

## **PEDIATRIC RADIOLOGY – RADY CHILDREN’S HOSPITAL**

### **GOALS AND OBJECTIVES – 1<sup>st</sup> YEAR RESIDENTS**

- I. Knowledge: At the end of the rotation the radiology resident should be able to:
  - A. CHEST
    1. Identify normal from abnormal airways and recognize air trapping on chest radiographs of infants and young children.
    2. Recognize common hiding places of pneumonia in infants and children and recognize common normal pitfalls that are frequently mistaken for pathology.
    3. Identify foreign bodies in the lower airway of children.
  - B. BONE
    1. Identify common and uncommon fractures in children.
    2. Differentiate accidental from non-accidental trauma.
    3. Establish bone age on the basis of radiographs and understand the different methods.
    4. Recognize and measure different types of scoliosis
    5. Recognize normal variants commonly mistaken for pathology.
  - C. GENITOURINARY
    1. Identify abnormalities on VCUG’s versus normal variants.
  - D. G.I.
    1. Identify and formulate a differentiate diagnosis of neonatal intestinal obstruction in the neonate.
    2. Recognize malrotation on an UGI in the neonate, infant and child.

3. Recognize radiographic abnormalities of the child with an acute abdomen.
4. Identify and witness or perform with supervision treatment of intussusception
5. Identify swallowing disorders in children.
6. Formulate a differential diagnosis in the child with GI bleeding.

E. HEAD, NECK AND SPINE

1. Identify normal vs. abnormal findings on skull and spine radiographs.

II. Decision Making/Technical Skills: At the end of the rotation the resident should be able to:

1. Make preliminary decisions on image interpretation and consultation.
2. Recognize and obtain assistance in situations, which require immediate input from the staff radiologist.
3. Understand the importance of image quality, technique and radiation doses.
4. Learn to perform fluoroscopic exams on neonates, infants and children; anticipating possible complications.
5. Review pediatric inpatient and outpatient radiographs and dictate results after work has been checked with staff radiologist.
6. Make decisions on quality of images, ultrasound exams, etc. prior to discharge of patient on outpatient studies.
7. Recognize limitations of skills and always ensures all work is checked by staff radiologist prior to final dictation.
8. Learn how to become more efficient and budget his or her time to accurately get through a large volume of work.

SUGGESTED STUDY/READING LIST:

1. Children's Hospital San Diego Radiology Teaching File. Using Dr. Senac's file library then random additional cases in TF
2. ACR Pediatric Radiology practice parameters found here:  
<https://www.acr.org/Clinical-Resources/Practice-Parameters-and-Technical-Standards/Practice-Parameters-by-Subspecialty>
3. Pediatric Radiology: The Requisites by Walters, M and Robertson, RL 4<sup>th</sup> edition 2017
4. Diagnostic Imaging: Pediatric Neuroradiology by Barkovich, J. 2<sup>nd</sup> edition 2015

## CONFERENCE SCHEDULE

### MONDAY

Ortho/Rad 730-830

### TUESDAY

Cardiac Surgery 0630-0815

Rad Ops 1200-1330 (1<sup>st</sup> Tuesday)

Rad M/M 1200-1330 (3<sup>rd</sup> Tuesday)

### WEDNESDAY

ER/Rad 1200-1330 (1<sup>st</sup> Wednesday)

Tumor Board 1230-1330 (2<sup>nd</sup> & 4<sup>th</sup> Wednesday)

Neuro Tumor Board 1230-1330 (3<sup>rd</sup> Wednesday)

### THURSDAY

### FRIDAY

Urology/Rad 730-830 (1<sup>st</sup> & 3<sup>rd</sup> Friday)

ICU M/M 730-830 (2<sup>nd</sup> Friday)

Trauma M/M 730-830 (3<sup>rd</sup> Friday)

ENT/Rad 730-830 (4<sup>th</sup> Friday)

UCSD/Peds 1200-1300 (2<sup>nd</sup> Friday)