-Based Practice

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value. When appropriate, evaluate each request for imaging as regards cost, effectiveness, risk and appropriateness, and to facilitate performance of an alternative study if indicated.