



the radiology report

Volume 1, Issue 6, August 2017

Program director CBD update

Greetings comRADs!
There was so much activity recently in our Discipline, the last newsletter couldn't contain it all! This issue focuses on Simulation, the Radiology Interest Group, CBD, among other great things happening.

I will give a short update on Competency By Design (CBD).

The Faculty of Medicine has recently appointed two local CBD leads to spearhead Memorials' Faculty of Medicine into CBD. Our two local designates are Dr. Kirsty Tompkins and Dr. Sohaib Al-Asaaed. Drs. Al-Asaaed and Tompkins are our liaison individuals between PGME, the Royal College and other local programs. Jennifer and I had the pleasure to sit with Dr. Al-Asaaed regarding CBD and its introduction to Memorial University Faculty of Medicine. The primary purpose for this initial meeting was to discuss program needs with respect to CBD, specifically assessment tools, faculty development, and upcoming challenges.

Official documented trainee

feedback will be a regular daily routine. The trainee will be responsible for ensuring the feedback is obtained. Feedback forms will be influenced by Royal College direction, with regards to specialty specific milestones.

Maintaining a portfolio will be a mandatory portion of CBD. How this portfolio will be recorded (on what platform) is still being worked out.

Memorial is currently actively pursuing assessment tools to use locally. The goal is to have these assessments streamlined to minimize and even decrease the current amount of paperwork that goes into providing robust assessment and feedback to our trainees. These assessment tools will be concise checklists. There are not intended to overwork the faculty for assessment. They are only intended to allow a snapshot in time of how the training performed that day. *To reiterate, the goal will be to streamline paperwork and not create additional work for faculty and administrators.*

An important focus of CBD is that it is resident led. The resident takes ownership of the



Circle of Life: PGY1 Claire Woodworth eagerly completing a read out session with recently graduated PGY5 Nicole Myers. The cycle continues!

learning, ensuring they have been evaluated on all possible EPAs throughout residency.

CBD (CBD) is not CBME (Competency Based Medical Education). CBD is the Royal College brand of CBME. CBD IS time linked (although not time dependent). For instance, a trainee cannot take an unlimited amount of time to complete CBD. If a trainee is not completing their EPA in a timely fashion, remediation can eventually occur.

It will be important to ensure there is training of our incoming residents AND our faculty to

make them aware of new responsibilities for CBD. Proper training and faculty development will ensure a smoother transition.

CBD is has been rolled out for new trainees in our local anesthesia program. Many thanks to Dr. Bautista, Anesthesia Program Director who gave the Residency Program Committee a short update on how CBD is being implemented locally.

Strictly speaking our local radiology discipline cannot *officially* adopt CBD as there is not any

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Specialty Training Requirement (STR) document from the Royal College Radiology subspecialty committee. [The STR document is the main list of requirements we must maintain for Royal college accreditation. You can see the current one if you Google the terms 'STR royal college radiology']

The creation of this STR document will begin in 2019. Finalizing the document will probably take one – two years.

CBD will require a competence committee. The program director cannot chair the competence committee, as mandated by the Royal College. Ultimately the final decision on resident promotion rests with the program director based on information that is received from the competence committee.

Part of a successful rollout for our discipline will include staff stepping up for the competence committee. These would be staff who are currently not on the residency program committee.

Dr. Al-Asaaed strongly encourages our discipline to start considering modifying the resident's current training experiences with CBD in mind. As a result, future items to be discussed at residency program committee meetings include: transitioning to more frequent daily feedback cards for all rotations, supporting simulation into more academic half-day's, and initiating a CBD committee separate from the program committee.

If you have any questions on CBD, both myself and Jennifer Collins are available to chat.

Onwards and upwards ComRads...Angus Hartery

Medical Student Wins National Radiology Research Award

As noted last newsletter, our Discipline was fortunate in being represented by medical student Jessica Common, Med IV in the Oral Presentation: "Reducing Wait Time for Lung Cancer Diagnosis and Treatment: Impact of a Multidisciplinary Centralized Referral Program". Jessica went on to win first prize in research.

Other collaborating co-authors included Drs. Mariathas, Byrne, and Bhatia.

As a medical student, what was your experience like in conducting this research?

Jessica: *My experience conducting research within the Discipline of Radiology was a very positive one. I was fortunate to work with three very practical and accessible supervisors - Dr. Rick Bhatia, Dr. Suzanne Byrne and Dr. Scott Harris. They were easy to get a hold of by email, and, most importantly, they were down-to-earth, providing helpful suggestions and setting realistic goals for our project. They were very supportive and encouraged me not to take on more than I could handle. They recognized that my priority as a third-year medical student was to work hard and succeed in clerkship.*

What was your experience like in presenting this research?

Jessica: *Presenting our research at the*

Canadian Association of Radiology annual scientific meeting in Montreal proved to be a wonderful opportunity. I had received a lot of helpful feedback from residents and staff members following my presentation at the annual meeting of the Newfoundland and Labrador Association of Radiologists in Corner Brook, so I was comfortable and confident in my delivery at the national level.



Photo Credit: HSIMS

How was the awards ceremony?

Jessica: *Winning first place in the Radiologist-in-Training competition came as a big surprise. In retrospect, I should have had more confidence in our project and in my presentation. I was very proud to walk across the stage and accept the award on behalf of the research team.*

Do you have anything you would like to say to your research mentors?

Jessica: *Thank you for your kindness and support along the way. Your relaxed approach to research was refreshing and likely the key to our success! Dr. Harris you once said you were the Match.com to this project, and you were absolutely right. Thank you for connecting me to Dr. Bhatia and Dr. Byrne and for helping us see the project through to publication.*



Simulation in MUN Radiology: Diagnostic SIMaging

The wait is nearly over... Starting this fall, we will be introducing a series of Simulation Labs into our current Radiology curriculum. These labs will cover a variety of fundamental radiology topics including procedural skills, scanning techniques, patient encounters, image acquisition and diagnostic interpretation. Several of these labs will take place in our Clinical Learning and Simulation Centre in the Medical School, using many of their valuable resources including high fidelity mannequins, task trainers and standardized patients. Headed by Dr. Jennifer Young, the planning and design of these sessions has been over a year in the making.

Dr. Young stated that: *"We are currently in the building phase of our simulation curriculum using valuable input from our residents and faculty, to help bridge perceived learning gaps in our current curriculum. We have a core group of interested faculty who are extremely eager and willing to make this work. We needed to create something that would enhance the learning for our residents while at the same time make use of the expertise in our department as well as the valuable resources that the CLSC has to offer."*

In preparation for this new component in the Radiology curriculum, Dr. Young and Dr. Connie Hapgood recently completed an intensive week long Comprehensive Simulator Instructor Course at the Centre for Medical Simulation at Harvard University.

When asked about the course Dr. Hapgood commented: *"The comprehensive instructor simulation training course at Harvard provided an invaluable learning opportunity. I was able to get hands on experience in simulation and debriefing training and am very excited to bring such skills to our local simulation radiology team. I look forward to teaching our residents with simulation scenarios. I think simulation will be a useful and exciting teaching tool, to be used not just in scenarios such as contrast reactions but can also help us teach and develop our communication skills within our radiology program. In particular, the delivery of bad news."*

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All photo credits for Memorial Center for Medical Simulation: James Lipshaw, MFA, EdM Education and Media Instructional Designer



Simulation in MUN Radiology: Diagnostic SIMaging



Drs. Young and Dr. Hapgood with the graduating class after the week long course in simulation

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Dr. Young expressed that: "The applications and benefits of Simulation Learning have essentially exploded into every aspect of Medicine. It's really exciting to introduce something brand new to our Program, which we have essentially designed from the ground up. It will give our residents an opportunity to learn, practice and perfect many techniques and skills in a supervised low-stress environment, allowing them to gain confidence, achieve competence and ultimately improve patient safety. Simulation learning and evaluation will also be fundamental as we transition to a competence by design model. It will allow us to more objectively evaluate many individual core radiology competencies using standardized criteria."

The first two Simulation labs will be held this upcoming October 18 and December 6, both of which will take place in the CLSC. To kick-start our simulation curriculum, our Program will be hosting a guest Speaker with a special interest in Simulation in Radiology, Dr. Rebecca Hibbert from Ottawa University, Fall 2017.



Drs. Hapgood and Young standing outside the centre for Medical Simulation at Harvard University



Dr. Young during a hands on simulation learning experience.

Radiology Interest Group Year End Review

The Radiology Interest Group (RIG) is celebrating the completion of a very successful year. To recap, events from this year included:

- U/S Workshop: Dr. Gullipalli, Dr. Young, Dr. Skanes, Dr. Smyth, Dr. Hartery, Tracey Penney (US technologist)
- CXR Pathology Competition: Dr. Hartery, Danielle McNicholas
- Intro to Radiology Talk: Dr. Hartery
- Radiology Research Forum: Damien Pike, Mark Earle, Jason Kinnin, Andrew Fenwick
- Trauma/Emergency Radiology: Dr. Jeon
- Interventional Radiology: Dr. Gullipalli
- Breast Imaging: Dr. Wadden

Here is some feedback from student attendees:

“I've learned more about rads from being in this group than I have from school. Thanks for all your hard work!”

“Really great lecture! Interactive questions integrated in all radiology lectures would be a good idea.”

“Very practical and informative talk.

This is an area where we get little exposure and I learned more in 45 minutes than I did all last year about CXR. Thanks!”

Many thanks to everyone involved for your commitment to enhancing undergraduate radiology education – your dedication has resulted in stimulating sessions with fantastic turnouts.

Thank you to Drs. Smyth, Skanes and Hartery who attended as staff radiologists and Dr. Jillian Greene participating in the resident section.

I would like to extend my sincerest thanks to RIG faculty supervisor Dr. Angus Hartery and classmate Danielle McNicholas for all of their help and hard work in advancing the RIG. I also want to welcome Jessica Dobson who has been selected to lead the RIG next year. It has been my pleasure coordinating the RIG and I look forward to following the progress of this interest group in years to come.

—Andrew Fenwick MUN Medicine Class of 2019

2016-17 RIG President



Danielle McNicholas (Class of 2019), Dr. Melissa Skanes, and Dr. Lisa Smyth attending Career Specialty night.



Dr. Gullipalli presenting 3D Models in IR



Attentive students during Dr. Gullipallis Interventional Radiology lecture using 3d vascular models (inset)

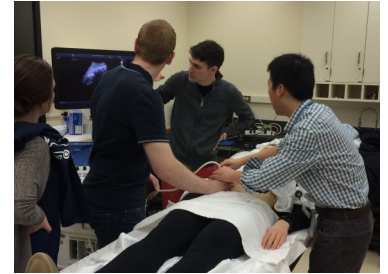


Celebratory dinner at the Keg for the winners of the first Medical Student Chest X-ray Contest Winners.

MUN DAL Radiology Session



Our discipline participated in a station for the undergraduate medical school weekend meeting, MUNDAL. Many thanks goes to Dr. Mary Beth Bissell who spent a great deal of time organizing this teaching session for the medical students. This was a hands-on teaching session using ultrasound for image guided procedures and scanning of patients. Many thanks to the session presenters including Dr. Coffey, Dr. Sue, Dr. Retallick, Dr. Dalton and Dr. Gullipalli. Also thank you to Dr. Young and Dr. Skanes for contributing to the planning including the organization of the gelatin molds. This was a well received session, and the medical students enjoyed the experience.



Breaking News: PGY1s Narrowly Escape Army of the Undead

To welcome the PGY1s to the medical profession, Dr. Angus Hartery assigned us the challenge of solving *Undead 2: Patient 709*, an escape room experience by Escape Quest. Accordingly, in June, Daniel Duggan and Andrew Dalton joined Mike Sloan, Mark Hayward, and myself downtown for the second annual radiology escape quest experience.

After a brief explanation of the rules, we were locked in an unlit hallway and tasked with recovering the cure for a virus that had already turned the population of Newfoundland into zombies. Amidst the scary atmosphere we stumbled around in the dark to a soundtrack of zombie groans and moans that gradually intensified throughout the game. This year's beautiful mind award belonged to Daniel Duggan, who correctly interpreted cryptic messages in the dark to open numerous locks. Dalton suppressed his radiologist tendencies to figure out how to restore power and turn the lights on – a move he told us not to try in the resident reading room. The game was very technical, involving a computer hack figuring out the

composition of the vaccine. Even when severed body parts popped up, we resisted the urge to panic, and added it our arsenal of tools. Dr. Hartery did want us to be resourceful!

I am very proud to say that we upheld our discipline's undefeated record, breaking out of the escape room in record time. Together we prevented a global infection and saved the people of Newfoundland from the perilous existence of the undead. It was really a fun experience and a great way to ease back into medicine after a few months off. I mean, this test was probably comparable to the Royal College exam, AMIRITE??

Afterwards we went over to Granite to regale Dr. Hartery and his wife with tales of our clinical acumen. Dr. Major and Hilary Coffey also came by for some food and drink, capping off a great evening. Fun was had by all and we felt ready to begin our lives as PGY1s. Little did we know what July 1st would have in store...

-Claire Woodworth



The calm before the storm: Trainees prepare for the zombie apocalypse



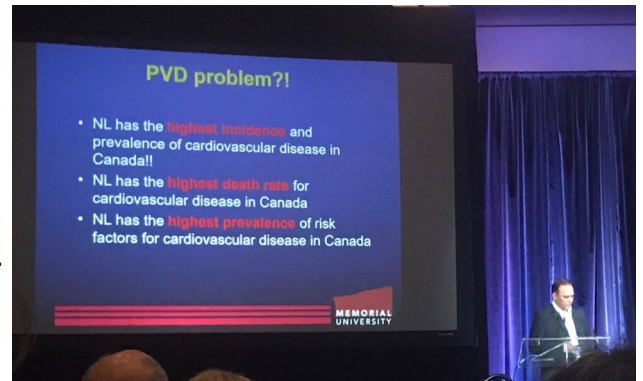
No Resident was lost in this team building exercise!

Interventional Radiology Update



Canadian Interventional Radiology Association 2017 Annual Meeting

Congratulations to Dr. Collingwood and Dr. Gullipalli for their active participation in the recent 16th annual Canadian Interventional Radiology Association meeting held June 2017. Dr. Collingwood resumed his role as moderator at the fellow and residents day and presented at a tips and tricks workshop. Dr. Gullipalli presented on the topic Drug Eluting Balloons: Single Center Real World Experience.



Picture caption Dr. Gullipalli presenting at CIRA 2017



Charing Cross 2017 Meeting

Congratulations to Hilary Coffey and Andrew Dalton for their oral presentation at the 2017 Charing Cross symposium in Kensington London in April 2017. We are always proud of our trainees when they participate in oral presentation of the scholarly projects on local and national levels. However it is always an exciting achievement to present your work at an international level. Congratulations to both of you and may you continue this enthusiasm throughout your medical careers!



Dr. Coffey presenting at the Charing Cross 2017 meeting (Photo credit Dr. Dr. Paul Henaghan)

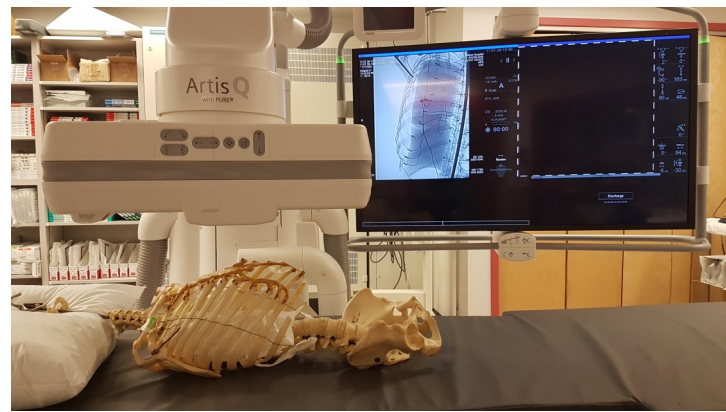
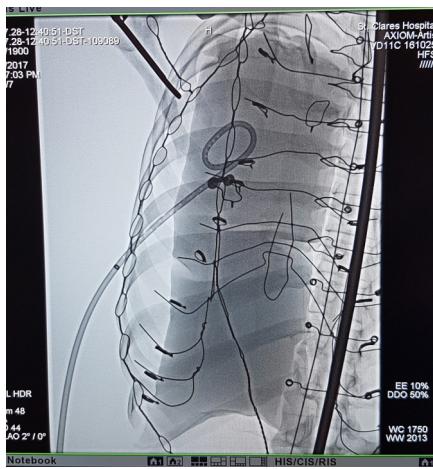
Chest tube Insertion Simulation

Dr. Gullipalli and Dr. Smyth were enthusiastic in delivering a low fidelity simulation experience for the residents several weeks ago. Both faculty have been interested in ensuring the residents have proper exposure to chest tube insertion. Over the last year they have been doing this on an ad hoc basis within the department. If a chest tube was to be inserted they would ensure a resident would be present and involved. However they have now expanded with a formal hands on teaching session. Dr. Gullipalli worked with the 3-D lab to obtain soft tissue material to increase the fidelity of the experience.

What were some of your goals in offering this low fidelity simulation half-day?

Dr. Gullipalli: *"The half-day covered the principles in image guided insertion of a chest tube. We discussed the main steps and different approaches. Although this was not a real time procedure or high fidelity simulation, the principles were the same. It's mainly the steps - that's what's important. We discussed different approaches such as anterior and mid axillary. As well we*

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Initial photos demonstrate Dr. Gullipalli's intentions for low fidelity chest tube simulation

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covered the topics of radiation protection (such as steps to limit radiation exposure to both themselves and the patient)."

What led you to initiating this teaching session?

Dr. Gullipalli: "This is an important topic to teach - it can be life-saving irrespective of what subspecialty you end up doing. It doesn't matter what hospital you end up working with in your career. I wish to ensure the residents are more comfortable placing the chest tubes, and I want to ensure they had increased exposure to this skill."

What do you see as some of the benefits for this type of low fidelity simulation teaching?

Dr. Smyth: "I thought it was excellent hands on learning. This type of teaching promotes important muscle memory and long term retention for procedure based skills. Residents get to learn without fear of injuring a patient. It takes away a certain amount of pressure to allow the learning to occur."

What were some of the feedback of from the residents regarding this session?

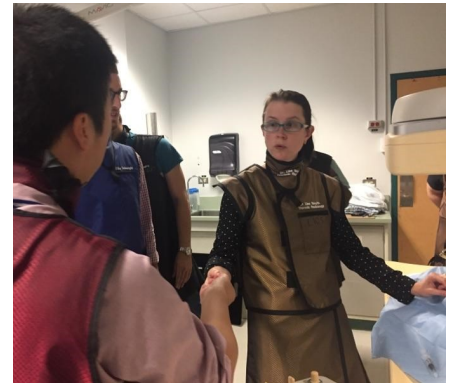
Dr. Smyth: "Basically it was More! More! More! Some of the comments from the feedback forms included: more similar sessions, more procedure based learning, more practice time, more practical sessions like this, introduction of high fidelity sessions."

Do you have any tips or pearls for Faculty interested in starting this type of teaching?

Dr. Smyth: "It is excellent to try your hand in simulation teaching. Make sure you trial it first before unveiling to trainees. Ensure you are familiar with how the session will run. The next time we do this, we should add a video or didactic 'how to' lecture BEFORE the session. This would allow more hands on practice time during the session. So perhaps scheduling the session during a half day would be more practical. Its important to allow for practice time, so each trainee gets multiple attempts. They need to do it more than once."

Anything else either of you would like to add?

Dr. Smyth and Dr. Gullipalli: "This was a lot of fun, we look forward to doing it again. Its great as teacher to be able to have immediate gratification of watching where your learners are. You get to focus on the ones that may need that extra attention at first, and then watch them succeed. Also, it was a great experience working with the medical students in the 3D lab. The 3D printed skin they created was crucial to our session."



Session Photo Credit:David McComiskey

