

DIAGNOSTIC RADIOLOGY RESIDENCY TRAINING MANUAL (2014)
Oklahoma State University Medical Center
Oklahoma State University
College of Osteopathic Medicine

PREFACE

The Diagnostic Radiology residents at Oklahoma State University Medical Center (OSUMC) facility are expected to conduct themselves in a manner consistent with the standards of the osteopathic medical profession. Successful completion of the training program entails not only academic standards but also ethical, professional, behavioral and personal characteristics necessary for the practice of osteopathic medicine. In addition to the house staff policies and procedures from the Department of Medical Education, the following policies will also be implemented. The policies of the AOA, AOACR, or OSUMC House Staff will take precedent over the policies contained in this document should a conflict arise. Each resident should review this manual as it contains a wealth of information as to what is expected of you during your training here at OSUMC. This manual is continuously updated each year as new challenges or policies arise.

I. Orientation.

- a. Obtain copy of Basic Standards for Residency Training in Diagnostic Radiology published by the AOA and AOACR.
- b. Obtain copy of this Training Manual.
- c. Obtain copy of House Staff Policies and Procedures.
- d. Apply for membership with the AOA, AOACR, ACR, and OSRS (mandatory).
- e. Apply for membership with the RSNA, and ARRS (recommended).
- f. Obtain radiation badges (Nuclear Medicine).

II. Department Priorities

- a. Welfare of patients ***always*** comes first.
- b. Needs of referring physicians.
- c. Morning and noon education. Protected time, attendings are to cover, if issues arise notify program director.
- d. Procedures.
- e. Dictation which includes reviewing and correcting reports routinely. All studies need to be dictated prior to leaving for the day unless for specific reasons.
- f. Orientation to the radiology department and utilization of the RIS/PACS system and voice recognition will occur during the radiology intern's first week in the radiology department for the rotation.
- g. Orientation to qGenda will also be done during the first month of the intern's radiology rotation.

III. Department Hours

- a. **Education: 0700 to 0800 \ 1200 to 1300.** You are expected to be in the radiology conference room at this time for education. **You must sign in the logbook and indicate the topic of your education and evaluate the Lecture \ lecturer.** Failure to comply with this policy may result in a resident being put on probation as outlined in your House Staff Policies and Procedures. This time is protected. Residents have no responsibilities in their section of the department during this time. The night shift resident is not required to attend the morning education. Residents on out rotations are exempt.
- b. **Department section coverage: 0800 to 1700.** Residents are responsible for their assigned sections during **all this time** and must be available via pager or mobile phone. It is mandatory that a minimum of four residents be available in the department. If a resident cannot cover his/her assigned section, he/she must obtain coverage from another resident and inform the technologist(s) of the section of the change. In cases of situations where no resident is available (e.g. conferences), the attending physicians will be notified so that they can provide coverage.
- c. **After hours and weekend coverage:** When residents are on night shifts they are responsible for reviewing and providing preliminary or finalized reports as well as consultation to all referring physicians. There is 24 hour a day attending on duty coverage for Diagnostic Imaging Associates (DIA) in which the resident is not required to make preliminary interpretation prior to discussion with attending radiologist. The night shift residents are also responsible for providing triage and assisting in after hour's interventional cases.

IV. Resident Responsibilities

1. General
 - a. Your family is your greatest priority. Four years are a long haul and relationships can be damaged or lost with neglect and selfishness. We understand that you are more competent and efficient in the workplace if you have healthy family relationships. At the same time, the guidelines set forth below are to guarantee that all residents can maintain this priority AND have a successful learning experience.
 - b. It is important to work together as residents to insure maximization of a positive experience during the four years of residency. This will be for many the most challenging time in your career with the pressure of learning the vast field of radiology, taking call, studying for three board exams, and finishing residency as a confident and competent radiologist.
 - c. Residents are a role model for House staff and students under their supervision and are looked up to for leadership from those who work

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in the Radiology Department. Therefore, it is essential that residents act in a professional and courteous manner at all times when interacting with department staff, students, and house staff. It is especially important that professionalism and compassion be extended to ALL patients.

- d. Dress code should be in accordance with the House Staff Policies. OSUMC-provided scrub suits may be worn routinely.

2. Educational - Routine

- a. Residents are required to attend two daily 45 minutes to 1 hour long educational sessions. The 5pm to 2am night shift resident is only excluded from these sessions besides residents that are on vacation, at AIRP, Peds, or out rotation. Being on time to the scheduled sessions is required to continue to reinforce the importance of structured education. Breakfast and lunch may be brought to the conference room as long as the you clean up after yourself. Meeting times are (*10 total weekly educational time slots, minimum requirement is 5 per AOCR by direct faculty supervision or lecture*):
 - i. 7:15am Monday and Wednesday, 12pm Monday through Thursday and 12 pm on Friday.
 - ii. Physics begins at 7:15 am on Tuesday and Thursdays.
 - iii. Friday morning is Book Club and begins at 7:00 am.
- b. Physics lectures are Tuesdays and Thursdays. Residents are excused from these morning lectures if they have successfully finished their Physics Board exam and have meet the 80 hours of required physics didactics required by the NRC/AOCR.
- c. OSUMC Tumor Board is presented by the resident who is assigned each month by the chief residents. *** Tumor Board as of this academic year is not being provided by OSUMC and will be done in coordination with CTCA. No resident requirements are present for this with the exception of routine documented attendance.
- d. Journal Club occurs once a month and will be coordinated by the chief resident(s) and designated attending for the month's journal club.
- e. PGY3s and PGY4s are required to give two lectures each during the year. Topics to be chosen by the resident or DIA faculty attendings.
- f. Residents are required to place one interesting case in teaching file per week with documentation of patient pathology when available. Interesting cases are to be tagged in DIA RIS and also may electively by placed in myPACS.net OSUMC Radiology residency profile account. A review article is a plus for reference placed in teaching file notes. We are currently working on integrated RSNA teaching file system with RIS but is not yet available for this academic year.

3. Departmental

- a. Start assigned departmental section coverage at 0800. The following sections of the department must be covered - CT, MR, NM, General Radiology/Fluoroscopy, and US. Residents are to pre-review scheduled cases so that procedures performed are appropriate for the indication and proper protocols are followed. It is the residents' responsibility to fill out all paperwork for all procedures performed. These include review of pertinent laboratory data, signed informed consent, history and physical, post procedure note, and post procedure orders, and HI-IQ QI/ QA forms. Include start/stop time, type and volume contrast, and meds for "moderate sedation/analgesia", fluoroscopy time/rad dose, CPT's.
- b. Residents are responsible for keeping the front office and the technologist/attending in their assigned section informed of the resident's whereabouts at all times. All residents will carry a functioning pager. If a pager is misplaced or forgotten, the resident shall immediately obtain a replacement or retrieve their pager. During time out of their assigned section, residents will notify the technologist and attending radiologist which resident will be providing coverage while the assigned resident is out of his/her assigned section.
- c. All cases must be reviewed with the attending physician. All cases reviewed should be dictated prior to leaving the department at the end of the day.
- d. Communicate any significant or unexpected findings that could alter patient management to the ordering physician. Dictate concise reports that rapidly answer the clinical question at hand. Please utilize the "ACR Standard for Communication: Diagnostic Radiology" as a guideline. Dictate into the report that the ordering physician has been informed of significant finding(s) and indicate the date and time.
- e. Residents are to communicate with the patient's attending on an as needed basis and serve as a consultant to the referring physician, never criticizing and taking every opportunity to complement the referring physician. Residents will give the referring physician the benefit of the doubt when there are disagreements over patient care since the referring doctor has benefit of the patient's clinical milieu. If, after thorough review of all clinical data, the resident feels strongly that an examination has been ordered inappropriately the resident is to then bring the matter to the attention of the attending radiologist.
- f. Residents will learn to use all imaging equipment and become competent with techniques, (e.g., scanning in US, use of image processors in Nuclear Medicine, CT,PET/CT, digital angiography, MRI, imaging workstations, etc.). Reading users manuals for the imaging equipment will greatly help the resident in understanding their use.

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radiopharmaceuticals laboratory for one to two days. The attendance must be documented in the resident's logs and signed by the Director of Nuclear Medicine.

V. **Work Hours**

- a. There is no call in this residency. There are scheduled night shifts and weekend shifts. DIA has attendings on 24 hours a day/7 days a week/ 365 days a year. Residents are not required to provide preliminary reports without attending review of the imaging studies. Day time hours are 7am to 5pm. Night shift hours are from 5pm to 2am. One resident works the night shift and weekend day shift.
- b. The Program Director/Chief Resident(s) are responsible for developing the residents' work schedules. The schedules will not be final until initialed by the Program Director. The Program Director are the final arbiters of disputes concerning resident schedules. Scheduled changes due to emergencies, conferences, etc. must be approved by the Program Director - all changes must be documented.
- c. It is the Program Director responsibility to ensure that call and work assignments adhere to the Work Hour Policies instituted by the AOA/AOCR.
- d. The night and weekend shift resident is responsible for the exams that are done on callback. Certain examinations will require the resident to personally obtain history and physical information from the ordering physician and/or the patient in order to validate the indication for the examination and make sure the examination is an appropriate examination for the indication. The resident also needs to exclude contraindications. Before the interventional radiology team is called in, the resident must exclude GFR less than 60, history of severe contrast reaction, anticoagulation status, determine if the patient is combative and unable to be safely/effectively imaged before the team is called. The indication for the exam and a sense for the urgency will be communicated to the technologists.
- e. If the Chief Resident(s) are out of the house, he/she shall designate another resident to handle the Chief Resident(s) responsibilities.

VI. **Moonlighting Policy**

- a. **Any professional clinical activity (moonlighting) performed outside of the official residency program may only be conducted with the written permission of the program administration (DME/Program Director).**
- b. A written request by the resident must be approved or disapproved by the Program Director and DME and be filed in the institution's resident file. All approved hours are included in the total allowed work hours under AOA policy



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- and are monitored by the institution's Graduate Medical Education Committee. This policy is published in the institution's house staff manual.
- c. Failure to report and receive approval by the programs may be grounds for terminating a resident's contract.
 - d. If moonlighting is permitted, all moonlighting will be inclusive of the 80 hours per week maximum work limit and must be reported.

The following section defines specific year level job description. It is meant as a guideline as different residents have different levels of capability.

VII. Chief Resident(s) responsibilities

- a. Default position for the PGY 4 residents.
- b. Responsibilities include:
 - i. Regulate day-to-day cohesiveness and help identify issues that need to be addressed by the Program Director.
 - ii. Attend monthly Chief Resident and Educational Committee Meetings.
 - iii. Help regulate on time arrival and attendance to daily educational scheduled activities to be documented on the attendance sheet and in New Innovations.
 - iv. In charge of assigning residents to Tumor Board (if needed) and any other conferences.
 - v. In charge of assigning residents to journal club monthly.
 - vi. In charge of rotating medical students, interns and residents. Also assigns them to a radiology resident or service each day or week.
 - vii. Making sure every resident submits an equivalent of 1 case a week.
 - viii. In charge of giving lectures to interns/residents during the year for other programs.
 - ix. Scheduling call and help with rotation assignments on qQenda in conjunction with the Program Director.

VIII. Expectations & Discipline

- a. Professional, courteous, encouraging and a team player. Continue to learn how to become a complete physician and competent radiologist.
- b. Being on time to the scheduled sessions is required to continue to reinforce the importance of structured education. Consequences will therefore be in place if to many times a resident is late or misses educational sessions.
 - i. Allowed tardies or absentees prior to discipline actions are 3 times every year. Tardies are considered more than 5 minutes late to an educational session:
 1. Discipline action:
 - a. One weekend call days (2 days from 7am to 5pm) for every 4th tardy. Weekends will first be taken from other fellow PGY5's then progresses equally down to PGY2's.
 2. Exceptions to being on time or in attendance:
 - a. You are on vacation or sick.
 - b. Legitimate emergency (to be approved later by the Program Director)

IX. Vacation

- a. OSUMC contract allows for 20 days paid time off which includes sick days and vacations.
 - i. Vacations must be pre-approved by Jeremy Fullingim, D.O. via e-mail or qGenda.
 - ii. For emergencies and unavoidable urgent responsibilities (unless abused), notification must be made either to the Program Director or any of the Chief Residents.
 - iii. "Half days" are not counted for vacation. As of now "half days" have not counted toward vacation. This technically should be but for now doesn't need to be unless abused. Abuse is considered when more than three "half days" per resident are used in a year.
 - iv. Vacation sheets will need to be filled out and then signed by the Program Director and Chief Resident for the Office of Medical Education. Forms will need to be given to Christa Arnold. Everyone is encouraged to utilize all of their vacation days. Vacations will be recorded in qGenda which will allow accurate count of vacation days used.
 - v. Minimum number of residents assigned to OSUMC is 4 (2 onsite and 2 at imaging centers). Unless there is an emergency, vacation will not be granted for residents asking for time off that will make the department numbers go below 4 residents.
- b. Built in vacation days that do not count toward PTO include July 4th, Labor Day, Thanksgiving (2 days), Christmas Day, New Years Day, Easter (2 days), Memorial Day.
- c. PGY3's cover July 4th, Labor Day and Memorial Day with the included weekend.
- d. Thanksgiving and Easter are divided equally between residents for coverage, i.e. half cover Thanksgiving and other half cover Easter.
- e. Maternity leave is recognized by OSUMC, however unfortunately paternity leave is not.

X. Board Preparation and Conferences (count for elective time)

- a. Board preparation (8 weeks during residency)
 - i. 1 week off prior to Physics boards
 - ii. 3 weeks off prior to Written boards
 - iii. 4 weeks off prior to Oral boards
- b. Conferences
 - i. 1 week long conference a year not counted toward PTO for PGY2 through PGY4 residents.
 - ii. 2 week long conferences for PGY5 residents.



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Radiology

Resident Training Level: PGY 2

JOB DUTIES

Clinical Diagnosis Management:

The resident screens requested examinations for proper indications, identifies contraindications and suggests alternatives, and obtains relevant information if indication is unclear. The resident displays basic understanding of examination and procedure protocols, including trauma ultrasound, recommends basic examinations and procedures, supervises and screens patient sedations, performs Pre-procedural consultations and orders, performs Post-procedural orders and follow-up, performs preliminary reports, performs Final report* (with faculty only), performs dictation of basic reports.

Clinical Non-Invasive Management:

The resident performs (after relevant rotation experience) the basic Gastrointestinal Radiology Procedures, Genitourinary Radiology Procedures, Computed Tomographic Procedures, and Ultrasound Procedures, including Trauma ultrasound, Magnetic Resonance Imaging Procedures, Nuclear Medicine Procedures.

***Clinical Invasive (Operative Management):**

The resident performs (after relevant rotation experience) the basic Angiographic Procedures: Learns venous and arterial accesses, Interventional Procedures: Simple biopsies and drainages, performs basic activities during daily rounds. The resident learns materials to be used, avoidance and management of complications, performs myelograms, arthrograms (including MR arthrograms). Performs Joint aspirations. Performs Pediatric Gastrointestinal Procedures, and Pediatric Genitourinary Procedures. Performs Nuclear Medicine: Calculates iodine therapy doses for malignant and benign thyroid disease. Calculates palliative doses for pain treatment.

*Requires Direct Supervision by a Teaching (Faculty) Physician.



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Radiology

Resident Training Level: PGY 3

JOB DUTIES

Clinical Diagnosis Management:

The resident screens requested examinations for proper indications. Identifies contra-indications and suggests alternatives. Obtains relevant information if indication is unclear. Displays more advanced understanding of examination and procedure protocols. Recommends more complex examinations and procedures. Supervises and screens patient sedations. Performs Pre-procedural consultations and orders. Performs Post procedural orders and follow-up. Performs Preliminary reports. Performs Final report* (with faculty only). Performs Dictation of more complex reports.

Clinical Non-Invasive Management:

The resident (after relevant rotation experience) performs more complex Gastrointestinal Radiology Procedures, Genitourinary Radiology Procedures, Computed Tomographic Procedures, and Ultrasound Procedures including trauma ultrasound. Performs Magnetic Resonance Imaging procedures, Nuclear Medicine procedures.

***Clinical Invasive (Operative Management):**

The resident (after relevant rotation experience) performs more complex Angiographic Procedures: performs cerebral angiograms. Performs Interventional Procedures: more complex biopsies and drainages, gastrostomy, etc., proposes work-up of inpatients and outpatients with faculty. Performs myelograms, arthrograms (including MR arthrograms). Performs Joint aspirations and Pediatric Gastrointestinal Procedures. Performs Pediatric Genitourinary Procedures. Performs Nuclear Medicine: Calculate iodine therapy doses for malignant and benign thyroid disease. Calculates palliative doses for pain treatment.

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Radiology

Resident Training Level: PGY 4

JOB DUTIES

Clinical Diagnosis Management:

The resident screens requested examinations for proper indications. Identifies contra-indications and suggests alternatives. Obtains relevant information if indication is unclear. Displays advanced understanding of examination and procedure protocols. Recommends complex examinations and procedures. Supervises and screens patient sedations. Performs pre-procedural consultations and orders. Performs Post procedural orders and follow-up. Performs Preliminary reports. Performs Final Report* (with faculty only). Performs Dictation of complex reports.

Clinical Non-Invasive Management:

The resident (after relevant rotation experience) performs complex Gastrointestinal Radiology Procedures, Genitourinary Radiology Procedures, Computed Tomographic Procedures, and Ultrasound Procedures including Trauma ultrasound. Performs Magnetic Resonance Imaging Procedures, Nuclear Medicine Procedures.

*Clinical Invasive (Operative Management):

The resident (after relevant rotation experience) performs complex Angiographic Procedures: Intraoperative angiograms, starts routine vascular interventions. Performs Interventional procedures: Starts routine non-vascular interventions. Performs Myelograms, Arthrograms (including MR arthrograms). Performs Joint aspirations and Pediatric Gastrointestinal Procedures, Pediatric Genitourinary Procedures. Performs Nuclear Medicine: calculates iodine therapy doses for malignant and benign thyroid disease. Calculates palliative doses for pain treatment.

*Requires Direct Supervision by a Teaching (Faculty) Physician



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Radiology
Resident Training Level: PGY 5

JOB DUTIES

Clinical Diagnosis Management:

The resident screens requested examinations for proper indications. Performs Arthrograms (including MR arthrograms). Performs Joint aspirations. Obtains relevant information if indication is unclear. Displays thorough understanding of examination and procedure protocols. Recommends examinations and procedures. Supervises and screens patient sedations. Performs Pre-procedural consultations and orders. Performs Post-procedural orders and follow-up. Performs Preliminary reports. Performs final report*(With faculty supervision and approval). Performs Dictation of reports.

Clinical Non-Invasive Management:

The resident (after relevant rotation experience) performs Gastrointestinal Radiology procedures, Genitourinary Radiology procedures, Performs Computed Tomographic procedures, and Ultrasound procedures including Trauma ultrasound. Performs Magnetic Resonance Imaging Procedures. Performs Nuclear Medicine procedures.

***Clinical Invasive (Operative Management):**

The resident (after relevant rotation experience) performs Angiographic Procedures: Initiation of patient evaluation and preparation, starting all cases and active participation in the organization and function of the Interventional Radiology section. Performs Interventional procedures. Performs Myelograms, Arthrograms (including MR arthrograms). Performs Joint aspirations. Performs Pediatric Gastrointestinal procedures, and Pediatric Genitourinary procedures. Performs Nuclear medicine: Calculates iodine therapy doses for malignant and benign thyroid disease. Calculates palliative doses for pain treatment. Declares and documents brain death (radiologists must concur). This test is performed "on call". The resident may give a preliminary report.

*Requires Direct Supervision by a Teaching (Faculty) Physician



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Residents at all levels are always supervised by faculty, not upper level residents.

(1) Following the ACGME-mandated levels of supervision, attendings will provide "direct supervision" during performance of and interpretation of all radiology imaging studies for all PGY1-5 residents.

1. (a) Attendings will demonstrate to residents how to perform various radiology studies during GI/GU, interventional, ultrasound, nuclear medicine and fluoroscopy rotations. In addition, attendings will demonstrate to residents how to protocol various studies using US, CT and MR imaging. Residents will take an active role in daily protocols. Residents will demonstrate competency in these hands on areas (see goals and objectives for specific rotation milestones/competencies) and their competency will be documented as milestones in their radiology portfolios.
2. (b) Reading out imaging studies at the PACS station & learning how to interpret images, document results in a written report, understand when to make contact with physicians regarding imaging study protocols/results, know how to use on line resources and textbooks within a specified time period must be done with the resident & the attending working together. Residents are also taught various methods of dictation for cases and are given regular feed-back on their dictations.
3. (c) Residents will dictate radiology reports that will be reviewed by the supervising attending radiologist. The resident report will only be made available to the clinicians caring for patients after the attending radiologist has reviewed the study.
4. (d) Interventional procedures are performed with an attending present to instruct & inform the resident on exactly how to perform the procedure safely. Residents are also taught indications for various exams, how to obtain informed consent, and how to interpret these studies.
5. (e) Residents will be instructed in radiation and contrast administration safety by an attending radiologist. They will be given simulation situations in order to evaluate their ability to deal with these issues if they arise.

(2) "Indirect supervision with direct supervision *immediately* available" will be provided to PGY2-5 residents regarding only a few selected procedures that have been previously approved to be performed by the Program Director. Indirect supervision does not occur when interpreting exams.

Each attending teaches residents through one-on-one daily interaction at the PACS station, in the imaging suites throughout the department of radiology, as well as during conferences.



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(3) "Indirect Supervision with direct supervision available" becomes more available to residents as they progress. This becomes especially true in performance of fluoroscopy. Resident who have passed their milestone competency in performance of fluoroscopic procedures and radiation safety training may be sent to the fluoroscopy suite alone to perform cases. The images will be reviewed with an attending radiologist in the radiology department after the exam is completed. A similar procedure is followed for residents completing milestone competencies.

(4) "Oversight supervision" in radiology pertains primarily to research. Resident work "independently," once a project has been approved by a sponsoring attending. Residents may help develop research through preparation of IRB documents, mentoring medical students, serving as co-author and/or co-principal investigator during submission of and preparation of abstracts, articles, posters, oral presentations and grant proposals. Residents are given final feedback on these projects via their mentors.



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AOCR SCIENTIFIC EXHIBIT GUIDELINES

All research projects are strongly advised to meet one of the following criteria:

1. A single case presentation of a first reported case or other unusual manifestations of a disease which will add to the medical literature, which must include review of the literature and discussion (acceptable only if of publishable quality). Resident is required to have an expert in the field review prior to submission to the Scientific Exhibit Committee for Approval.
2. A report of an original clinical research study approved by the institutional review board.
3. Set of case presentations and discussion, which challenges existing concepts of diagnosis or treatment and thus recommends further investigation.

Research projects should have a sound, scientific methodology that clearly presents its results and conclusions. It is important to demonstrate the reproducibility of the findings. The research project should contribute or make a difference in the field of radiology.

The methods and materials section should specify exact figures regarding the study population and the method of sample collection.

The results and conclusion should draw on the clinical significance of the study and directly follow the research goals given in the hypothesis.

Where applicable, IRB approval should be noted in the abstract and poster.

Scientific exhibits will be accepted in two forms:

1. Poster type exhibit should be printed and mounted on the poster board (or light cardboard) of dimensions of 4'H x 8'W (outside measurements including frame).
2. Multi-media electronic exhibit. The resident must be aware that he/she is solely responsible for providing electronic media equipment (computer, monitor). College takes no responsibility for safety of such equipment.

Abstracts or Single Case Presentation Approval Forms must be submitted by the due date as stated for the two categories. The full text of the exhibit as well as a 75-100-word summary is due 5 weeks prior to the Annual Convention and must be submitted on the AOCR Exhibitor Form. Exhibitor Forms that are past the due date will be assessed a penalty as follows: 1-6 days = \$250; 7-13 days = \$350; 14-20 days = \$450; 21-27 days = \$550. If Exhibitor Forms and fees are not received within 27 days of the due date, the exhibit will not be allowed to be displayed at the Annual Meeting that year.



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Residents Presenting to Fulfill Residency Requirement

Within the first year of residency training, the resident should submit a written proposal to the program director for review and approval. By the beginning of the second year of training the resident should start evaluating the data and preparing an abstract. All projects must be performed and prepared under the supervision of the program director or another physician approved by the program director. Choose research that asks meaningful scientific questions and maintains the importance of reporting positive results. Select a topic in which you will be able to gather sufficient amount of data. A review of the literature will not be accepted.

First author must be the resident who submitted the poster for residency credit; however, all attending physicians who mentored the project should also be listed as authors. Although more than one resident may participate in the project, only ONE resident may receive credit to fulfill the residency research requirement. The poster presentation must include radiographic images.

A resident must present a scientific exhibit no later than the Annual Meeting of the resident's third year of training to fulfill the residency training requirement. The exhibit must be displayed and judged at an Annual Meeting of the College.

Research projects of a single case presentation must meet one of the following criteria: (1) first report of a case; (2) unusual manifestation of a disease which will add to medical literature; or (3) a change in the method of diagnosis and/or therapy. Single case presentations are due January 15 of a resident's second year of training. The Single Case Presentation Approval Form can be found on the AOCR website at http://www.aocr.org/residency/documents_forms.asp.

Abstracts for all other research projects are due May 15 of a resident's second year of training. Abstracts must be submitted in scientific format, i.e., Objectives, Methods, Preliminary Results, and Preliminary Conclusion. The length of an abstract should not exceed 250 words. The Abstract Submission Form can be found on the AOCR website at http://www.aocr.org/residency/documents_forms.asp.

Do not include photographs, references or acknowledgements in the abstract, but include preliminary data on 5-10 patients. All abstracts must be signed by the program director indicating his/her review and approval prior to submission to the AOCR. If your study is not complete by the time an abstract is due, submit a sample of the data and indicate that the abstract represents preliminary findings.

The Scientific Exhibits Committee will review your abstract and accept or reject it. If your abstract is rejected, you will be given comments for revision and your revised abstract is due September 1.



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After abstract has been accepted, begin planning layout of the exhibit. Most academic institutions have medical (graphic) arts departments that will help you immensely at this stage. Do not overcrowd the exhibit with data. The point should be clear within 5 minutes of viewing. Select best illustrative cases with high quality images. There is no need to show all cases. Graphic summaries of data can also be included. Professional illustrations and drawings add appeal to an exhibit but be sure to give credit where due. Include a few recent references on the topic of interest.

Exhibits will be evaluated at the Annual Meeting and must meet minimal criteria established by the committee as listed on the Evaluation Form. An exhibit must score 70 or above to fulfill the residency training requirement.

Exhibits must be fully set up during all exhibit hours or credit will not be received. Prepare to attend the Annual Meeting and answer questions of the attendees at a time designated by the AOCR. Attendance fee is waived for the residents, but be prepared to cover own expenses. Inquire at least 2 months in advance, if your OSUMC program/ Osteopathic Founders Foundation will provide funding. If you are unable to attend, delegate a co-author, mentor, or a colleague familiar with your work.

Cash awards and plaques will be presented to the first, second and third place winners in this category.

Exhibits not being presented as a Residency Requirement

Abstracts of the exhibits are due September 1 prior to the Annual Convention. Abstracts must be submitted in scientific format, i.e., Objectives, Methods, Preliminary Results, and Preliminary Conclusion. The length of an abstract should not exceed 250 words. The Abstract Submission Form can be found on the AOCR website at http://www.aocr.org/residency/documents_forms.asp.

Exhibits must be fully set up during all exhibit hours. Prepare to attend the Annual Meeting and answer questions of the attendees at a time designated by the AOCR.

A plaque will be presented to the first place winner in this category.



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SCIENTIFIC EXHIBIT EVALUATION FORM

PRESENTATION OF MATERIAL (30)

Basic Exhibit construction (5)

All expected components should be present, clearly laid out, and easy to follow. The background should be unobtrusive. The figures and tables should be appropriate and labeled correctly. The title of the exhibit, authors and institution affiliation(s) should be clearly displayed at the top of the poster.

Image quality (10)

The radiographic images should be clear and adhere to CMS regulations regarding the confidentiality of the patient.

Quality of printed materials (5)

The text should be concise, legible, and free of spelling or typographical errors.

Orderly presentation of material (10)

The sequence of information should be evident.

COMPLETENESS OF ILLUSTRATIVE MATERIAL PRESENTED (25)

Selection of included illustrative material according to importance of the topic (15)

The main goal of the project should be represented by radiographic images with or without graphs/charts.

Exhibit space assignment according to importance of the topic (10)

The major elements of the research project should be obvious to the viewer within the first few seconds of viewing the exhibit.

WRITTEN DESCRIPTION OF MATERIAL PRESENTED (20)

Clarity of description (10)

Objective/Hypothesis should be logical and presented clearly. Background information should be relevant and summarized well. Connections to previous literature and broader issues should be clearly stated. The goal of the project should be stated clearly and concisely and show clear relevance beyond project.

Methods should be thoroughly explained including why particular methods were chosen. Clear discussion of controls or comparative groups; all appropriate controls or comparative groups should be included.



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Results should include substantial amount of statistically significant and reproducible data sufficient to address the hypothesis. Presentation of data should be clear, thorough, and logical.

Conclusions should be reasonable and strongly supported with evidence. Conclusions should be compared to hypothesis and their relevance in wider context should be discussed.

Inclusion of current references (bibliography) (10)

All references should be listed in chronological order with appropriate cross-reference notations.

APPLICABILITY OF MATERIAL (25)

Originality (10)

The basis of the hypothesis should originate from the author and not replicate information that has already been documented.

Current relevance (5)

The data presented should be relevant to radiology issues today.

Clinical significance (10)

The results should contribute to the practice of radiology.



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DIAGNOSTIC RADIOLOGY RESIDENT CONTACT INFO FOR UPDATING IN NEW INNOVATIONS RESIDENCY FILE & SIGNED CONFIRMATION OF RECEIPT OF MANUAL

**Oklahoma State University Medical Center
Oklahoma State University College of Osteopathic Medicine**

Resident's Name		
Change of information or new	No (if no just sign below and date)	Yes
Spouse or significant other		
Children (Names/Ages)		
Address		
City/Zip		
Home Phone		
Cell Phone		
Pager		
Email		
Emergency Contact		
Emergency Contact phone		
Signature of receipt of Manual		Date:



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OMECO RESOURCES

The Osteopathic Medical Education Consortium of Oklahoma (OMECO):

Recognizing the need for a new system to structure and accredit osteopathic graduate medical education, the American Osteopathic Association (AOA) established the Osteopathic Postdoctoral Training Institute (OPTI) in 1995.

Each OPTI is a community-based training consortium comprised of at least one college of osteopathic medicine, hospitals, and ambulatory care facilities.

The OPTI for the Oklahoma, Arkansas and southern Missouri region is known as the **Osteopathic Medical Education Consortium of Oklahoma (OMECO)**. As a member of OMECO, your institution has access to resources such as connection with the OSU-CHS Medical Library, **research and statistical support**, OMM training, etc. Listed below are the various resources for your review.

OMECO Resources:

Access to OSU Medical Library:

Go to the following website: www.omeco.okstate.edu

- From gray menu on left, click on **Medical Library**
- A page requesting your ID/Password will appear.
- Enter your first initial of your first name and then your entire last name for your log-in and your entire first name and the last 4 digits of your GME office phone number for your password (i.e. Jane Doe would be jdoe, jane5920)

The list of available databases including full textbooks is available on the main page. Resources such as First Consult are downloadable to your PDA. Check them out for your Evidence Based Medicine resources.

Your local OSUMC Baxter library also has resources available. The phone number for the library is (918) 599-5297 or go to there website at: www.osumc-lib.org. Library Internet access is available through OSUMC, contact librarian.

Research and Statistical Support:

Resources are available for research and statistical support. If you require assistance in writing your protocol, literature review or statistical support, please notify Dan Cogan at (918) 561-8292 or email, dan.cogan@okstate.edu.

On the website under Research, you will find a schematic to help you identify if your project will require IRB approval. The IRB of record for OSUMC is the OSU-CHS IRB. The IRB Administrator at OSU-CHS is Teri Bycroft, (918)586-4609 and her e-mail is teri.bycroft@okstate.edu. A good rule of thumb: ALL research/poster requires IRB approval-get it done early.



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Research Poster Contest

Each February, OMECO hosts a resident poster contest as part of the Oklahoma State University Center for Health Sciences Research Day. There are monetary awards given to first, second and third place finishes as well as the opportunity to present your research project to an audience.

Guest Lecturers

OMECO hosts four guest lectures each year on a variety of health care related topics to assist residents in their training. Past topics include: Pay for Performance, GME Financing, Tomorrow's Research Today, Evidenced Based Medicine, Making the Most of Evaluations, Practice Management in Today's Environment, etc. Please feel free to contact the OMECO offices with additional topics for presentations.

OMM Training

The OSU-CHS OMM Department provides continued training on OMM through a bi-monthly workshop. Dr. Cogan's' office sets the dates for these AOA **mandatory** training sessions. See "**calendar of events**" below.

OMM Hospital Rotation for Interns

A two week OMM Hospital Rotation is established for all Interns. This rotation is designed to extend the osteopathic manipulative medicine (OMM) clinical instruction of interns and residents into post-graduate clinical educational programs for the hospital setting. This program was created to instruct the resident to integrate OMM evaluation and treatment skills into all primary care specialty areas in the hospitalized patient. The unique feature of this program is an OMM guidelines approach for common hospital presentations. These guidelines are a problem-oriented approach for the treatment and/or prevention of common clinical problems the resident will encounter in a hospital environment. The guidelines also establish clinical standards for the evaluation and treatment of patients with OMM.

Program Evaluations

Residents and Interns have the opportunity to confidentially evaluate their program. Online, you will find a program evaluation that is collected in the OMECO office for feedback to each residency program. Residents will go to, www.omeco.okstate.edu and click on "Program Evaluation." The collection and compilation of these surveys will take place bi-annually around March and October. You will receive a notice by email regarding this opportunity for feedback.

Calendar of Events

The OMECO website, www.omeco.okstate.edu, will post a calendar of various event throughout the year, be sure to check it out for any upcoming events. <http://www.healthsciences.okstate.edu/college/resident-intern/calendar.cfm>

Core Competencies

The AOA has implemented seven core competencies, which we feel define what a physician should demonstrate mastery of when they graduate. These are: Osteopathic Medicine and Philosophy, Medical Knowledge, Patient Care, Interpersonal Communication, Professionalism, Systems Based Learning and Practice Based Management. You will be evaluated on these competencies on a quarterly basis by your



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program director. **When AOA inspectors visit our program they expect you to have the core competencies memorized.** A template evaluation was created by OMECO.

Contact Us

If you have any questions regarding these various resources, be sure to contact, OMECO Administrative Director at (918) 561-8292 or email, dan.cogan@okstate.edu.

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jf