

**NYU School of Medicine
Department of Radiology
Rotation-Specific House Staff Evaluation**

Resident:

Training Year:

Rotation:

Date:

Block:

!!!Please note the new evaluation scale!!!

With respect to Expectations:

(Far Exceeds – 1) (Exceeds – 2) (Meets – 3) (Marginal – 4) (Below – 5)

Fails Element (FAIL); Not Applicable (NA); No Opinion (NO)

v1.1 04.26.06

Thoracic Imaging - First Rotation

Knowledge-Based, Communication, Technical and Decision-Making Objectives:

1. Demonstrated learning of the clinical indications for chest radiographs as well as chest CT and MR exams. Able to protocol basic Chest CT, depending upon clinical indications.

1 2 3 4 5 FAIL NA NO
FarEx Meets Below

2. Anatomy: able to identify structures on Chest films and CT as listed in the Curriculum.

1 2 3 4 5 FAIL NA NO
FarEx Meets Below

3. Understands standard patient positioning in Chest Radiology.

1 2 3 4 5 FAIL NA NO
FarEx Meets Below

4. Signs: able to define, identify and state the significance of the signs noted in the Curriculum on a plain radiograph and basic Chest CT. Understands basic technical and methodological parameters for Chest CT.

1 2 3 4 5 FAIL NA NO
FarEx Meets Below

5. Disease Processes: Understands disease processes, as detailed in the Curriculum.

1 2 3 4 5 FAIL NA NO
FarEx Meets Below

6. Able to dictate understandable chest radiograph reports that include correct patient demographics, clinical indication for exam, comparison where appropriate, brief and concise description of the findings and short impression.

1 2 3 4 5 FAIL NA NO
FarEx Meets Below

7. Called ordering physicians about all significant or unexpected radiological findings and documented who was called and the date and time of the call in the dictated report.

1 2 3 4 5 FAIL NA NO
FarEx Meets Below

**NYU School of Medicine
Department of Radiology
Rotation-Specific House Staff Evaluation**

Resident:

Training Year:

Rotation:

Date:

Block:

!!!Please note the new evaluation scale!!!

With respect to Expectations:

(Far Exceeds – 1) (Exceeds – 2) (Meets – 3) (Marginal – 4) (Below – 5)

Fails Element (FAIL); Not Applicable (NA); No Opinion (NO)

v1.1 04.26.06

8. Obtained relevant patient history from computer records, dictated reports, or by calling referring clinicians.

1 2 3 4 5 FAIL NA NO
FarEx Meets Below

9. Knows when to obtain help from supervisory faculty in interpreting radiographs and in answering questions for referring clinicians.

1 2 3 4 5 FAIL NA NO
FarEx Meets Below

10. Arrived for the rotation assignment on time and prepared, after reviewing recommended study materials.

1 2 3 4 5 FAIL NA NO
FarEx Meets Below

11. Demonstrated the ability/knowledge to manage an intravenous contrast reaction that may occur during a chest CT examination.

1 2 3 4 5 FAIL NA NO
FarEx Meets Below

Comments:

**NYU School of Medicine
Department of Radiology
Rotation-Specific House Staff Evaluation**

Resident:

Training Year:

Rotation:

Date:

Block:

!!!Please note the new evaluation scale!!!

With respect to Expectations:

(Far Exceeds – 1) (Exceeds – 2) (Meets – 3) (Marginal – 4) (Below – 5)

Fails Element (FAIL); Not Applicable (NA); No Opinion (NO)

v1.1 04.26.06

Thoracic Imaging - Second Rotation

Knowledge-Based, Communication, Technical and Decision-Making Objectives:

1. Able to prioritize workflow according to clinical needs.

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>FAIL</i>	<i>NA</i>	<i>NO</i>
<i>FarEx</i>		<i>Meets</i>		<i>Below</i>			

2. Familiar with disease entities as outlined in the Curriculum.

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>FAIL</i>	<i>NA</i>	<i>NO</i>
<i>FarEx</i>		<i>Meets</i>		<i>Below</i>			

3. Better able to handle the skill set outlined for the first rotation.

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>FAIL</i>	<i>NA</i>	<i>NO</i>
<i>FarEx</i>		<i>Meets</i>		<i>Below</i>			

4. Describe chest CT protocols, techniques and methodology optimized for: thoracic aorta and great vessels; suspected pulmonary embolism; tracheobronchial tree; suspected bronchiectasis; lung cancer staging; esophageal cancer staging; suspected pulmonary metastases; suspected pulmonary nodule on a radiograph; shortness of breath; hemoptysis.

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>FAIL</i>	<i>NA</i>	<i>NO</i>
<i>FarEx</i>		<i>Meets</i>		<i>Below</i>			

5. Able to monitor all chest CT exams and determine whether additional imaging is required.

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>FAIL</i>	<i>NA</i>	<i>NO</i>
<i>FarEx</i>		<i>Meets</i>		<i>Below</i>			

Comments:

**NYU School of Medicine
Department of Radiology
Rotation-Specific House Staff Evaluation**

Resident:

Training Year:

Rotation:

Date:

Block:

!!!Please note the new evaluation scale!!!

With respect to Expectations:

(Far Exceeds – 1) (Exceeds – 2) (Meets – 3) (Marginal – 4) (Below – 5)

Fails Element (FAIL); Not Applicable (NA); No Opinion (NO)

v1.1 04.26.06

Thoracic Imaging - Third Rotation

Knowledge-Based, Communication, Technical and Decision-Making Objectives:

1. Demonstrated appropriate capabilities in the knowledge-based, technical, communications, and decision-making objectives introduced during rotations 1 and 2.

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>FAIL</i>	<i>NA</i>	<i>NO</i>
<i>FarEx</i>		<i>Meets</i>		<i>Below</i>			

2. Familiar with disease entities and radiographic signs as outlined in the Curriculum.

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>FAIL</i>	<i>NA</i>	<i>NO</i>
<i>FarEx</i>		<i>Meets</i>		<i>Below</i>			

3. Describe a chest CT protocol, techniques and methodology optimized for: thoracic aorta and great vessels; suspected pulmonary embolism; tracheobronchial tree; suspected bronchiectasis; lung cancer staging; esophageal cancer staging; suspected pulmonary metastases; suspected pulmonary nodule on a radiograph; shortness of breath; hemoptysis.

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>FAIL</i>	<i>NA</i>	<i>NO</i>
<i>FarEx</i>		<i>Meets</i>		<i>Below</i>			

4. Able to work in the reading room independently, assisting clinicians with radiological interpretation; able to act as a consultant for referring clinicians and recommend the appropriate use of imaging studies.

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>FAIL</i>	<i>NA</i>	<i>NO</i>
<i>FarEx</i>		<i>Meets</i>		<i>Below</i>			

5. Demonstrates the ability to effectively present Chest Radiology cases in a conference setting to other residents by appropriately selecting cases, interacting with residents, and presenting a brief discussion of the diagnosis for each case.

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>FAIL</i>	<i>NA</i>	<i>NO</i>
<i>FarEx</i>		<i>Meets</i>		<i>Below</i>			

6. Able to teach other residents and medical students assigned to Chest Radiology.

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>FAIL</i>	<i>NA</i>	<i>NO</i>
<i>FarEx</i>		<i>Meets</i>		<i>Below</i>			

7. Able to dictate preliminary reports for CT examinations, particularly those with emergent findings.

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>FAIL</i>	<i>NA</i>	<i>NO</i>
<i>FarEx</i>		<i>Meets</i>		<i>Below</i>			

Comments: