

## **Goals & Objectives CanMeds**

**Specialty: VGH- Interventional Radiology**

**899 West 12th Ave , Vancouver BC V5Z 1M9**

**Rotation Supervisor Dr. Stephen Ho**

**Level: Senior Resident**

### **Objectives:**

The rotation begins with the assumption that the resident has minimal interventional experience. The senior resident will be assumed to have completed the Abdominal Radiology rotation as described previously or have undergone equivalent training.

During this rotation, the senior resident will be expected to participate fully in all interventional procedural work involving all procedures described previously in the guidelines for the introductory rotation. In order to provide maximum experience to the resident, the interventions will be divided between the senior resident and the GI or GU fellow as first operator.

### **Medical Expert:**

- *Demonstrate diagnostic and therapeutic skills for ethical and effective patient care*
- *Access and apply relevant information to clinical practice*
- *Demonstrate effective consultation services with respect to patient care, education and legal opinions*

Understand concepts of, indications and contraindications for: percutaneous nephrostomy of native and transplant kidneys, balloon dilation of benign and malignant strictures of the tubular GI and GU tract, basic biliary drainage of the biliary tree via the transhepatic route and via the gallbladder, percutaneous liver tumour ablation, removal of gallstones from the gallbladder and bile ducts via a cholecystostomy tract or T-tube tract, draining of fluid collections related to interventional procedures, bladder catheterization and placement of internal stent devices for benign and malignant strictures of the GI and GU tract.

Attain proficiency in performing: percutaneous nephrostomy, percutaneous transhepatic biliary drainage and percutaneous gastrostomy.

Understand anatomy related to, concepts of and indications and contraindications for endoscopic retrograde cholangiopancreatography and its relation to percutaneous biliary drainage procedures.

Understand concepts of and indications and contraindications for extracorporeal and intracorporeal shock-wave lithotripsy as applied to the urinary and GI tract.

**Communicator:**

- *establish therapeutic relationship with patients/families*
- *obtain and synthesize relevant history from patients/families/communities*
- *listen effectively*
- *discuss appropriate information with patients/families and the health care team*

**Collaborator**

- *consult effectively with other physicians and health care professionals*
- *contribute effectively to other interdisciplinary team activities*

As there are fellows in both GI and GU, the senior resident will be first operator in the morning interventional cases (if appropriate) under the close supervision of the staff radiologist. The fellow will be the primary operator in all afternoon interventional cases, with the opportunity to be first assist to the senior resident. Some flexibility will be required, as some types of interventional cases occur only in the morning or afternoon in both the GI and GU procedure slates. In addition, the senior resident will have the opportunity (if appropriate) to be first operator when the fellows are away on their respective academic half-days.

In addition, interventional call MUST be separate from the regular on-call schedule, as it is not possible to participate fully in interventional procedures whilst attending to all the “normal” and often busy, on-call duties. A separate pager will be supplied to the resident for ALL interventional procedures while on call.

The frequency of interventional call will not be less than 1 week in 4 with arrangements to be finalized by the chief resident and the rotation supervisors. The intervention pager will be activated only by the staff radiologist or fellow on call.

**Manager**

- *utilize resources effectively to balance patient care, learning needs, and outside activities*

- *allocate finite health care resources wisely*
- *work effectively and efficiently in a health care organization*
- *utilize information technology to optimize patient care, life-long learning and other activities*

### **Health Advocate**

- *identify the important determinants of health affecting patients*
- *contribute effectively to improved health of patients and communities*
- *recognize and respond to those issues where advocacy is appropriate*

### **Scholar**

- *develop, implement and monitor a personal continuing education strategy*
- *critically appraise sources of medical information*
- *facilitate learning of patients, housestaff/students and other health professionals*
- *contribute to development of new knowledge*

The resident will be responsible for follow-up of all cases performed, presenting the non vascular interventional cases at the daily interventional working rounds and presenting these cases at GI and GU Rounds at Vancouver Hospital-VGH Site.

Attendance at the Abdominal Tumour Group Rounds at the BC Cancer Agency on a weekly basis is optional, but encouraged. Attendance at the weekly GI Medical-Surgical Conference and the daily working interventional rounds is expected. In addition, the senior resident should attend the weekly Urology Rounds when appropriate.

As many interventional procedures occur outside normal working hours or on weekends, the senior resident is encouraged to take call for intervention. This unique opportunity is entirely OPTIONAL. Residents should not seek this “extra call” unless they are fully committed.

### **Professional**

- *deliver highest quality care with integrity, honesty and compassion*
- *exhibit appropriate personal and interpersonal professional behaviours*

- *practise medicine ethically consistent with obligations of a physician*

**Reading List:**

*Interventional Radiology* by Castaneda-Zuniga; Gore, Levine and Laufer's *Textbook of GI Radiology* and Dunnick's *Textbook of Uroradiology*.