There are 3 major sections to the Pediatric Radiology Curriculum, Goals and Objectives.

1. Statement of the Overall Pediatric Division Goals and Objectives
2. Statement of the Goals and Objectives for the Resident Rotations
   a. Those Goals and Objectives for ALL Pediatric Radiology Rotations
   b. Those Goals and Objectives for SPECIFIC Pediatric Radiology Rotations
3. Pediatric Radiology Curriculum (based on the Curriculum developed by the Society of Pediatric Radiology Curriculum)
   A. SPR Pediatric Cardiac Radiology Curriculum for Residents
   B. SPR Pediatric Gastrointestinal Radiology Curriculum for Residents
   C. SPR Pediatric Genitourinary Radiology Curriculum for Residents
   D. SPR Pediatric Neuroradiology Curriculum for Residents
   E. SPR Pediatric Chest and Airway Radiology Curriculum for Residents
   F. SPR Pediatric Musculoskeletal Radiology Curriculum for Residents

I. Overall Pediatric Division Goals and Objectives

The major goals and objectives for the Division of Pediatric Radiology are:

1. To provide quality diagnostic care for all Pediatric patients, particularly those associated directly with Scott and White Hospital, or referred to us for specialized consultations.
2. To teach Pediatric and Radiology Residents, as well as those in other disciplines, and attendings or practitioners, about medical imaging. Proper medical care, and its imaging correlation, is emphasized.
3. Awareness of the availability of diagnostic imaging options at Scott and White Hospital, and the many aspects of various diagnostic modalities, including their implementation, is an objective. This applies to Pediatric patients, their parents and the various physicians involved in diagnosis and treatment.

II. Pediatric Radiology Goals and Objectives for Resident Rotations

A. Those Goals and Objectives for ALL Pediatric Radiology Rotations

1. Demonstrate learning of the knowledge based objectives
2. Whenever deemed appropriate, review the request, applicable clinic history, laboratory tests and previous imaging studies to be certain that the proper test has been ordered, and that the patient’s condition is such that the examination is safe and that any necessary preparation for the test has been completed before starting the examination. If the
indication for the examination is unclear contact the referring physician or another of the patient’s appropriate and knowledgeable health care providers.

3. Perform all examinations in the appropriate way. If you have a question – ask before performing the examination.

4. Accurately dictate all studies in a timely fashion.

5. Communicate effectively and courteously with referring clinicians
   a. Including obtaining relevant history for study interpretation.
   b. Regarding important findings on studies performed.

6. Demonstrate learning of the clinical indications for ordering and using radiological examinations including advanced Pediatric imaging.

7. Demonstrate responsible work ethic.
   a. This would include being present at the Pediatric station at the designated time, and throughout the work day, completion of dictation of all reviewed studies in a timely manner, attendance at all departmental teaching conferences.

8. Facilitate the learning of medical students, peers, other professionals participating in the Pediatric service including residents from other services, nurses, nurse practitioners, etc.

9. Build confidence in reading routine and STAT studies.

10. Contribute cases to the Radiology Department Teaching File as required by the Residency director.

11. Study from appropriate didactic materials regarding Pediatric radiology. This includes textbooks, medical journals, teaching files, websites, and others.

12. Review ACR Appropriateness Criteria and Standards regarding Pediatric Radiology (including the Communications Standard.)

13. Follow up results of surgery or examinations performed by other clinical services to determine final diagnosis.

The above rotational goals incorporate the core competencies as follows:

- Medical Knowledge - Goals 1 through 13
- Interpersonal and Communication Skills - Goals 2, 4, 5, 8, and 12
- Practice Based Learning and Improvement - Goal 2, 3, 4 and 13
- Professionalism – Goal 5, 7, 8 and 9
- Patient Care - Goals 2, 3, 4, 9
- Systems based practice – Goals 1 through 13

Assessment tools utilized:
- Global ratings by faculty including rotation evaluation sheet
- Conference attendance logs
In-service examination

Plan -
  Develop 360 degree evaluations
  Individuals to be included –technologists on day shift in radiology core, technology supervisor for radiology

B. Those Goals and Objectives for SPECIFIC Pediatric Radiology Rotations

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 x-ray 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 films and discuss findings with the 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 for weekly interdisciplinary rounds and conferences with Pediatrics Department and other services
  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 films 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 the radiologist.
3. Dictate films (esp. chest, abdomen, GI, GU) with assistance of the radiologist.
4. Assist with preparation and presentation of cases for weekly interdisciplinary rounds and conferences with Pediatrics Department and other services.

Decision-Making and Value Judgment Skills: At the end of the rotation, the resident should be able to:
1. Review PICU and NICU films 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 (or other appropriate health professional caring for the patient) if the radiologist is not immediately available for consultation.
2. Recognize limitations in personal skill and knowledge, always making sure dictations and consultations are check by the radiologist in charge.

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 radiographs.
2. Add to knowledge base in all areas of pediatric radiology and mammography through continued study, review of ACR cases and film 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, either alone or with the radiologist, pediatric outpatient and inpatient films and PICU and NICU films, making sure all work is checked by the 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 film interpretation and consultation, recognizing and obtaining assistance with situations that require the expertise of the radiologist.