Welcome to IR!

IR is a fast-paced service, and at times can seem overwhelming or even chaotic. In order to have a structured and productive experience, have a plan. That means understanding the daily schedule, the patient flow, and your part in the interventional radiology health care team.

Divide and Conquer: You will want to divide the responsibilities with your co-residents in a rational way. Generally, that means sticking to one room and following a patient from initial evaluation in the pre-op area or inpatient consult, through the procedure itself, and including post-operative note, orders, and dictation. You should make yourself available to the nurses and technologists to assist with any post-operative issues that may arise for your patient.

Preoperative Care: Start the day by reviewing the scheduled cases with the attending physician covering your room. When patients arrive in the pre-operative area, perform an initial evaluation. See the goals and objective document to see the procedural competency expectations by PGY-level.

- **H&P:** Verify there has been an H&P in the past 30 days. If not, document an H&P. If there has, document an H&P update. You can skip this step for non-sedation simple imaging procedures such as drain checks.
- **Consent:** If informed consent has not been obtained for the procedure, obtain informed consent by including a discussion of, at a minimum, risks, benefits, and alternatives
- **Pre-sedation assessment:** Perform and document a pre-sedation assessment for any patient who will receive conscious sedation by the interventional radiologist. You should do this assessment unless it is very clear that it is not needed or will not be used. You do not need to do this for patients who will receive anesthesiology sedation or general anesthesia. **Talk to your attending if you have questions or concerns.**
- **Pre-procedure note:** Document the planned procedure in a pre-procedure note

Maintain Continuity of Care: Perform under direct supervision or assist with procedures for the patients you have evaluated. It is important to maintain continuity of care to prevent errors. Whenever you are transitioning care to another physician or provider, always perform a hand-off. You can use the "IPASS" method – illness (severity), patient summary, action list, situation awareness and planning, and synthesis by the receiver. See the separate document on patient handoffs.

Post-operative Care: When your procedure is complete, waste no time in writing a post-operative note and post-operative orders. In many cases, the patients cannot transition to the holding area without these orders, so they should be completed as quickly as possible. For inpatients requiring follow-up or IR patients who will be admitted, make sure the patient is followed by the IR service by adding to the rounding list. **If you have any questions, ask your attending.**

Image review and dictation: Unless there are extenuating circumstances, **dictate** and **sign** all of the cases which you personally performed as the primary operator, no later than the end of the same workday. You may also dictate cases in which you assisted the primary operator, if you feel like you have a good grasp of the procedure. Always review the images with the critical eye of a radiologist. If you use templates, make sure the dictation matches the procedure. If you have any questions, ask your attending.

Inpatient consults: Review any inpatient requests that are relevant to your assigned room. Understand what the request is for, why the patient is in the hospital, review the relevant imaging, and know the relevant laboratory data. Try to look for any clinical information that may affect the approach to the case. Review the case with your attending, and when you have a preliminary plan, evaluate the patient.

Overview of Conferences:

1. **Diagnostic Radiology Noon Conference** 12-1 p.m. – all DR and PGY 2-4 IR/DR residents attend
2. **Mondays** 7-8 a.m. – Thoracic tumor board (radiology classroom). PGY 5+ IR/DR residents or ESIR residents. Virtual or in-person. DR residents do not need to attend.
3. **Tuesdays** 8-9 a.m. – Weekly quality and educational conferences (IR reading room). All residents on IR rotation attend
    a. 1st Tuesday – vascular access simulations (school of medicine room)
    b. 2nd Tuesday – biopsy conference. Review of prior month's biopsy cases. Residents will work together to prepare the conference report (see the separate workflow sheet)
    c. 3rd Tuesday – journal club. Pick 1-2 articles to present and discuss as a group. If you need help selecting an article, ask one of the attendings to help you. Make sure everyone gets your article in advance of the meeting.
    d. Last Tuesday – M&M. Review of current month's M&M cases. Write a narrative summary for each case and present for group discussion
    e. 5 Tuesdays – for months with a fifth Tuesday, there will one day with no conference
4. **Thursdays** 7-8 a.m. – Semi-weekly didactic lectures to be presented by the IR attendings (radiology classroom). All residents on IR rotation attend and all PGY 5+ IR/DR or ESIR residents attend unless rotating on a non-radiology clinical service.
    a. First Tuesday: self study with completion of AMA modules or any incomplete healthstream modules
    b. 2nd and 3rd Thursday – Lectures presented by an IR attending or guest lecturer
    c. Final Thursday - The last Thursday of each month will be a case conference. Please select an interesting case and present in the form of a (very) short powerpoint. No more than 5 slides. Just choose something that is interesting to you; it does not have to be anything new or revolutionary.
    d. 5 Thursdays – for months with five Thursdays, there will be one day with no didactic activity
5. **Fridays** 7-8 a.m. – GI and Hepatobiliary tumor board. PGY5+ IR/DR residents or ESIR residents. DR residents do not need to attend.

Other Rotation Documents:

- Goals and objectives (look up your PGY level to get a sense of our expectations)
- Daily schedule
- List of Tuesday morning quality conferences (every Tuesday 8-9 a.m. except for months with a fifth Tuesday)
- List of Thursday morning didactic and case conferences (every Wednesday 7-8 a.m)
- UMC IR guidelines for anticoagulation and antiplatelet agents
- Suggested reading list
- Patient handoff document
- Biopsy workflow and biopsy template