

## **CHEST RADIOLOGY**

*Knowledge Based Objectives:* The resident should be able to:

1. Identify normal anatomy of the chest as it is seen on the radiograph and CT.
2. Identify and/or describe common variants of normal.
3. Demonstrate a basic knowledge of radiological interpretation.
4. Discuss various common diseases that give altered patterns of lung disorders.
5. Describe the characteristics of common abnormal cardiac shadows.
6. Discuss the various indications for a chest CT.
7. Name and describe characteristics of chest pathologies that are seen infrequently in routine work but have distinctive radiographic and/or clinicopathological signs.
8. Correlate pathological and clinical data with radiographic findings on the chest film.

*Technical Skills:* The resident should be able to:

1. Given a chest radiograph or CT examination, distinguish normal from abnormal structures.
2. Dictate a report that is concise and understandable.
3. Communicate verbally with referring physicians and house staff about radiographic findings.
4. Recognize the following pathologic anatomy in the lungs:
  - a. air space processes
  - b. lobular processes
  - c. Interstitial processes
5. Given an appropriate radiograph, recognize cardiac enlargement.
6. Identify anatomy and significant pathology as seen on CT.
7. Read routine chest images with a high level of accuracy and efficiency.
8. Prepare and present the radiographic components of the radiology/pathology and chest conferences.
9. Fully supervise the performance of a chest CT examination.
10. Show competence in needle biopsy of chest lesions.

*Decision-Making and Value Judgment Skills:* The resident should be able to:

1. Make decisions about when to alert house staff to the immediacy of a condition that is apparent on the radiograph.
2. Determine when to request that a repeat examination is needed because of technical inadequacy.
3. Determine which cases require the immediate assistance of attending radiologist.
4. Demonstrate a high degree of accuracy in interpreting and dictating cases, identifying consistently those cases with which assistance is needed.
5. Consult, with confidence, with primary care physicians and surgeons in regard to most chest imaging procedures.