

PEDIATRIC RADIOLOGY - Rotation 1

Knowledge Based Objectives: At the end of the rotation, the resident should be able to:

1. Identify normal/abnormal airways on chest radiograph of the infant or older child.
2. Identify abnormalities associated with congenital heart disease on the chest radiograph of the infant/older child.
3. Identify normal vs. abnormal skeletal structures (esp. extremities on a bone survey).
4. Describe the proper procedure for fluoroscopy of an infant/older child.
5. Establish bone age on the basis of radiographic findings.

Technical Skills: At the end of the rotation, the resident should be able to:

1. Recognize limitations in personal knowledge and skills, being careful to not make decisions beyond the level of personal competence.

Decision-Making and Value Judgment Skills: At the end of the rotation, the resident should be able to:

1. Make preliminary review of outpatient and pediatric ICU images and discuss findings with attending radiologist, then dictate as directed.
2. Assist the technologist in preparation of the patient for fluoroscopic examination (e.g., enemas, etc.)
3. Assist with preparation and presentation of cases.
4. Sit in on all reading sessions with the attending radiologist, including pediatric ICU and occasionally neonatal ICU.

PEDIATRIC RADIOLOGY - Rotation 2

Knowledge Based Objectives: At the end of the rotation, the resident should be able to:

1. Describe positioning techniques and technical factors leading to optimum chest, abdomen, GI and GU radiographs of the infant and older child.
2. Establish bone age on the basis of radiographic findings.
3. Add to knowledge base in chest radiology and congenital diseases of the heart through continued reading of images and case reviews.

Technical Skills: At the end of the rotation, the resident should be able to:

1. Determine bone ages and dictate findings.
2. Perform fluoroscopic procedures with the assistance of attending radiologist.
3. Dictate images (esp. chest, abdomen, GI, GU) with assistance of the radiologist.
4. Assist with preparation and presentation of cases.

Decision-Making and Value Judgment Skills: At the end of the rotation, the resident should be able to:

1. Review PICU and NICU images as they are done for completeness of study and for significant findings that require prompt attention and make decision in regard to notification of the referring physician if attending radiologist is not immediately available for consultation.
2. Recognize limitations in personal skill and knowledge, always making sure dictations and consultations are checked by attending radiologist.

PEDIATRIC RADIOLOGY - Rotation 3

Knowledge Based Objectives: At the end of the rotation, the resident should be able to:

1. Identify normal vs. abnormal findings on skeletal, skull (and contents), and spine images.
2. Add to knowledge base in all areas of pediatric radiology through continued study, review of ACR cases and image reading.

Technical Skills: At the end of the rotation, the resident should be able to:

1. Perform fluoroscopic exams except when complications are anticipated.
2. Review and dictate, under supervision of attending radiologist, pediatric outpatient and inpatient images and PICU and NICU images, making sure all work is checked by attending radiologist prior to final reporting.

Decision-Making and Value Judgment Skills: At the end of the rotation, the resident should be able to:

1. Make preliminary decisions on all matters of image interpretation and consultation, recognizing and obtaining assistance with situations that require the expertise of attending radiologist.