



the radiology report

Volume 1, Issue 2, July 2016

CanMEDS Intro and Update: What does the 2015 version mean for us?

Greetings com-RADS!
This newsletter is meant to be fun and to document and celebrate what we are doing on a scholarly level.

As I put together this second issue, I am quickly realizing (more and more) how much talent and dedication we have. The first and second issues have filled up quickly. I already have enough material for a third issue later this summer.

It is also forum to discuss trending and important topics. In this issue and subsequent ones, I will be discussing CanMEDS, Competency by Design, and Simulation Education.

Some of the topics covered in this issue:

- CanMEDS update for Radiologist

- RadGrad photos
- UGME radiology bootcamp
- Medical student evaluations of radiology resident teaching
- Radiology Interest group
- PGY2 Welcome

Before I jump into CanMEDS 2015, I do want to thank Dr. Maguire and Dr. Hapgood for

helping as co-editors on this newsletter before it is sent out. A big thanks to both you.

CanMEDS 2015

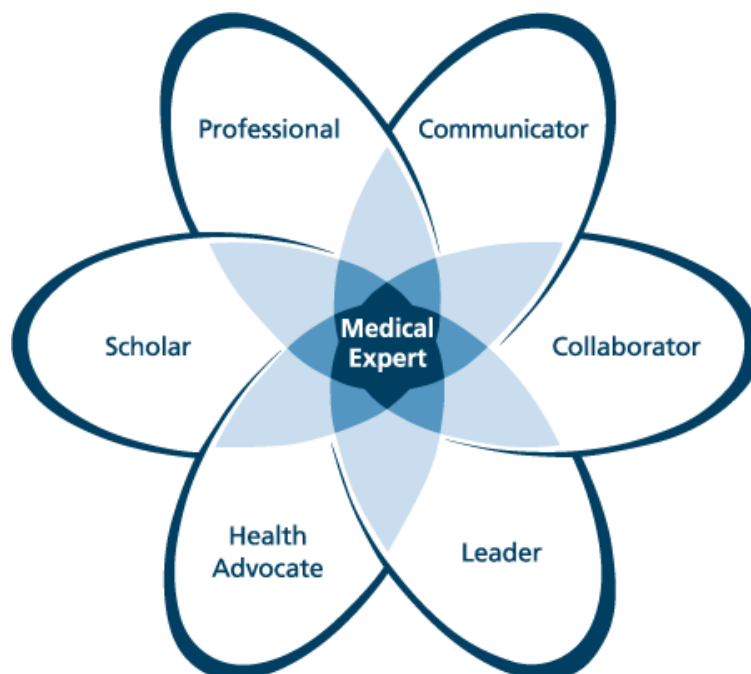
CanMEDS has been around the 90s. While now a mandatory and integral part of our training, I occasionally encounter a physician who does not see their value. The

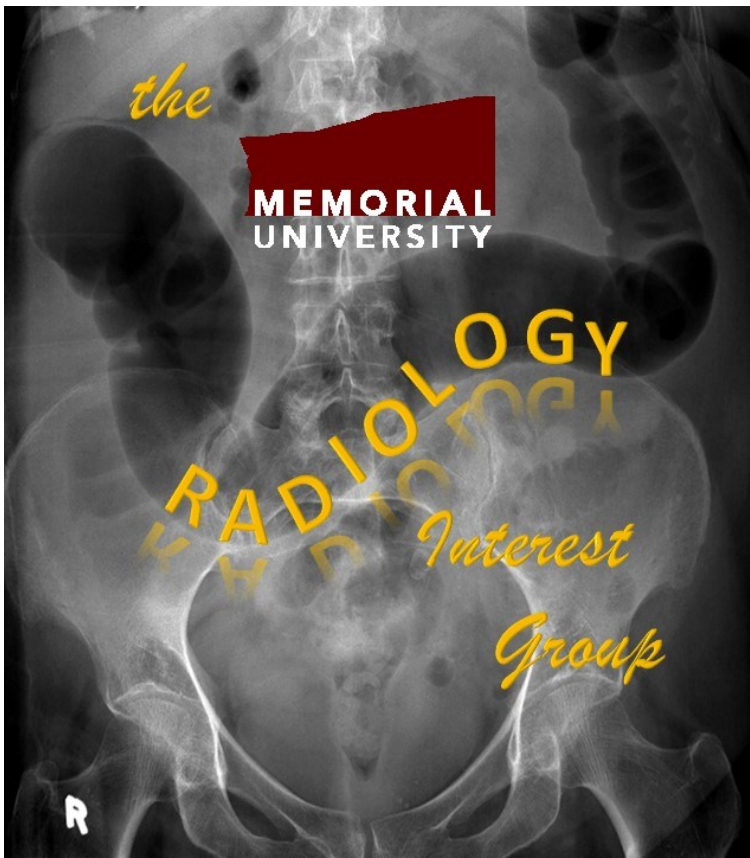
point of this framework (summed up in my words) is today's physician needs to be more than book smart. Being a *medical expert* is not good enough. We cannot properly heal our fellow Newfoundlanders:

- If we cannot *communicate* with our patients and colleagues properly.
- If we cannot get along with our co-workers in a *collaborative* and *professional* manner.
- If we cannot *manage* our time and resources properly.
- If we do not stand up, be responsible for our patients and *advocate* for their well being.
- If we cannot maintain our knowledge and skills to contemporary levels through *scholarly* activity.

These skills of course repre-

(Continued on page 2)





The Radiology Interest Group (RIG) started as a discussion between the program director and several medical students in 2014 during the annual medical school specialties night. There was a niche to be filled – medical students wanted more radiology teaching before their clerkship started. Polls were performed, and a list of topics was generated between discussion of interested residents, medical students and radiologists. What followed is a number of lectures held outside the normal formal medical school curriculum. These lectures are made possible by the interest of the attending medical students, and radiology residents and staff that host them.

Thus far over 2 years we have successfully hosted:

- ◆ *General Intro to Nuclear Medicine - Dr. Conor Maguire*
- ◆ *Intro to Interventional Radiology - Dr. Ravi Gullipalli*
- ◆ *Approach to Chest x-rays - Dr. Sarah Pittman*
- ◆ *Early Obstetrical Dating - Dr. Angela Pickles*
- ◆ *PET Imaging - Dr. Conor Maguire*
- ◆ *MSK Imaging for Medical students - Dr. Maureen Hogan*
- ◆ *Emergency Radiology and Radiology Residency – Drs. Jillian Greene, Hiliary Coffey, and Mary Beth Bissell*
- ◆ *Approach to the Abdominal film – Dr. Angus Hartery*

Some of these talks have been given on an annual basis for

the RIG. The talks and curriculum are still evolving with formal feedback for lecturers, and ongoing discussion for lecture topics. Current ideas for the future are being developed which include venous access workshops, ultrasound workshops and chest film contests.

A special thanks to the medical students for organizing and attending the RIG, and the residents and staff who have given their time! For anyone who wishes to get involved with the RIG, please email angus.hartery@med.mun.ca.

(Continued from page 1)

sent the nonmedical expert CanMEDS roles and as a Royal College accredited program it is up to us to prepare our future radiologists with specialty specific CanMED training.

As medical educators we need to recognize and explore what each of the roles means for radiology education and the practicing radiologist. Our challenge is to integrate CanMEDS content and embed competencies within the radiology curriculum.

The most recent CanMEDS was released in October 2015. There has been changes, some small, some big.

What's new/different in 2015 version of CanMEDS Competency Framework?

There is one **new** role, Leader, replacing the previous role of Manager. There are several explanations of why leader is now a role. In my own words: as a physician, each and every one of us is a leader. Everyday. It is inherent in what we do. Every day we are expected to make

important decisions with our colleagues, trainees, technologists, nurses, and with our patients. We make these important healthcare decisions routinely. So regardless of what official administrative role we hold, we are still all leaders. How good a leader we are, is partly up to us.

Separate from that philosophical viewpoint, I also add that a quality physician is an administrator in their own daily life. Physicians everyday integrate their personal lives with their clinical, administrative, scholarly, and teaching responsibilities.

Being able to balance all these obligations falls partly under organization and time management – essential skills of any good leader/physician. Being a leader is inherent in what we do.

There are some other important additions to CanMEDS 2015 which I will highlight below, and try to illustrate with a radiology example.

Medical Expert

5.1 Recognize and respond to harm from health care delivery, including patient safety

(Continued on page 3)

incidents

Documenting and communicating any changes to verbal reports for on call diagnostic imaging studies.

5.2 Adopt strategies that promote patient safety and address human and system factors

Educate our trainees on the proper utilization and indication for diagnostic imaging. Implement and teach the use of appropriateness criteria for imaging.

Communicator
(Note the communicator role now almost exclusively refers to communication with patients and families – not our fellow

physicians. Communicating with physicians falls under Collaborator)

3. Share health care information and plans with patients and their families

Give informed consent to patients and families when performing a procedure. Sharing your image interpretation with a patient regarding their imaging test (such as during ultrasound or mammography)

3.2 Disclose harmful patient safety incidents to patients

and their families accurately and appropriately

Disclosing to a patient any complications that may have occurred during a diagnostic imaging test, or diagnostic



CanMEDS 2015

Competence by Design

CBD^{1,2} Competence Continuum



¹ Competence by Design (CBD)
² Milestones at each stage describe terminal competencies

imaging procedure.

Collaborator (This role pertains to any interactions and communications with our physician colleagues)

3.2 Demonstrate safe handover of care, both verbal and written, during a patient transition to a different healthcare professional, setting, or stage of care.

Giving accurate quick verbals when an unstable patient is being transferred from diagnostic imaging back to our colleagues

Scholar

3. Teach students, residents, the public, and other health care professionals

Taking the time to teach clin-

ical clerks, off service residents, and our patients in appropriate settings.

Professional

1.5 Exhibit professional behaviours in the use of technology-enabled communication

Turn off your cell phones with consulting with staff, colleagues and patients. Maintain a professional decorum when tweeting, facebooking, etc

CanMEDS Milestones

Perhaps the biggest change brought about by CanMEDS 2015 are the milestones. Milestones demonstrate how a physician's competence is expected to progress

over the course of his/her career. These milestones are written to apply to every CanMED competency (from leader to health advocate) and to any medical discipline (from Radiology to Obstetrics). Over the next decade, the Royal College Radiology Specialty Committee will tailor the milestones for use in teaching, learning and assessment for our radiology residents.

CanMEDS2015 is the foundation framework for upcoming Competency by Design (CBD), these milestones

will be used in combination with EPAs (Entrustable Professional Activities).

I will touch on EPAs and CBD in the issue. But to summarize this article:

CanMEDS is a framework designed to educate physicians to better serve the public.

CanMEDS2015 is the recent update to CanMEDS with minor and major changes.

CanMEDS2015 is the foundation of Competency by Design.

2016 MUN Discipline of Radiology Awards

This year, the MUN Rad Grad social took place at our Discipline Chair, Dr. Conor Maguire's house June 17th. The staff and residents gathered to relax, reflect and celebrate the last year. Dr. Maguire, thank you for being such a gracious host. The annual teaching and research awards were presented as follows.



Dr. Sarah Pittman receiving the 2016 **Benvon Cramer Leadership Award** Presented by Dr. Eilish Walsh



Dr. Angus Hartery displaying the **2016 Royal College of Physicians and Surgeons of Canada Region 5 Mentor of the Year Award**. Presented by Dr. Peter Collingwood.



Dr. Chris Nicholas receiving the **2016 Postgraduate Teaching award**. Presented by Dr. Peter Bartlett. Dr. Nicholas tied with Dr. Myers for this award.



Dr. Mary Beth Bissell proudly displaying the **Resident Teaching award**. This award is annually selected by graduating medical school class for outstanding teaching in the clinical environment. There was a tie this year with Dr. Chris Small, PGY3 Orthopedic Surgery resident (pictured left). Photo credit: Photographer present at Shingles Night.



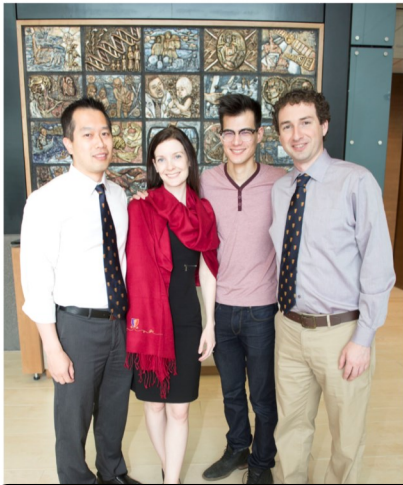
All Smiles. Four happy RCPSC fellows with one proud program director.



Dr. Bissell accepting the **2016 Radiology Resident Undergraduate Teaching Award** from Undergraduate Program Director, Dr. Chan.



Drs. Smith, Nicholas, Ho, and Pittman styling in their funky future fellowship fashion.



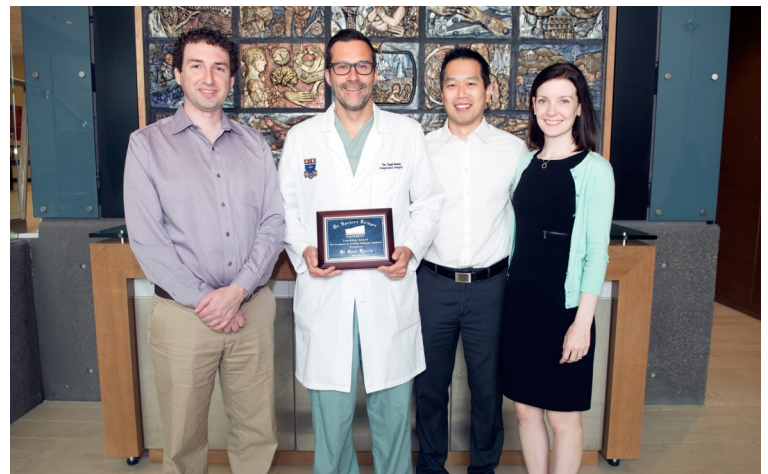
Drs. Ho, Pittman, Nicholas, Smith wearing the Royal College Fashion from Dr. Collingwood. *Photo credit: HSIMS*



Dr. Bissell eventually receiving the **2016 RSNA Roentgen Resident/Fellow Research Award**.



Dr. Nicole Myers accepting the **2016 Resident Postgraduate Teaching Award** from the 2015 Radiology Faculty Teaching winner, Dr. Peter Bartlett.



Dr. Scott Harris proudly accepting the **2016 Radiology Faculty Teaching Award** from PGY5s. Left to Right: Drs. Smith, Ho, and Pittman. *Photo Credit: HSIMS*

Radiology Resident Teaching



Clerks are surveyed after their radiology elective experience on a variety of components to ensure we are enhancing the elective experience. Feedback is used to reinforce what we are doing right and what can be improved. Resident teaching has been consistently positively reviewed aspect of our elective experience. Anonymous **Direct** quotes from student evaluations of our radiology residents teaching during electives:

“All of the residents were very helpful and eager to teach.”

“They all took the time to point out interesting findings, and provide pearls for interpreting studies. Also, lots of tips for selecting residency.”

“I spent a few hours with <resident> one day. I mentioned to him I had not seen many ultrasounds done, and he quickly paused his work and read the few for that day that were not read. He was very effective with teaching during them as well.”

“<resident> always made me feel included and taught me. She challenged me and was very friendly.”

“<resident> was an amazing resident. He went through cases with me, and provided great feedback and direction. I would have spent the entire two weeks with him if possible.”

“<resident> is wonderful. She sought out cases that she felt would be relevant to me and went out of her way to teach me, especially around interesting cases. Very friendly and kind.”

“Overall, all the residents were very helpful, friendly, and pleasant to work with.”

“Overall I thought that the residents in radiology were eager to teach and very thoughtful in including medical students into their work.”

“Fantastic residents, gave generously of their time for very useful teaching”

“I spent a significant amount of time from this elective with residents. They were welcoming, knowledgeable, and very happy to teach. Very enjoyable experience overall.”

Seeing this sort of assessment volunteered by electives of our residents is spectacular. As program director, I am particularly ecstatic to see our residents embrace the scholarly role of their career so enthusiastically, and to have it so well received. Congratulations to all of you from the Discipline for your excellent efforts at welcoming and teaching our elective trainees!

Welcome to incoming PGY2s!

Andrew, David, and Su are currently finishing up their PGY1 rotations and are excited to start the next phase of their residency. We reached out to them for a quick QnA.



Dr. Andrew Dalton

Tell us a little about yourself?

I am a Memorial University medical school graduate from Mt. Pearl. I have an amazing significant other who is very supportive. She is a brand new family medicine resident at MUN. Needless to say, we spend a few hours a week at the hospital....

Current research interests/scholarly projects?

I have a strong interest in interventional radiology. My current research projects involve looking at the efficacy of drug eluting balloons in the treatment of critical limb ischemia on preventing a major limb amputation. I was recently at a conference in Miami presenting my mid-project results and I look forward to finishing the project and presenting the research

Outside of radiology any interests and hobbies?

I LOVE to cook! I love the outdoors while fishing, hunting, hiking, or scuba diving and I love every sport known to man. If you can compete against someone and cheer then I love it. And of course, who doesn't like to travel.

Dr. Ning Su

Tell us a little about yourself?

I was born in Beijing in 1986. With a true nomadic body and spirit, or maybe just the spirit, the journey of his life has taken me far away from my birth place, across the massive Pacific Ocean, to three different countries before finally settling down in this beautiful city I have called home for the past 15 years.

I attended Memorial University as an undergraduate, completing a double major in Chemistry and Physics. After undergraduate study, I completed my doctoral degree at the University of Toronto. During my three years there, I started my own company and published a number of articles in basic science. While in medical school, I was amazed by the technical aspects and potential patient



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impact of radiology and decided to pursue a residency of the same. I am very excited to complete my PGY1 year and thrilled to begin PGY2.

Current research interests/projects?

My research interests include pulmonary imaging and nuclear medicine. I am currently working on two research projects, 'Imaging evaluation of suspected appendicitis in an adult population' with Dr. Young, which is finishing up. The second is with Dr. Gullipalli and Dr. Russell (Thoracic surgery) and is in the proposal stage with preliminary title 'Imaging post-lobectomy patients: anatomical changes'. I recently presented a poster with Dr. Smyth titled 'Inflammatory breast cancer - what radiologists need to know' at the Atlantic Radiology Conference in Halifax.

Outside of radiology any interests and hobbies?

In my spare time, I am an enthusiastic amateur woodworker, gardener, and home improver. I also immensely enjoys listening to Johnny Cash, and causing massive confusion by referring to myself by my surname.



Dr. David McComiskey

Tell us a little about yourself:

I attended McGill University as an undergraduate, completing a double major in Biology and History, and immensely enjoy discussing history. I am married with a daughter on the way. I am thrilled to be completing my PGY1 year, as for the first time I can remember, in a Professional sense, I am doing what I have truly chosen to do.

Current research interests/projects:

I have an extensive history in research, completing a Master's In Human Genetics, and have also worked as a Research Assistant in Montreal and a Scientific Writer in St.John's. I am published in the European Journal of Human Genetics, and am currently presenting (or have presented) my research 'Six-Seven Year Follow-up in a Large Negative CT Colonography Screening Cohort' at the provincial, national, and international level. My co-authors for this project are Dr. Sala, Dr. Barrett and Kathy McKay.

Outside of radiology any interests and hobbies:

In my spare time, I have painted great armies of 6 mm tall miniatures comprising Dwarfs, Goblins, Orcs and Elves. I have coached all-star Newfoundland soccer teams to Provincial gold medal winning glory. I have started Faces of Newfoundland, a photography website profiling strangers I meet during his travels (despite being a self-confessed introvert).

Radiology Clerkship Boot Camp

The brand new Radiology boot camp took place on June 16 this year with formal integration into the undergraduate medicine clerkship preparation course.

This endeavor was spearheaded by our own Dr. Chan.

Also occurring for the second year in a row was radiology involvement in the Trauma prep course

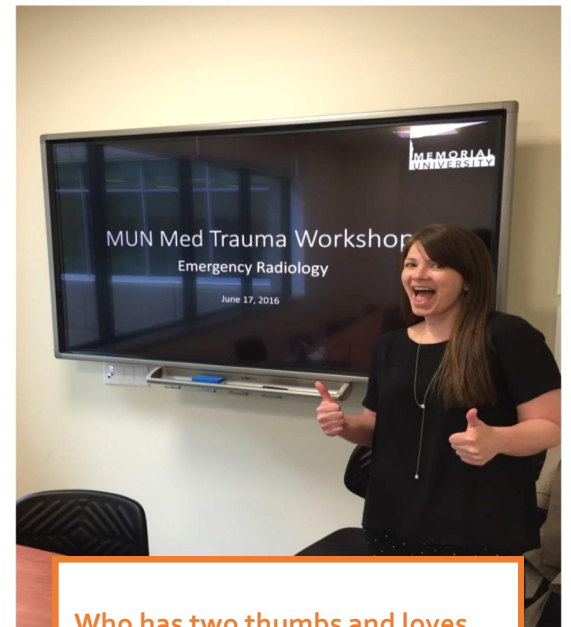
run by Dr. Boone. A lecture on emergency radiology was provided by Dr. Myers and Dr. Stenback.

The medical school class was split into small groups and given a variety of didactic and interactive

sessions. Topics included:

- Introduction to Radiology
- Basic approach to chest x-ray and abdominal x-ray with emphasis on not to miss findings
- Overview on ordering imaging studies with appropriateness criteria.
- Overview of ordering procedures with blood work and anticoagulation guidelines
- Radiation and MRI safety
- Introduction to Interventional Radiology
- CT and MRI contrast safety

Students were brought to the department for an introduction to Interventional Radiology organized Dr. Gullipalli. I asked Dr. Gullipalli for a

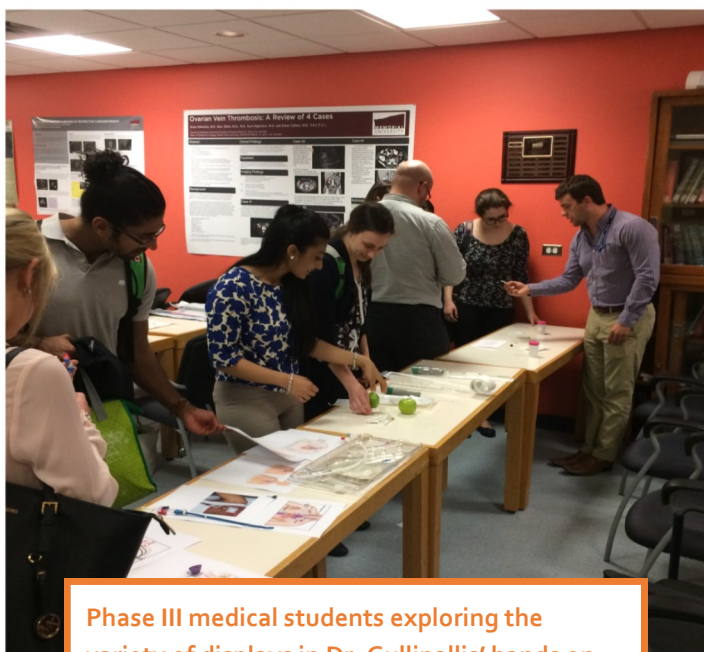


Who has two thumbs and loves teaching Emergency Radiology? Dr. Stenback—that's who!

direct quote on his involvement in the Boot Camp:

"I wanted to bring awareness of Interventional Radiology to the medical students and its current role in the practice of Medicine. So the boot camp was an excellent opportunity where we interacted with the students in a Hands-On environment and showed them a variety of Interventional Radiology devices. This is to prepare them for clerkship and the clinical ward. It is there they will come across patients everyday who underwent or have to undergo interventional

(Continued on page 10)



Phase III medical students exploring the variety of displays in Dr. Gullipalli's hands on session. Dr. Dalton is present assisting with explanations.



Dr. Dixit explaining the current display of interventional radiology equipment to Phase III medical students

Radiology Clerkship Boot Camp

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radiology procedures. In order to do this, I gave an introductory talk on Interventional Radiology to all the medical students, with a hands on display of items at the end of the session.”

A tour of the department was then given with emphasis on where the imaging equipment was located, how to order a study, where the schedule

of radiologist assignments is located, and where the reading rooms are.

Informal feedback from the medical students has been excellent. This of course could not have happened without an incredible hard work of Dr. Chan who was strongly supported with the efforts of Dr. Young, Dr. Gullipalli, Dr. Myers, Dr. Stenback, Dr. Gianakopoulos, Dr. Dixit, and Dr. Dalton.

A job well done everyone!



Inquiring minds listen attentively to Dr. Myers as she begins her lecture.

A Team Building Experience: Radiology Guns Fire on all Cylinders

June 28th, 2016 will go down in history as the day the world’s greatest minds unified to solve the world’s most unsolvable problem: ‘How to escape from prison during the fire of 1892?’ In this escape-room team building activity (orchestrated by the one overlord Dr. Angus Hartery) teams were built, and records were broken, as this magnificent mishmash of masterminds molded themselves into an unstoppable force. EscapeQuest is a business that charges you to lock you in a room- an idea made scarier by the fact that these were no cushy hotel suites, but in fact dark and cold jail cells. The scenario was set in 1892, and Dr. Nicole Myers and Dr. Melanie Stenback, so the story goes, had landed us all in prison as accomplices to their criminal thug-like activities. As such, David, Melanie and Nikki, Team A, were locked in one cell, separated from Team 1: Jay, Courtney, Su, and Daniel. Subsequent clues were uncovered, teams were united, and all worked together to break out into a third room, and



Top row: Drs. Daniel Duggan, Courtney Bull, Jason Retallick, Nicole Myers, Melanie Stenback. Bottom Row: Drs. Ning Su, David McComiskey.

Photo credit: Escape Quest

then a fourth room, and finally back into the world of 2016. I tell you, Michael Scofield has nothing on this crowd. Morse code, sea gulls, antelope, coded messages and more played a part in this frenzied jumble of greatness with each member playing a critical role in the team’s success, none more so than our newest recruits to the Radiology discipline, Daniel (back left), Courtney (back second), and Jay (back third). In fact, Jay’s uncanny puzzle solving abilities were reminiscent of Tom Hanks in the Da Vinci Code. Courtney’s mastery of morse would have made Samuel FB Morse himself sit up and take notice. And Daniel’s organizational and supervisory wizardry could be compared only to watching Wolfgang Amadeus Mozart perform Requiem in Vienna- a truly transformative experience. This escape room’s success rate was a measly 25%, a statistic that serves only to reinforce the greatness that are your residents. But the true question remains, could Staff do better? This anonymous writer thinks such a suggestion laughable. Gauntlet thrown.