

NUCLEAR MEDICINE

Department of Radiology

SCOPE OF PRACTICE

PGY-2 – PGY-5

Welcome to Nuclear Medicine. To make your rotation as enjoyable and educational as possible, we wish to detail your responsibilities when serving in the Nuclear Medicine clinics at the Medical University of South Carolina and Ashley River Tower.

Nuclear Medicine residents are expected to work closely with the technologists from 7:00 a.m. until all the day's scans are completed and dictated, typically around 5:00 p.m. The nuclear medicine resident will be in charge and responsible for either the MUH or ART clinics during their rotations and must keep the staff informed of where they are at all times of the day.

Once deemed competent by the Clinical Competency Committee, Nuclear Medicine residents are expected to share call with the Nuclear Medicine Attendings. Call for all emergency NM procedures begins at 7:00 a.m. on Monday, extends until 6:59 a.m. the following Monday, and consequently requires 24 beeper coverage. Radiology residents cover in-hospital responsibilities in the "off hours", while the NM call physician typically responds remotely via phone as a backup for the Radiology resident.

Each nuclear medicine procedure is the responsibility of the resident in charge of the clinic. Each study will be evaluated for appropriateness by this resident and protocolled online. If there is any question about the protocol, make sure you address it, and then review scan protocol changes with the technologist to optimally tailor the scan (e.g. views, position, etc.).

Usually, the technologist will inject the patient with radioactivity, but for certain drugs, they will ask you to inject the patient. Make sure you assess appropriateness, follow universal precautions and wear gloves to protect yourself.

During the day, consulting physicians may ask for emergency procedures. If you think these are warranted, obtain all relevant patient clinical and demographic information and if deemed appropriate, make sure the referring physician places a request in EPIC and inform the technologist about it. Certain radiopharmaceuticals need to be ordered ahead of time. These include Thallium-201, Indium-111 WBC, I-123, I123-MIBG etc.; if you agree to perform a test with one of these,

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make sure you discuss with the technologist whether these would be available at the requested study time.

It is expected that you remain in the nuclear medicine clinical area throughout the day, except for occasional morning and daily noon conferences, which you should make every effort to attend. The nuclear medicine attendings will answer most calls and requests from the technologists during conference times.

All nuclear medicine scans need to be checked by the responsible resident to ensure diagnostic accuracy and that the study will answer the clinical question asked of you by the referring physician. Patients may need to be examined and markers placed on areas for better anatomical localization if necessary. If you are unsure, speak to the attending nuclear medicine physician. Once you are satisfied that all necessary images have been obtained, the patient can leave. It is always important to review old nuclear medicine and anatomic imaging (CT, MRI, US).

There is a daily schedule of attending coverage. Most attendings check out studies throughout the day. All nuclear medicine examinations need to be **dictated** on the day they are **performed**. Nuclear medicine residents must log their cases daily/weekly on the ACGME website.

When reporting studies, please use the available macros. The impression should be concise and answer the clinical question asked by the referring doctor.

If a patient is injected with a dose and fails to complete the scan, you are required to report the injection since a legal record of the dosing needs to be maintained in the patient's medical record.

I-131 Iodine Therapy:

- 1) For each resident, an accurate participation record needs to be kept of all I-131 therapies. Since radiology residents are required to participate in a minimum of 3 thyroid cancer and 3 hyperthyroid therapies for licensing, obtain and complete all the special forms that need to be filled in. Nuclear Medicine Residents must log their cases on the ACGME Website. It is the

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resident's responsibility to make sure this is done and given to the nuclear medicine program coordinator.

Technologists will try to help you as much as possible. They are an excellent learning resource if you treat them with respect. Giving them time and patience can make your life much easier.

The techs can inject radiopharmaceuticals but cannot administer certain medications, so you may be asked to help. A physician also needs to decide on sedation when necessary for certain patients. A description of all administered drugs must be included in the dictated report. Always examine the patient and consult with the technologist to decide whether you think sedation is necessary.

If you encounter interesting teaching cases, you should keep track of them in your teaching files.

There are numerous textbooks that provide a good introduction and review of nuclear medicine. These include "Essentials of Nuclear Medicine and Molecular Imaging" by Mettler et. al, or the "Nuclear Medicine and Molecular Imaging: The Requisites" by O'Malley and Zeissman et.al.

Please contact the covering nuclear medicine physician with any questions or concerns: Dr. Elojeimy (Cell:843-814-7010), Dr. Rieter (Cell:843-697-4457), or Dr. Horn (Cell:216-244-3670).