Florida Hospital Diagnostic Radiology Residency
Musculoskeletal Radiology Goals and Objectives
Training Location: Orlando

Many of the goals and objectives apply to all rotations and are listed below. Those goals that are more specific to a particular rotation are listed separately.

**Musculoskeletal Radiology Curriculum**

The educational curriculum in Musculoskeletal Radiology is comprised primarily of the rotations through the Musculoskeletal at FH Orlando where the Faculty provide direct training and supervision; as well as, a comprehensive series of lectures and conferences in Musculoskeletal radiology. Correlation is made on a case-by-case basis with other imaging modalities, facilitated by the PACs system. A series of interdepartmental conferences, grand rounds, Journal Clubs, meetings and other venues are expected to enhance the residents’ knowledge of Musculoskeletal radiology.

Because a full outline of disease entities and conditions is provided under each organ system elsewhere in the Radiology Residency Curriculum, a summarized curriculum for the Musculoskeletal Section follows:

- The resident is expected to report to the Musculoskeletal Radiology reading area at 8 a.m. The resident should be available in the area until 5 p.m. each day. The musculoskeletal resident is an essential part of the program and not an observer. He/she is directly responsible for, and an integral part of, all activities relating to bone imaging and is expected to act accordingly.
- Musculoskeletal plain film, CT, and MR studies are available on PACS.
- The Resident is required to attend quarterly MSK/Ortho conferences while on rotation.
- **First year residents** or those assigned to MSK1 will cover plain film studies.
- **Senior residents** or those assigned to MSK2 will read plain films, CT and MRI examinations. The resident will protocol all CT and MR exams, and monitor these examinations as necessary. Verification from the clinician should be sought when there is some doubt that the correct examination is ordered, or if the patient is unable to cooperate.
- Musculoskeletal radiology procedures are generally performed by residents. Procedures done by the resident are performed under faculty supervision. The resident is responsible for the following:
  - Verifying the type of procedure
  - Obtaining the written consent
  - Supervising the appropriateness of preliminary radiographs
  - Verifying laboratory orders and specimen labeling
  - Writing pre- and post-procedure notes in the chart progress sheet
  - Making a patient follow-up visit (inpatients only)
- Dictations are completed by the end of each workday.
- The resident should review all preliminary reports, correct as necessary and sign twice daily.
- To provide each resident a basic understanding of the currently available imaging modalities as applied to the diagnosis and evaluation of: musculoskeletal disorders, including conventional radiographs, computed tomography, magnetic resonance imaging, ultrasound,
and arthrography

- To teach **imaging strategies**: how to choose the most effective imaging technique in specific clinical situations to diagnose a musculoskeletal problem, and deciding which modality to use next to further evaluate a given disorder or a lesion
- To teach the concept of quality imaging, reinforce the importance of quality control in terms of optimal imaging techniques and radiation safety
- To teach the specificity of the musculoskeletal abnormalities, and, in particular, what specific information is important to the referring physician
- To reinforce the knowledge of radiographic anatomy of the musculoskeletal system
- The residents are expected to develop their skills in a variety of interventional MSK procedures including arthrography, anesthetic injections and delivery of intra-articular therapeutic agents

**Daily Required Reading Minimum**

On all rotations, it is recommended that the resident read a minimum of 25 cases per day. On the MSK rotation, the residents should to read any combination of 10 MRI/CT scans per day or 50 per week.
Training using the ACGME Six-Core Competencies:

Year 1: Musculoskeletal Radiology

Cognitive Objectives:
Medical Knowledge, Interpersonal and Communication Skills, Systems-Based Practice: At the end of the first MSK rotation, a radiology resident should be able to:
- Dictate a succinct, precise and coherent radiology report
- Describe pertinent normal anatomy in a MSK radiograph
- Establish a diagnosis and provide an appropriate description of a fracture involving either the peripheral or axial skeleton
- Discuss the imaging findings of septic arthritis, osteomyelitis, and metastatic diseases
- Evaluate orthopedic follow-up imaging including the imaging findings of loosening and infection of orthopedic hardware
- Discuss the most common techniques in MSK imaging, the indications and contraindications, and complications of the following:
  - Radiographs & fluoroscopy
  - MSK scintigraphy
  - Hematoma
  - Baker’s Cyst, including rupture
  - Arthrography
  - Ultrasound
  - Cellulitis
  - Abscess
  - CT
  - MR

Affective Objectives:
Professionalism, Interpersonal and Communication Skills, Patient Care, Medical Knowledge, Practice-Based Learning and Improvement: At the end of the first MSK rotation, a radiology resident should be able to:
- Project a professional image
- Demonstrate empathy and respect towards patients, referring clinicians, radiology personnel, and colleagues
- Function as a consultant to clinicians for radiographic evaluation of MSK trauma and orthopedic follow-up (e.g. if a clinician enters the reading room, he or she should be greeted within 30 seconds and then assisted as soon as possible with image retrieval and/or interpretation)
- Participate actively in the MSK division’s academic program (e.g. teaching medical students on the rotation)
- A formative verbal evaluation will be given at the half-way point of the rotation. The resident should utilize this information in order to improve performance when necessary

Work Training:
- 1-2 days spent with a technologist
- Participate in all arthrogram and aspiration procedures with Attending (except during conferences)

**Expected Reading List:**
- Fundamentals of Diagnostic Radiology (Brant & Helms) – week 1 (Chapters 40-42); week 2 (Chapters 43-45); week 3 (Chapters 46-67); week 4 (Chapters 48-49)
- Diagnostic Imaging: Musculoskeletal Trauma
- Musculoskeletal Imaging: The Requisites

**Milestones include:**
- Using established evidence based guidelines such as ACR appropriateness criteria
- Appropriately use the electronic health record to obtain relevant clinical information
- Competently perform basic procedures under indirect supervision
- Recognize and manage complications of basic procedures
- Selecting appropriate protocol
- Makes core observations
- Formulate differential diagnoses
- Recognize critical findings
- Differentiate normal from abnormal
- Recognizes and manages contrast reactions
- Describes the mechanism of radiation injury and the ALARA concept
- Documents training in critical thinking skills and research design
- Communicating information about imaging and examination results in routine, uncomplicated cases
- Obtains informed consent
- Adhere to transfer of care policies
- Generates accurate reports with appropriate elements for coding
- Communicates urgent and unexpected findings according to RSF policy
- Recognizing the importance and priority of patient care and advocates for patient interests
- Fulfills work related responsibilities
- Recognizes personal limitations and seeks help when appropriate
- Responds appropriately to constructive criticism
- Maintains patient confidentiality
- Attends required meetings
- Describes departmental QI initiatives
- Describes the departmental QA system

**Year 2: Musculoskeletal Radiology**

**Cognitive Objectives:**
**Medical Knowledge, Interpersonal and Communication Skills, Systems-Based Practice:** At the end of the second MSK rotation, a radiology resident should be able to:
- Perform all cognitive objectives stated under Rotation 1
- Discuss the imaging findings and provide an appropriate differential diagnosis for:
  - Articular diseases
  - Benign and malignant bone tumors
  - Metabolic and endocrine diseases
• Miscellaneous diseases entities (as listed in addendum)
• Soft tissue lesions
• Congenital syndromes
• Be proficient at reading MR Imaging of the knee and shoulder
• Normal Tendon appearance
• Foreign Body
• Soft Tissue Gas
• Joint fluid
• Muscle tear

Affective Objectives:
Professionalism, Interpersonal and Communication Skills, Patient Care, Medical Knowledge, Practice-Based Learning and Improvement: At the end of the second MSK rotation, a radiology resident should be able to:
• Function as a consultant for conventional radiographic evaluation of MSK pathology and for planning the MSK imaging to solve a particular problem

Work Training:
• 1-2 days spent with a technologist
• Participate in all arthrogram and aspiration procedures with Attending (except during conferences)

Expected Reading List:
• Diagnostic Imaging: Musculoskeletal Trauma
• Expertddx: Musculoskeletal
• Oral and Maxillofacial Radiology
• Oral Radiology: Principles & Interpret

Milestones include:
- Recommends appropriate imaging of common conditions independently
- Competently performs intermediate procedures
- Recognizes and manages complications of intermediate procedures
- Selects appropriate protocols and contrast agent/dose for intermediate imaging
- Makes secondary observations
- Narrows differential diagnosis
- Describes management options
- Re-demonstrates recognition and management of contrast reactions
- Accesses resources to determine exam specific average radiation dose info
- Accesses resources to determine safety of implanted devices and retained metal
- Works with faculty mentors to identify potential scholarly projects
- Communicates under direct supervision in challenging circumstances
- Communicates under direct supervision difficult information such as errors, complications, adverse events, and bad news
- Efficiently generates clear and concise reports that do not require substantive faculty member correction on routine cases
- Communicates findings and recommendations clearly and concisely
- Becomes an effective health care team member
- Continues to demonstrate professional behaviors described under year 1
- Incorporates QI into clinical practice
- Participates in the QA department process
- States relative cost of common procedures

**Years 3 and 4: Musculoskeletal Radiology**

**Shift recommended for 3rd and 4th years - 12pm - 8pm and 4 pm-12 am**

**Cognitive Objectives:**

**Knowledge, Patient Care, Systems-Based Practice:** At the end of the third MSK rotation, a radiology resident should be able to:
- Protocol all MR imaging studies based on the clinical information
- Interpret with competence MRI studies of the shoulder, pelvis, and knee, and ankle
- Plan and interpret with competence all radiographic MSK imaging studies
- Tendon tear, inflammation
- Rotator cuff tear

**Affective Objectives:**

**Professionalism, Interpersonal and Communication Skills, Patient Care, Medical Knowledge, Practice-Based Learning and Improvement:** At the end of the third and fourth MSK rotation, a radiology resident should be able to:
- Serve as a high-level consultant for clinicians inquiring about MSK imaging studies
- Participate actively in the teaching of junior residents, other residents, interns, and medical students
- Competently perform placement of needles into hip, shoulder, and wrist joints for arthrography and joint aspiration

**Expected Reading List:**
- Diagnostic Imaging: Musculoskeletal Trauma
- Expertddx: Musculoskeletal
- Oral and Maxillofacial Radiology
- Oral Radiology: Principles & Interpret

**Milestones include:**
- Recommends appropriate imaging of uncommon conditions independently
- Integrates current research and literature with guidelines, taking into consideration cost-effectiveness and risk benefit analysis, to recommend imaging
- Competently performs advanced procedures
- Recognizes and manages complications of advanced procedures
- Independently performs fluoro studies and image guided body procedures
- Selects appropriate protocols and contrast agent/dose for advanced imaging
- Demonstrates knowledge of physical principles to optimize imaging quality
- Independently modifies protocols as determined by clinical circumstances
- Provides accurate, focused, and efficient interpretations
- Prioritizes differential diagnoses and recommends management
- Makes subtle observations
- Suggests a single diagnosis when appropriate
- Integrates current research and literature with guidelines to recommend management
- Redemonstrates recognition and management of contrast reactions
- Communicates the relative risk of exam specific radiation exposure to patients and practitioners. Applies principles of image Gently and Wisely
- Selects appropriate sedation agent and dose of conscious sedation
- Communicates without supervision in challenging circumstances
- Efficiently generates clear and concise reports that do not require substantive faculty member correction on all cases
- Communicates appropriately under stressful situations
- Is an effective team leader promoting patient welfare, patient autonomy, and social justice
- Serves as a role model for professional behavior
- Identifying and completing a systems based practice project

Assessment tools for Musculoskeletal Radiology:
- Reviewing rotation curriculum, goals and objectives, as a benchmark for progress of resident, and success of faculty, is educating the resident. Discussion regarding the specifics of the document is encouraged to promote improvement of the resident’s learning and the program’s teaching. Positive points and deficiencies and unfulfilled goals and objectives
- Global ratings by faculty including rotation evaluation sheet
- Resident’s performance discussing unknown cases in conference (one of the metrics on Global Evaluation sheet is particularly important)
- Placing cases in teaching file (one of the metrics on Global Evaluation)
- Conference attendance logs
- In-service examination
- 360 degree evaluations – supervisory technologists in radiology core
- Fluoroscopy time log submitted by physicist to Program Director
- Self assessment based on Rad Primer quizzes
- Future plans: evaluation of teaching by medical students

ACGME Required Documentation of Case & Procedure Logs:
- Ankle Arthrogram
- Elbow Arthrogram
- Hip Arthrogram
- Knee Arthrogram
- Shoulder arthrogram
- Wrist arthrogram

Following completion of 14 weeks of musculoskeletal radiology, residents should be able to discuss, based on the Musculoskeletal Radiology ABR Core Exam

Traumatic Osteoarticular Lesions of the Axial and Peripheral Skeleton
- Classification of fracture type
- Radiographic findings of a fracture
- Physiopathology and radiologic correlation of fracture healing
- Radiographic findings according to anatomic site

Articular Disease
• Classification of articular disease
• Radiographic findings of articular lesions
• Physiopathology and radiologic correlation of articular disease:
  • Infections
  • Inflammatory/immune
  • Degenerative
  • Neuropathic
  • metabolic and endocrine
  • synovial tumors

Benign and malignant bone tumors
• Classification of bone tumors
• Radiographic findings of benign and malignant features of bone tumors
• Characteristics (age, site, location, radiographic findings) of benign and malignant bone tumors
  • Cartilaginous origin
  • Osseous origin
  • Fibrous origin
  • Cyst
  • Myelogenous origin
  • Metastasis

Infectious lesions
• Classification of infections
• Radiographic findings of infectious lesions
• Physiopathology and radiographic correlation of infectious diseases

Metabolic and endocrine diseases
• Classification of osteopenia
• Radiographic findings of the three forms of diffuse osteopenia
• Osteoporosis
• Osteomalacia
• Hyperparathyroidism
• Physiopathology and radiographic correlation of diffuse and localized osteopenia
• Physiopathology and radiographic correlation of endocrine disorders originating from:
  - hypophysis
  - thyroid
  - parathyroid
  - adrenals
  - gonads
  - diabetes
  - Physiopathology and radiographic correlation of hypo and hypervitaminoses
  - vitamin A
  - vitamin D

Miscellaneous disease entities
• Paget's disease
• Reticulo-endothelioses (histiocytosis X / Langerhans cell histiocytosis)
• Storage Disease (Gaucher's disease)
• Ischemic Disease (Osteonecrosis, osteochondrosis)
• Anemias
• Marrow disease
• Radiographic findings of these entities
• Physiopathology and radiographic correlation of these entities
• Complications and radiographic findings of these entities

**Soft tissue lesions**
• Classifications of soft tissue lesions
• Radiographic findings of soft tissue lesions
• Physiopathology and radiographic correlations of soft tissue lesions

**Congenital Syndromes**
• Radiographic findings of:
  • Congenital dislocation of the hip
  • Flat foot and club foot
  • Osteochondrodysplasia
  • Failure of growth of tubular bones and spine
  • Achondroplasia
  • Spondylo-epiphyseal dysplasia
  • Failure of growth and development of cartilage and fibrous tissue
  • Dysplasia epiphysialis hemimelica
  • Multiple exostoses
  • Enchondromatosis
  • Fibrous dysplasia

**Anomaly in density and modeling**
• Osteogenesis imperfecta
• Juvenile osteoporosis
• Osteopetrosis
• Osteopoikilosis
• Melorheostosis
• Diaphyseal dysplasia

**Dysostosis**
• Klippel Feil

**Sprengel deformity**
• Marfan syndrome
• Neurofibromatosis
• Chromosomal anomalies
• Turner
• Trisomy-21
MUSCULOSKELETAL PROCEDURE COMPETENCY CHECKLISTS

Instructions: All MSK forms for competency are to be completed by the end of the 3rd MSK rotation. At the end of each 1 month rotation, residents should place these forms in their portfolio. At the beginning of the month a new set of forms may be completed and the data compiled to as to meet all competencies by the end of the 3rd rotation.

Shoulder Arthrogram

Name of Resident: ___________________________   Rotation 1   ____ 2 _____ 3_____4_____  

Resident demonstrates ability to obtain informed consent: Yes ___ No__ Faculty sign off ____

Resident demonstrates ability to use sterile technique:        Yes ___ No __ Faculty sign off ____

Resident has completed the following required procedure:  
(must complete 3 or more)

1. Patient Name: ___________ Date of Birth: __________ Procedure Date: ______________  
   Outcome: __________________________________ Faculty Sign Off: _____________

2. Patient Name: ___________ Date of Birth: __________ Procedure Date: ______________  
   Outcome: __________________________________ Faculty Sign Off: _____________

3. Patient Name: ___________ Date of Birth: __________ Procedure Date: ______________  
   Outcome: __________________________________ Faculty Sign Off: _____________

4. Patient Name: ___________ Date of Birth: __________ Procedure Date: ______________  
   Outcome: __________________________________ Faculty Sign Off: _____________

5. Patient Name: ___________ Date of Birth: __________ Procedure Date: ______________  
   Outcome: __________________________________ Faculty Sign Off: _____________

6. Patient Name: ___________ Date of Birth: __________ Procedure Date: ______________  
   Outcome: __________________________________ Faculty Sign Off: _____________
MUSCULOSKELETAL PROCEDURE COMPETENCY CHECKLISTS

Instructions: All MSK forms for competency are to be completed by the end of the 3rd MSK rotation. At the end of each 1 month rotation, residents should place these forms in their portfolio. At the beginning of the month a new set of forms may be completed and the data compiled to as to meet all competencies by the end of the 3rd rotation.

Elbow Arthrogram

Name of Resident: ___________________   Rotation 1  ____ 2 ____ 3 ____ 4 _____

Resident demonstrates ability to obtain informed consent: Yes ___ No__ Faculty sign off ____
Resident demonstrates ability to use sterile technique: Yes ___ No __ Faculty sign off ____

Resident has completed the following required procedure:
(must complete 3 or more)

1. Patient Name: ___________ Date of Birth: __________ Procedure Date: ______________
   
   Outcome: ____________________________ Faculty Sign Off: ____________

2. Patient Name: ___________ Date of Birth: __________ Procedure Date: ______________
   
   Outcome: ____________________________ Faculty Sign Off: ____________

3. Patient Name: ___________ Date of Birth: __________ Procedure Date: ______________
   
   Outcome: ____________________________ Faculty Sign Off: ____________

4. Patient Name: ___________ Date of Birth: __________ Procedure Date: ______________
   
   Outcome: ____________________________ Faculty Sign Off: ____________

5. Patient Name: ___________ Date of Birth: __________ Procedure Date: ______________
   
   Outcome: ____________________________ Faculty Sign Off: ____________

6. Patient Name: ___________ Date of Birth: __________ Procedure Date: ______________
   
   Outcome: ____________________________ Faculty Sign Off: ____________
MUSCULOSKELETAL PROCEDURE COMPETENCY CHECKLISTS

Instructions: All MSK forms for competency are to be completed by the end of the 3rd MSK rotation. At the end of each 1 month rotation, residents should place these forms in their portfolio. At the beginning of the month a new set of forms may be completed and the data compiled to as to meet all competencies by the end of the 3rd rotation.

**Wrist Arthrogram**

Name of Resident: ___________________________   Rotation 1   ____ 2 ____ 3 ____ 4 ____

Resident demonstrates ability to obtain informed consent: Yes ___ No ___ Faculty sign off ____

Resident demonstrates ability to use sterile technique: Yes ___ No ___ Faculty sign off ____

Resident has completed the following required procedure:

*(must complete 3 or more)*

1. Patient Name: ___________ Date of Birth: __________ Procedure Date: ______________
   
   Outcome: ____________________________________ Faculty Sign Off: ______________

2. Patient Name: ___________ Date of Birth: __________ Procedure Date: ______________
   
   Outcome: ____________________________________ Faculty Sign Off: ______________

3. Patient Name: ___________ Date of Birth: __________ Procedure Date: ______________
   
   Outcome: ____________________________________ Faculty Sign Off: ______________

4. Patient Name: ___________ Date of Birth: __________ Procedure Date: ______________
   
   Outcome: ____________________________________ Faculty Sign Off: ______________

5. Patient Name: ___________ Date of Birth: __________ Procedure Date: ______________
   
   Outcome: ____________________________________ Faculty Sign Off: ______________

6. Patient Name: ___________ Date of Birth: __________ Procedure Date: ______________
   
   Outcome: ____________________________________ Faculty Sign Off: ______________
MUSCULOSKELETAL PROCEDURE COMPETENCY CHECKLISTS

Instructions: All MSK forms for competency are to be completed by the end of the 3rd MSK rotation. At the end of each 1 month rotation, residents should place these forms in their portfolio. At the beginning of the month a new set of forms may be completed and the data compiled to as to meet all competencies by the end of the 3rd rotation.

**Hip Arthrogram**

Name of Resident: ___________________________ Rotation 1 _____ 2 _____ 3 _____ 4 _____

Resident demonstrates ability to obtain informed consent: Yes ___ No__ Faculty sign off ____

Resident demonstrates ability to use sterile technique: Yes ___ No __ Faculty sign off ____

Resident has completed the following required procedure:
*(must complete 3 or more)*

1. Patient Name: ___________ Date of Birth: __________ Procedure Date: ______________
   Outcome: ___________________________ Faculty Sign Off: _____________

2. Patient Name: ___________ Date of Birth: __________ Procedure Date: ______________
   Outcome: ___________________________ Faculty Sign Off: _____________

3. Patient Name: ___________ Date of Birth: __________ Procedure Date: ______________
   Outcome: ___________________________ Faculty Sign Off: _____________

4. Patient Name: ___________ Date of Birth: __________ Procedure Date: ______________
   Outcome: ___________________________ Faculty Sign Off: _____________

5. Patient Name: ___________ Date of Birth: __________ Procedure Date: ______________
   Outcome: ___________________________ Faculty Sign Off: _____________

6. Patient Name: ___________ Date of Birth: __________ Procedure Date: ______________
   Outcome: ___________________________ Faculty Sign Off: _____________
MUSCULOSKELETAL PROCEDURE COMPETENCY CHECKLISTS

Instructions: All MSK forms for competency are to be completed by the end of the 3\textsuperscript{rd} MSK rotation. At the end of each 1 month rotation, residents should place these forms in their portfolio. At the beginning of the month a new set of forms may be completed and the data compiled to as to meet all competencies by the end of the 3\textsuperscript{rd} rotation.

\textbf{Knee Arthrogram}

Name of Resident: ___________________________ Rotation 1 ____ 2 ____ 3 _____ 4_____

Resident demonstrates ability to obtain informed consent: Yes ___ No__ Faculty sign off ___

Resident demonstrates ability to use sterile technique: Yes ___ No __ Faculty sign off ____

\textbf{Resident has completed the following required procedure:}
\textit{(must complete 3 or more)}

1. Patient Name: ___________ Date of Birth: __________ Procedure Date: ______________
   \textbf{Outcome}: __________________________________ Faculty Sign Off: _____________

2. Patient Name: ___________ Date of Birth: __________ Procedure Date: ______________
   \textbf{Outcome}: __________________________________ Faculty Sign Off: _____________

3. Patient Name: ___________ Date of Birth: __________ Procedure Date: ______________
   \textbf{Outcome}: ________________ Faculty Sign Off: _____________

4. Patient Name: ___________ Date of Birth: __________ Procedure Date: ______________
   \textbf{Outcome}: __________________________________ Faculty Sign Off: _____________

5. Patient Name: ___________ Date of Birth: __________ Procedure Date: ______________
   \textbf{Outcome}: __________________________________ Faculty Sign Off: _____________

6. Patient Name: ___________ Date of Birth: __________ Procedure Date: ______________
   \textbf{Outcome}: __________________________________ Faculty Sign Off: _____________
MUSCULOSKELETAL PROCEDURE COMPETENCY CHECKLISTS

Instructions: All MSK forms for competency are to be completed by the end of the 3rd MSK rotation. At the end of each 1 month rotation, residents should place these forms in their portfolio. At the beginning of the month a new set of forms may be completed and the data compiled to as to meet all competencies by the end of the 3rd rotation.

Ankle Arthrogram

Name of Resident: ___________________________ Rotation 1 ____ 2 ____ 3 ____ 4 ____

Resident demonstrates ability to obtain informed consent:  Yes ___ No__ Faculty sign off ____

Resident demonstrates ability to use sterile technique: Yes ___ No __ Faculty sign off ____

Resident has completed the following required procedure: (must complete 3 or more)

1. Patient Name: ___________ Date of Birth: __________ Procedure Date: ______________
   Outcome: ________________________________ Faculty Sign Off: _____________

2. Patient Name: ___________ Date of Birth: __________ Procedure Date: ______________
   Outcome: ________________________________ Faculty Sign Off: _____________

3. Patient Name: ___________ Date of Birth: __________ Procedure Date: ______________
   Outcome: ________________________________ Faculty Sign Off: _____________

4. Patient Name: ___________ Date of Birth: __________ Procedure Date: ______________
   Outcome: ________________________________ Faculty Sign Off: _____________

5. Patient Name: ___________ Date of Birth: __________ Procedure Date: ______________
   Outcome: ________________________________ Faculty Sign Off: _____________

6. Patient Name: ___________ Date of Birth: __________ Procedure Date: ______________
   Outcome: ________________________________ Faculty Sign Off: _____________
By signing this document you are confirming that you have received and reviewed, with your preceptor, the musculoskeletal radiology goals and objectives for this academic year.

This receipt will be kept in your personal file.

Resident Name (please print)__________________________________________________________

Resident Signature ________________________________________________________________

by signing this – you confirm that you have reviewed the G&O with your preceptor

Date____________________________________________________________________________

Preceptor Signature ________________________________________________________________

by signing this – you confirm that you have reviewed the G&O with the resident

Date____________________________________________________________________________