

## **Resident Core Curriculum Pediatric Radiology**

**General Goals:** The specific goals include objectives required for every level of training with graduated levels of supervision and responsibility. All aspects of pediatric radiology are incorporated into the residency. During each training rotation, the resident should read the required literature and study the pediatric cases in Rad Primer. Over time, the resident will become progressively more knowledgeable about normal radiographic anatomy, physiology of organs, and the radiological appearances of diseases. In addition, the resident will demonstrate a progressively increasing understanding of disease entities, their clinical presentations, and current modes of treatment. Prior to the start of the rotation, the resident should read, at a minimum, the Chest, GI, GU, and MSK chapters of “The Fundamentals of Pediatric Radiology” by Lane Donnelly.

### **Resident Daily Work Responsibilities (OVERALL BENCHMARKS/OBJECTIVES for Self-Evaluation)**

1. Residents assigned to pediatric radiology will be available for consultations by technologists, clinicians, and other health care providers, except during conference times, when the attending faculty will cover.
2. Resident review of cases with the supervising faculty will be conducted as many times in the day as necessary to keep an efficient workflow.
3. Residents will check and sign his/her reports prior to final verification by supervising faculty.
4. Residents must be familiar with the operation of all imaging equipment.
5. Residents must acquire knowledge of radiation protection and ways to reduce radiation exposure to both patients and hospital personnel. The resident will be supervised to assure that safe practices are followed.
6. Residents will learn the techniques for performing high quality, state-of-the art diagnostic examinations throughout the body. Examinations will be checked before the patient leaves the department if requested to do so by the supervising faculty.
7. Residents must become proficient at detecting abnormalities demonstrated by plain films and contrast examinations and be able to generate meaningful differential diagnoses.
8. Residents will become knowledgeable about the use of different radiographic contrast agents (including their indications, contraindications, dosages, and side effects).
9. Residents will acquire an understanding of the proper preparation of patients for examinations and appropriate follow-up. At the start of every working day, the resident will be familiar with the patient schedule and anticipate need for any procedures. The resident will check requisitions for the next working day to evaluate for appropriateness of the requested procedure or if additional exams/protocols need to be performed. Absent clinical indication or seemingly inappropriate requests will be clarified and discussed with the referring physician.
10. Residents will do in-depth reading and study to become knowledgeable about the normal anatomy and physiology of organs and the radiologic appearances of diseases, and gain a general understanding of the disease entities, their clinical presentations, and modes of treatment.

11. Residents will serve as a secondary consultant to referring physicians regarding pediatric radiology. This will strengthen the confidence of the resident in the very important role every radiologist must perform throughout his/her career as a consultant to clinicians.
12. Residents will become prepared to pass the core examination of the American Board of Radiology.
13. Residents will teach and share knowledge to medical students, radiologic technologist students, and junior residents.

### **Supervising Faculty Responsibilities:**

1. Supervising faculty will be available at all times for any questions or consultations needed by the resident.
2. Supervising faculty will review all cases with the residents before the end of the day.
3. Supervising faculty will provide the resident with constructive feedback in any problem areas encountered during the rotation.
4. Supervising faculty will verify resident-generated reports in a timely manner and inform the resident of any major changes made.

### **Educational Goals and Objectives (First Year Residents):**

#### **Patient Care:**

**PC1:**Reporting; **PC2:**Clinical Consulting; **PC3:**Image Interpretation; **PC4:**Competence in procedures

- Demonstrate knowledge of the ACR practice guidelines and technical standards for pediatric radiology
- Gain familiarity with the operation of imaging equipment
- Develop a knowledge of the preparation and aftercare required for the common examinations

#### **Medical Knowledge**

**MK1:**Diagnostic Knowledge; **MK2:**Physics; **MK3:**Protocol selection and contrast agent selecting/dosing; **MK3:**Imaging technology and Image acquisition

- Demonstrate the ability to recommend additional imaging studies as appropriate to better assess findings on pediatric imaging studies
- Explain the impact of the radiology findings on patient care, including what imaging studies may/may not be appropriate
- Become knowledgeable about the different contrast agents available and begin to recognize abnormalities that are demonstrated on plain radiographs and other imaging modalities
- Recognize the more common abnormalities encountered in pediatric radiology
- Develop a knowledge of the differential diagnoses of the more commonly encountered abnormalities

- Demonstrate the ability to recognize and describe common medical conditions depicted on imaging studies
- Review plain films, fluoroscopy images, and assist with ultrasound, CT, and MRI imaging studies

### **Systems-based Practice**

**SBP1:** Patient Safety; **SBP2:** Quality Improvement; **SBP3:** System navigation for patient-centered care; **SBP4:** Physician role in health care systems; **SBP5:** Contrast agent safety; **SBP6:** Radiation Safety; **SBP7:** Magnetic resonance (MR) safety; **SBP8:** Informatics

- Gain familiarity with departmental procedures, contrast safety, fluoroscopy safety, and sedation required in the performance of examinations
- Make suggestions to improve methods and systems utilized in radiology whenever appropriate
- Demonstrate knowledge of ACR appropriateness criteria and cost effective imaging evaluation of common disorders
- Show ability to interact with clinicians regarding cost effective and streamlined evaluation for differing clinical entities

### **Practice-based Learning and Improvement**

**PBLI1:** Evidence-based and informed practice; **PBLI2:** Reflective practice and commitment to professional growth

- Be aware of the basic principles of radiation protection in order to reduce as much as possible the radiation dose to the patient and reduce exposure to healthcare providers
- List the risk factors for allergic reaction to intravenous contrast media
- State the proper assessment and treatment for allergic reactions to contrast media
- Understand the indications for and contraindications to use of intravenous radiographic contrast, and be able to monitor its administration
- Recognize and treat reactions to intravenous contrast
- Understand the indications and contraindications to the different types of contrast, dosages, side effects, and the differences and relative merits of single and double contrast studies.
- Identify, rectify, and learn from personal errors
- Incorporate feedback into improved performance
- Show evidence of independent study using textbooks from reading list
- Demonstrate appropriate follow up of interesting cases
- Research interesting cases as directed by faculty
- Be able and willing to participate in clinical conferences in which imaging studies are used to guide patient care/evaluations and be able to demonstrate understanding of how imaging relates to the clinical care of the patient
- Make five teaching file cases and put on I:Drive, Shared Peds Radiology Folder

### **Professionalism**

**P1:** Professional behavior and ethical principles; **P2:** Accountability/Conscientiousness; **P3:** Self-awareness and help seeking

- Demonstrate respect for patients, families, and all members of the healthcare team and be able to discuss significant radiology findings
- Respect patient confidentiality at all times
- Present oneself as a professional in appearance and communication
- Demonstrate a responsible work ethic with regard to work assignments

### **Interpersonal and Communication skills**

**ICS1:** Patient and family-centered communication; **ICS2:** Interpersonal and team communication, **ICS3:** Communication within health care systems

- Communicate with the patient and families at all times during the examination to ensure that patient remains comfortable
- Adequately explain each examination to the patient and parents in order to ensure that the patient feels comfortable and to provide patient care that is compassionate, appropriate, and effective
- Communicate effectively with all members of the health care team (technologists, medical students, fellows, residents, allied health providers, support staff, and attending physicians/radiologists)
- Call results to the referring physicians and show ability to interact with referring physicians
- Assist with supervision and teaching of medical students as well as creating one medical student lecture and put on I:Drive, Shared Peds Radiology Folder
- Use the PACS, voice recognition systems, and hospital information systems to become proficient in dictating reports of significant findings in a concise and clear manner
- Efficiently use electronic and print sources to access information
- Interact with clinicians when reviewing cases involving radiographs and imaging studies and show ability to provide preliminary readings, follow up with attending radiologists, formulate a plan of complex cases, and communicate any changes to referring clinicians

### **Monitoring and Assessment of Resident Performance**

The resident's progress will be monitored by the faculty on the service. At the end of each rotation, the resident will receive an evaluation of performance from faculty on service. Deficiencies or substandard performance will be discussed personally and privately with the resident and will be brought to the attention of the Residency Program Director by the attending radiologist. Resident performance is also evaluated through direct observation, case logs, multi-source professional evaluations, structured case discussion, review of patient outcomes, and other performance evaluation methods as determined.

### **Educational Goals and Objectives (Second Year Residents):**

The objectives for Year 1 above, as well as the following:

### **Patient Care:**

**PC1:**Reporting; **PC2:**Clinical Consulting; **PC3:**Image Interpretation; **PC4:**Competence in procedures

- Gain familiarity with available medical records and how to access them for the purposes of patient care
- Demonstrate knowledge of ACR practice guidelines and technical standards for pediatric radiology
- Develop a knowledge of the preparation and aftercare required for more complex procedures
- Continue to improve skills for performing radiographic examinations, and tailor examinations to answer all questions being asked by the clinician; anticipate those questions that should have been asked but were not

### **Medical Knowledge**

**MK1:**Diagnostic Knowledge; **MK2:**Physics; **MK3:**Protocol selection and contrast agent selecting/dosing; **MK3:**Imaging technology and Image acquisition

- Recommend the appropriate study based on the clinical scenario and understand the relative strengths of each modality
- Demonstrate knowledge of indications for the examinations requested (when the reason for the examination is not clear, the resident will effectively communicate with the patient and referring physician until clarified)
- Protocol cases, in consultation with the attending, to assure that the examination is appropriate and of sufficient quality to address the clinical concerns of the patient and referring physician
- Gain familiarity with the anatomy of the organs examined in every case
- Gain familiarity with imaging findings of common acute and chronic pediatric diseases
- Identify pathology in order to interpret routine imaging studies with accuracy appropriate to the level of training when presenting to the attending
- Distinguish between normal and abnormal anatomy to level of training when presenting to the attending
- Detect abnormalities while the imaging procedures are in progress, such as 1) disease recognition skills will continue to increase on plain radiographs and contrast studies, and 2) begin to develop meaningful differential diagnoses for the pathology that is found
- Review all studies with the supervising faculty attending

### **Systems-based Practice**

**SBP1:** Patient Safety; **SBP2:** Quality Improvement; **SBP3:** System navigation for patient-centered care; **SBP4:** Physician role in health care systems; **SBP5:** Contrast agent safety; **SBP6:** Radiation Safety; **SBP7:** Magnetic resonance (MR) safety; **SBP8:** Informatics

- Gain familiarity with departmental procedures, contrast safety, fluoroscopy safety, and sedation required in the performance of examinations
- Make suggestions to improve methods and systems utilized in radiology whenever appropriate
- Demonstrate knowledge of ACR appropriateness criteria and cost-effective imaging evaluation of pediatric radiology imaging studies

### **Practice-based Learning and Improvement**

**PBLI1:** Evidence-based and informed practice; **PBLI2:** Reflective practice and commitment to professional growth

- Understand the physics of radiation protection and how to apply it to routine studies
- Identify, rectify and learn from readouts
- Incorporate feedback into improve performance
- Follow up on abnormal or interesting cases through personal communication with the referring physician and/or patient medical records
- Demonstrate evidence of independent reading and learning through use of printed and electronic resources

### **Professionalism**

**P1:** Professional behavior and ethical principles; **P2:** Accountability/Conscientiousness; **P3:** Self-awareness and help seeking

- Demonstrate respect for patients and all members of the healthcare team (technologists, nurses, and other healthcare workers)
- Respect patient confidentiality at all times
- Present oneself as a professional in appearance and communication
- Demonstrate a responsible work ethic in regard to work assignments
- Observe ethical principles when recommending further work-up
- Show promptness and availability at work are required of every resident
- Dress appropriately for work

### **Interpersonal and Communication skills**

**ICS1:** Patient and family-centered communication; **ICS2:** Interpersonal and team communication, **ICS3:** Communication within health care systems

- Appropriately obtain informed consent
- Obtain consent for more complex procedures and answer all questions the patient may have
- Explain the nature of the examination or findings in an examination to patients and their families when needed
- Produce concise reports that include all relevant information
- Communicate effectively with all members of the healthcare team

- Communicate effectively the results of studies to referring clinicians whenever needed (for emergent studies, this will be accomplished in a timely manner)
- Effectively convey the findings of examinations through accurate dictation of reports
- Use appropriate language in communicating to clinicians through reports or consultations so proper management decisions can be made
- Be competent in using PACS, voice recognition systems, and the hospital patient information systems in the daily accomplishment of the workload and instruct others in their use
- Thorough dictations will be made with indications, techniques, findings, and conclusions
- Dictate and correct reports in a timely fashion to avoid delay in patient disposition
- Provide preliminary reports to all referring clinicians if needed before the final review of cases (when there is a significant discrepancy between the preliminary reading and final reading, the resident will notify the referring clinician immediately)
- Teach junior resident and medical students

### **Monitoring and Assessment of Resident Performance**

The resident's progress will be monitored by the faculty on the service. At the end of each rotation, the resident will receive an evaluation of performance from faculty on service. Deficiencies or substandard performance will be discussed personally and privately with the resident and will be brought to the attention of the Residency Program Director by the attending radiologist. Resident performance is also evaluated through direct observation, case logs, multi-source professional evaluations, structured case discussion, review of patient outcomes, and other performance evaluation methods as determined.

### **Educational Goals and Objectives (Third & Fourth Year Residents):**

The above objectives from Years 1 and 2, as well as the following:

#### **Patient Care:**

**PC1:**Reporting; **PC2:**Clinical Consulting; **PC3:**Image Interpretation; **PC4:**Competence in procedures

- Demonstrate knowledge of ACR practice guidelines and technical standards for pediatric radiology
- Familiarity with available medical records and how to access them for the purposes of patient care
- Act as a consultant in pediatric radiology to the clinical services
- Refine diagnostic examination techniques and be very skilled and efficient in performing and interpreting all diagnostic procedures performed
- Know the proper preparation of patients for diagnostic procedures and the appropriate follow-up afterwards

#### **Medical Knowledge**



**MK1:**Diagnostic Knowledge; **MK2:**Physics; **MK3:**Protocol selection and contrast agent selecting/dosing; **MK3:**Imaging technology and Image acquisition

- Understand the clinical management of the conditions encountered
- Demonstrate knowledge of indications for the examinations requested (when the reason for the examination is not clear, the resident will effectively communicate with the patient or referring physician until clarified)
- Protocol cases, in consultation with the attending, to assure that the examination is appropriate and of sufficient quality to address the clinical concerns of the patient and referring physician
- Demonstrate familiarity with the anatomy of the organs examined in every case
- Demonstrate familiarity with imaging findings of common acute and chronic pediatric diseases
- Identify pathology in order to interpret imaging studies with accuracy appropriate to the level of training when presenting to the attending
- Distinguish between normal and abnormal anatomy with excellent accuracy according to the level of training when presenting to the attending and demonstrate improvement compared to the prior rotation
- Be proficient in detecting abnormalities on plain radiographs, fluoroscopic studies, and other imaging modalities while in progress
- Relate the imaging findings to the clinical condition and its pathology
- Development of appropriate differential diagnostic lists will be well advanced
- Obtain a broad understanding of pediatric diseases, their clinical features, radiographic manifestations, and current modes of treatment
- Review plain films, scan ultrasound patients, read and protocol CT, and assist with protocoling and reading of MRI
- Review all studies with the supervising faculty attending

### **Systems-based Practice**

**SBP1:** Patient Safety; **SBP2:** Quality Improvement; **SBP3:** System navigation for patient-centered care; **SBP4:** Physician role in health care systems; **SBP5:** Contrast agent safety; **SBP6:** Radiation Safety; **SBP7:** Magnetic resonance (MR) safety; **SBP8:** Informatics

- Familiarity with departmental procedures, contrast safety, fluoroscopy safety, and sedation required in the performance of examinations
- Make suggestions to improve methods and systems utilized in radiology whenever appropriate
- Demonstrate knowledge of ACR appropriateness criteria and cost effective imaging practices

### **Practice-based Learning and Improvement**

**PBLI1:** Evidence-based and informed practice; **PBLI2:** Reflective practice and commitment to professional growth

- Identify, rectify, and learn from personal errors
- Incorporate feedback into improve performance



- Follow up on abnormal or interesting cases through personal communication with the referring physician or patient medical records
- Demonstrate evidence of independent reading and learning through use of printed and electronic resources
- Complete final preparations to pass the core examination of the American Board of Radiology

### **Professionalism**

**P1:** Professional behavior and ethical principles; **P2:** Accountability/Conscientiousness; **P3:** Self-awareness and help seeking

- Demonstrate respect for patients and all members of the healthcare team (technologists, nurses, and other healthcare workers)
- Respect patient confidentiality at all times
- Present oneself as a professional in appearance and communication
- Demonstrate a responsible work ethic in regard to work assignments
- Observe ethical principles when recommending further work-up for cases
- Promptness and availability at work are required of every resident
- Dress appropriately when reporting to work

### **Interpersonal and Communication skills**

**ICS1:** Patient and family-centered communication; **ICS2:** Interpersonal and team communication, **ICS3:** Communication within health care systems

- Appropriately communicate results to patients and clinicians whenever needed (for emergent studies, this will be done in a timely manner)
- Produce concise reports that include all relevant information and be able to effectively convey the findings of examinations through accurate dictation of reports
- Communicate effectively with all members of the healthcare team
- Use appropriate language in communicating to clinicians through reports or consultations so proper management decisions can be made
- Produce thorough dictations with techniques, findings, and conclusions
- Dictate and correct reports in a timely fashion to avoid delay in patient disposition
- Be competent in using PACS, voice recognition systems, and the hospital patient information systems in the daily accomplishment of the workload and instruct others in their use
- Provide preliminary reports to all referring clinicians if needed before the final review of cases (when there is a significant discrepancy between the preliminary reading and final reading, the resident will notify the referring clinician immediately)
- Assist with supervision and teaching of medical students and more junior residents

### **Monitoring and Assessment of Resident Performance**

The resident's progress will be monitored by the faculty on the service. At the end of each rotation, the resident will receive a consensus evaluation of performance from faculty on

service. Deficiencies or substandard performance will be discussed personally and privately with the resident and will be brought to the attention of the Residency Program Director by the attending radiologist. Resident performance is also evaluated through direct observation, case logs, multi-source professional evaluations, structured case discussion, review of patient outcomes, and other performance evaluation methods as determined.

## **Reading List for Each Year**

### **First Year**

- Lane F. Donnelly. *Fundamentals of Pediatric Imaging*. 2nd Edition, 2016.
- Articles placed in the shared drive in the "Year 1" folder  
I:\Shared\Daugherty, Reza\Peds Rotation Articles

### **Second Year**

1. Lane F. Donnelly. *Fundamentals of Pediatric Radiology*. 2nd Edition, 2016.
2. Rad Primer pediatric cases
3. Articles placed in the shared drive in the "Year 2" folder  
I:\Shared\Daugherty, Reza\Peds Rotation Articles

### **Third/Fourth Year**

1. Lane F. Donnelly. *Fundamentals of Pediatric Radiology*. 2nd Edition, 2016.
2. Rad Primer pediatric cases
3. Articles placed in the shared drive in the "Year 3 and 4" folder  
I:\Shared\Daugherty, Reza\Peds Rotation Articles

## Workflow and Conferences

Occasionally studies get wrongly assigned to the Ped's list:

- Any cross-sectional neuro (CT/MRI) goes to the neuro division. All US and plain film is Peds.
- Any MRI of a joint for internal derangement/trauma goes to MSK. ALL other MSK imaging under 18 is read by Peds (e.g. MRI for anything else, all CT, US, and plain film).
- All nucs goes to nucs
- All NICV goes to NICV
- DEXA scans are read by Peds, the Peds Admin will send the Battle Building attending a prefilled template to sign. You are welcome to review the studies with the attending.

The more senior resident will read out the daily NICU films with the Main Hospital attending. After reading out the overnights with the junior resident please send the cases to the Main Hospital attending. If you have any cases you wish to review just let them know.

The more junior resident will cover the Battle Building and read out the daily PICU films with that attending. After you have reviewed the overnights with the senior more resident please head over to the Battle Building to do the fluoro studies and readout any other cases with the attending there. Please arrive in Battle before the first scheduled procedure. If we have more than 1 medical student please take one or 2 with you so all of them are not at the same location.

Please remember to use the Peds templates for all of the studies you dictate.

Remember that your education always takes precedence over "getting the work done". So if there is an optional conference you prefer to attend (e.g. PICU rounds, NICU rounds, etc.) please do so and don't worry about the list. Learning Peds is your job, managing the worklist is ours.

Most importantly, have fun and learn some Peds!

### NICU Rounds

Every day except Thursday at 8:45am to 9:15am

M,T and F in person in NICU conference room

Wednesday in person Room 7614

Main hospital attending reviews all images done in the NICU since midnight of that day

Only the main hospital attending is required for this one, others excused but welcome.

Goal is to review studies with the NICU team and point out any critical findings. Any radiology education is very much welcomed by them but they are often busy and in a hurry.

### PICU Rounds

Every day except Thursday at 8:15am to 8:45am

Main hospital attending reviews all images done in the NICU since midnight of that day

Only the main Battle Building attending is required for this one, others excused but welcome.

Goal is to review studies with the PICU team and point out any critical findings. Any radiology education is very much welcomed by them but they are often busy and in a hurry.

<https://uvatelemed.webex.com/uvatelemed/j.php?MTID=mc0587c2113db6103f3e14f6a34203d1>

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### Inpatient Pediatric Radiology Conference

Every Wednesday at 1:30pm in Blue Room

Attendees are pediatric residents, rotating medical students on peds and pediatric hospitalists

List of patients to review is sent by peds 1-2 days before to the reading room coordinators. They forward to the radiology residents.

More senior resident preps the cases and presents them

Goal is for us to provide education

### Pediatric Heme/Onc Rounds

Every Friday at 3:00pm in Conference Room A/B

Attendees are pediatric heme/onc fellows and faculty as well as any residents or students rotating on peds heme/onc

List of patients to review is sent 1 day before to the pediatric radiology faculty. Main hospital attending who receives it Thursday will forward to radiology residents.

More senior resident preps the cases and presents them. Please log into Webex for remote viewers.

Goal is discussion of patient management as well as radiology education

<https://uvatelemed.webex.com/uvatelemed/j.php?MTID=m2c6c77658906d29668d077628c8a51dc>

### Pediatric Tumor Board

Every month on 1<sup>st</sup> Thursday at 4:00pm in ECC room 3303

Attendees are pediatric heme/onc fellows and faculty as well as any residents or students rotating on peds heme/onc

List of patients to review is sent 2-4 days before to the pediatric radiology faculty.

Main hospital pediatric radiologist working on the day of the conference preps the cases and presents them

Goal is primarily discussion of patient management with some oncology education

### Vascular Anomalies Clinic Meeting

Every month on the 1<sup>st</sup> Friday at 7:00am

Attendees are pediatric dermatology, pediatric surgery, pediatric plastic surgery, neurointerventional radiology, interventional radiology, pediatric ENT and pediatric heme/onc faculty as well as any residents or students rotating on pediatric dermatology

List of patients to review is sent to Rez

Rez preps the cases and presents them ( I may ask someone else to cover if I have a conflict)

Goal is discussion of patient management

<https://virginia.zoom.us/j/95013899505>

### Pediatric GI Conference

Every month on 3<sup>rd</sup> Tuesday at 4:00pm in Blue Room. Please log into Webex for remote viewers.

Attendees are pediatric GI fellows and faculty, pediatric surgery faculty as well as any residents or students rotating on peds GI or surgery.

List of patients to review is sent 2-4 days before to the pediatric radiology faculty. Main hospital attending who receives it will forward to radiology residents.

More senior resident preps the cases and presents them

Goal is radiology education with some discussion of patient management

<https://uvatelemed.webex.com/uvatelemed/j.php?MTID=m01b6ea870aeac528b29a1c32e464a1a2>

### Pediatric Urology Conference

Every month on 4<sup>th</sup> Wednesday at 4:00pm in Moss

Attendees are pediatric urology faculty, pediatric urology NNPs as well as all UVA urology residents.

List of patients to review is sent 1-2 weeks before to the pediatric radiology faculty.

Main hospital pediatric radiologist working on the day of the conference preps and shows the cases

Urology and Radiology residents take the cases in a “hot seat” format during the conference. Dr. Kern calls on them to interpret the studies and asks them questions.

Goal is urology and radiology education

### Pediatric Surgery Conference

Every month on 4<sup>th</sup> Monday at 4:00pm in Moss with hybrid option.

Attendees are pediatric surgery faculty as well as any residents or students rotating on peds surgery.

List of patients to review is sent 2-4 days before to the pediatric radiology faculty. Main hospital attending who receives it will forward to radiology residents.

More senior resident preps the cases and presents them. Please log into Webex for remote viewers.

Goal is radiology education

<https://uvatelemed.webex.com/uvatelemed/j.php?MTID=m14d1fb4d0ade2ea9079b29abfb8f3152>

### Pediatric Orthopedics Conference

Every 3 months (April, July, October, January) on 3<sup>rd</sup> Thursday at 6:30am in Battle Building Ortho Workroom

Attendees are pediatric orthopedic faculty, pediatric ortho NNPs as well as orthopedic residents rotating on peds ortho.

List of patients to review is sent 3-4 days before to the pediatric radiology faculty.

Main hospital pediatric radiologist working on the day of the conference preps and shows the cases

Orthopedic and Radiology residents take the cases in a “hot seat” format during the conference. Ortho calls on their residents. Radiology calls on theirs.

Goal is orthopedic and radiology education