

Resident Orientation



Shaping the Future of Radiology

Welcome (or welcome back) to
Children's National Health System



HOW TO PREPARE FOR THE ROTATION

First Rotation:

- Pediatric Imaging: The Fundamentals – by Lane Donnelly. Older edition available online <https://www.clinicalkey.com/#!/browse/book/3-s2.0-C20140032236>
- Radiology assistant pediatric section (highly recommended!)
- RadPrimer basic pediatric questions
- Selected Cleveland clinic modules (Free and quick registration) <https://www.cchs.net/onlinelearning/cometvs10/pedrad/>

SUGGESTED READING

First Rotation:

Selected Cleveland Clinic Modules (Free and quick registration) <https://www.cchs.net/onlinelearning/cometvs10/pedrad/>

- Lines and Catheters
- Neonatal chest
- Appendicitis
- Intussusception
- Malrotation and midgut volvulus
- Pneumoperitoneum
- Testicular torsion
- Child abuse: skeletal trauma
- Childhood fractures
- Hydrocephalus
- Pediatric neck masses
- Hypertrophic pyloric stenosis

HOW TO PREPARE FOR THE ROTATION

Second Rotation

Pediatric Imaging: The Fundamentals – by Lane Donnelly. Older edition available online
<https://www.clinicalkey.com/#!/browse/book/3-s2.0-C20140032236>

READ IT AGAIN and make sure you know it.

Additional Cleveland clinic modules (Free and quick registration) <https://www.cchs.net/onlinelearning/cometvs10/pedrad/>

- Mediastinal masses
- Esophageal atresia
- Congenital Duodenal obstruction
- Jejunal and ileal stenosis
- Newborn low intestinal obstruction
- Duplication of the Collecting system/Ureters
- Posterior Urethral valves
- Wilms and other renal tumors
- Developmental dysplasia of the hip
- Septic Arthritis and Toxic Synovitis
- Slipped Capital Femoral Epiphysis
- Childhood stroke
- Pediatric brain tumors

THIRD ROTATION (SORRY GEORGETOWN)

- Finish the rest of Cleveland clinic modules
- Focus on the areas you need to improve for boards and most important for your future practice

In general, if you know Fundamentals, did Cleveland clinic modules mentioned above and basic radprimer questions, you are almost guaranteed to pass pediatric section of the board exam.

RESOURCES TO USE DURING ROTATION

- Seattle children's free downloadable (no web version) interactive MRI brain myelination atlas
<https://www.seattlechildrens.org/healthcare-professionals/education/radiology/>
- Nice online pediatric neuroradiology atlas/book <http://www.mrineonatalbrain.com/ch02-04.php#cont-2>
- List of normal pediatric measurements, University of Oregon
<https://www.ohsu.edu/xd/education/schools/school-of-medicine/departments/clinical-departments/diagnostic-radiology/pediatric-radiology-normal-measurements/>
- Atlas of normal variants that can simulate disease by T. Keats – (book available in the reading room)
- Radiology assistant web site <http://www.radiologyassistant.nl/>
- MSK articles and tutorial <http://radsourc.us/category/web-clinic/>
- Articles on CNMC radiology portal (coming soon)
- Bone age calculator in resources on the desktop – Gilsanz and Ratib
- Bone age web-based calculator - Greulich and Pyle atlas <http://unmcradiology.net/boneage/>

SCHEDULE

- We try to limit averaged wet desk time to not more than 1.5 days a week, usually less
- If you notice problems with your schedule, let Angelique Norfles know ASAP. The sooner we know about it, more chances we can fix it.
- Tell Angelique your preferences/interests at the beginning of the rotation. We will try to schedule more of it as much as possible on your pre-call days.
- Fluoroscopy in the afternoon is not busy, so mornings are better.
- No IR for the first time rotators.
- If you want to get introduced with IR, we can try to schedule you for 1-2 half days (not the first rotation). If you are really interested, you should talk with your program and us about coming back for an elective rotation in the IR (no pediatric calls for elective rotation).
- Number of days you can take off (vacation/interview/sick days) is limited, so make sure you use them wisely. We will try to do our best to accommodate for interviews and emergencies.
- No more than 2 weekday calls, 1 Friday and 1 weekend call during EACH rotation.

PLEASE UNDERSTAND WE TRY TO BALANCE THE SCHEDULE AS BEST AS WE CAN, BUT THERE IS VARIABILITY FROM MONTH TO MONTH DEPENDING ON NUMBER OF TRAINEES AND FELLOWS WE HAVE.

WEEKLY SCHEDULE

October 1-5, 2018										
	Monday 10/1		Tuesday 10/2		Wednesday 10/3		Thursday 10/4		Friday 10/5	
7:30 Readout	ER/JMG		JL/RB		SM/IE		JZ/NN		PV/an	
AM CONFERENCE	7:30 – US Scanning w/ Steve US Room 11:15 – GV Brain Tumor Review		7:30: Fetal Conf 3 rd Floor Next to the Cardiology Learning Ctr Residents & Fellows 10am: ESR Child Prot Conf		8:00 Grand Rounds Auditorium <i>They didn't teach me this in medical school-- presented by Rahul Shah, Rebecca Cady, and Allison Waller.</i>		7:30 – JL Pediatric pulmonary diseases		7:30 – GV Vascular malformations	
PM CONFERENCE	12N – SM Introduction to Tumor Imaging 1:30 – JZ Sarcoma Conference		12N – All Faculty Meeting 4:30 – ESR Urology Conf		12N Christine Harris Manager, MRI Operations Artifacts 1PM: JM Neonatal 4PM: Tumor Board JZ 4 th floor East Wing, Rm E4077		12N ESR Journal Club 3:30 – GV Neuro Tumor Board		12:15 – Interesting Case Conf	
	8:00 am-12:30 pm	12:30 pm – 5:00 pm	8:00 am-12:30 pm	12:30 pm – 5:00 pm	8:00 am-12:30 pm	12:30 pm – 5:00 pm	8:00 am-12:30 pm	12:30 pm – 5:00 pm	8:00 am-12:30 pm	12:30 pm – 5:00 pm
RAD Anesthesiologist										
IR	KS/BY/RV/EM	KS/BY/RV/EM	KS/BY/RV/EM	KS/BY/RV/EM	BY/RV/EM	BY/RV/EM	KS/BY/RV/EM	BY/RV/EM	BY/RV/EM	BY/RV/EM
FLUORO (outpt pm) (HKU & GenI Inpt – non ICU)	SM	JL	AB/NN/an	SM	ER/RB/fr	JZ/RB	NS/fr	PV	DB/co	NS
WET DESK (ED/Outpt)	PV/an	SM/an	JZ/fr	JZ/NN/fr	DB/co	ER/co	JL/JMG	NS/JMG	ESR/RB	DB/RB
MSK	JZ	JZ	NS	NS	JL	JL	HH	HH	HH	HH
BODY CT/MR (NICU 8:30am rounds PICU 10:30am rounds)	JZ/fr	JZ/fr	NS/JMG	NS/JMG	JL/an	JL/an	HH/co	HH/co an	ER/NN	ER/NN/co
US (8am checkout)	NS/NN	NS/NN	HH/co	ER/co	ESR/JMG	AB//JMG/fr	ER/RB	DB/RB/fr	JL/JMG	JL/JMG
FETAL (Body/Neuro)	No Fetal		ER/MW	ER	AB/ZK	AB	DB/MW	DB	JL/GV	JL
NM/DEXA/PET (CICU)	PV	PV	ESR	ESR	PV	PV	ESR	PV	ESR	NS
NEURO (Neuro on-call)	ZK/GV/MW/JF	ZK/GV/MW/JF	JM/ZK/MW	JM/ZK/MW/an	GV/JM/ZK	GV/JM/ZK	JM/GV/MW/JF	JM/GV/MW/JF	MW/ZK/GV	MW/ZK/GV/fr
CNI (WRA/CICU-pm)	HH		PV		HH		AB		HH	
Resident Call (12pm-)	RB		JF		NN		an		fr	
Evening Shift 12:30pm	JL		SM		JZ		PV		NS	
ACADEMIC	ER/ESR/JM/RB½		JL/HH½/AB½/GV/JF½		SM/MW/NN½		JZ/JL½/ZK			
SHEIK ZAYED/OTHER			DB		DB½/NS/KS		ER½/KS½		KS	
VACATION	BMM/co		BMM		BMM		BMM		BMM/JM/PV/JZ/JF	
ADMINISTRATIVE							SM		SM	
SICK LEAVE/ASSLA	DB									

FACULTY
 AB = Anna Blask (#8165)
 DB = Dorothy Bulas (#8166)
 HH= Harut Haroyan (#1845)
 ZK = Zarir Khademanian (#0235)
 JL = Judyta Loomis (#4318)
 BMM = Bruce M. Markle (#8173)
 SM = Sobia Mirza (#1487)
 JM = Jonathan Murnick (#3770)
 ER = Eva Rubio (#2990)
 ESR = Eglal Shalaby-Rana (#8176)
 NS = Narendra Shet (#0331)
 KS = Karun Sharma (#5213)
 RV = Ranjith Vellody (#0888)
 GV = Gilbert Vezina (#8179)
 PV = Pranav Vyas (#0186)
 MW = Matthew Whitehead (#2149)
 BY = Bhupender Yadav (#1765)
 JZ = Jonathan Zember (#0942)


CNMC FELLOWS
 RB = Richard Becker (#)
 JF = John Flynn (#)
 JMG = Djose Molto (#)
 NN = Najla Najim (#2242)

CONSULTANTS
 MA = Mary Andrich
 MP = Monica Pearl

NURSE PRACTITIONER
 EM = Elisabeth Meagher

ROLE BASED PAGER INSTRUCTIONS:
 Dial 2840 Pager # #1 (change status)
 58644#, - Body
 58645#, - Neuro
 58646#, - IR
 58643#, - Resident/Fellow

RESIDENTS/FELLOWS
 an = Allen Nawrocki (9/24/18 - 10/21/18)
 co = Christopher Otteni (9/24/18 - 10/21/18)
 fr = Faezeh Razjouyan (9/24/18 - 10/21/18)



MONTHLY SCHEDULE

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Date	9/30	10/1	10/2	10/3	10/4	10/5	10/6
Resident/ Fellow In-House	JMG	RB	JF	NN	an	fr	co
Faculty Body/ [ShortCall]	ER[DB]	JL	SM	JZ	PV	NS	DB[NS]
Faculty IR	BY	RV	RV	RV	RV	RV	RV
Faculty Neuro	ZK	ZK	JM	GV	JM	MW	MW
Neuro IR	MP	MP	MP	MP	MP	MP	MP
Date	10/7	10/8	10/9	10/10	10/11	10/12	10/13
Resident/ Fellow In-House	NN	JMG	RB	fr	JF	co	an
Faculty Body/ [ShortCall]	NS[DB]	DB	HH	JL	ER	BMM	AB[BMM]
Faculty IR	RV	BY	BY	BY	BY	BY	BY
Faculty Neuro	MW	GV	ZK	MW	ZK	JM	JM
Neuro IR	MP	MP	MP	MP	MP	MP	MP
Date	10/14	10/15	10/16	10/17	10/18	10/19	10/20
Resident/ Fellow In-House	RB	NN	fr	JF	co	an	JMG
Faculty Body/ [ShortCall]	BMM[AB]	NS	DB	PV	JZ	ER	PV[ER]
Faculty IR	BY	RV	RV	RV	RV	RV	RV
Faculty Neuro	JM	JM	ZK	GV	JM	GV	GV
Neuro IR	MP	MP	MP	MP	MP	MP	MP
Date	10/21	10/22	10/23	10/24	10/25	10/26	10/27
Resident/ Fellow In-House	JF	RB	JMG	NN	aw	ce	rr
Faculty Body/ [ShortCall]	ER[PV]	NS	ESR	BMM	AB	HH	JL[HH]
Faculty IR	RV	KS	KS	KS	KS	KS	KS
Faculty Neuro	GV	JM	ZK	MW	JM	ZK	ZK
Neuro IR	MP	MP	MP	MP	MP	MP	MP
Date	10/28	10/29	10/30	10/31	11/1	11/2	11/3
Resident/ Fellow In-House	JMG	tk	aw	RB			
Faculty Body/ [ShortCall]	HH[JL]	ER	JL	PV	BMM	SM	NS[SM]
Faculty IR	KS	BY	BY	BY	BY	BY	BY
Faculty Neuro	ZK	MW	JM	GV	ZK	JM	JM
Neuro IR	MP	MP	MP	MP	MP	MP	MP

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PV = Pranav Vyas (#0186)
MW = Matthew Whitehead (#2149)
BY = Bhupender Yadav (#1765)
JZ = Jonathan Zember (#0942)

FELLOWS

RB = Richard Becker (#3013)
JF = John Flynn (#3102)
JFM = Jose Molto (#2981)
NN = Najla Najim (#2242)

RESIDENTS (use pager 259-8643)

co = Christopher Otteni (9/24/18 - 10/21/18)
fr = Faezeh Razjouyan (9/24/18 - 10/21/18)
iw = Justin Woodson (9/24/18 - 10/21/18)
ce = Christopher Erdman (10/22/18 - 11/18/18)
tk = Tammy Kim (10/22/18 - 11/18/18)
rr = Rebecca Rohrer (10/22/18 - 11/18/18)
aw = Alex Walker (10/22/18 - 11/18/18)

Johns Hopkins Univ. Neuro IR

MP = Monica Pearl (703-725-2899)
 JH on-call pager to transfer patients 410-283-9473



LECTURES/CONFERENCES AND ETC.

- Lecture at 7:30 am – attendance required except for the on-call person
- Lecture at noon – attendance required including on call resident.
- Do not forget to sign in.
- If attending is late, page them. Notify Angelique Norfles or Yolanda Jones to find a substitute. It is your protected time – so make sure you use it.
- Scanning session with Steve (lead sonographer) usually on Monday mornings
- Sometimes noon and morning lectures are substituted by clinical conferences (attendance still required), so check the schedule. They may be in a different location (grand rounds, fetal conferences and etc.)
- If no lecture per schedule – you are expected to be at your assigned station no later than 8:00 am
- You are expected at your station after the morning lecture
- If noon conference is cancelled or staff meeting is scheduled, you are expected to continue working at your assigned stations. Check with attending about timing for lunch.
- Work ends at 5 pm or until the list is clean.

FUJI PACS

- Web based PACS system
- Can open multiple windows
- PACS allows for study “reservation” – little circle with a line if somebody else reserved it or a pin if you reserved the case.
- Automatically “reserves” under you if you attempt to dictate it.
- You can reserve manually by right clicking the study
- Remember, if you reserved the study it will mostly be ignored by other people, so make sure you read it or verbally communicate with radiologists who has to read it.
- If asked/called about a study somebody else reserved – always better to defer to that person unless true emergency (like an OR case). If cannot find the person who reserved it – provide your opinion, document in synapse (do not forget to mention who you spoke with) and communicate with person who had the study reserved.

USE OF TEMPLATES

- We do encourage use of templates
- We are in process of creating universal templates for most common studies performed in the ER
- Our ICU dictations have some unique features:
 - We do mention the position of lines and tubes. Saying “stable” without giving specifics is not enough.
 - We do mention “no unidentified radiopaque foreign body is seen” in the ICU dictations

PAPERWORK, PAPERWORK, BUREAUCRACY...

Several forms to be filled towards the end of your rotation.

- 360 evaluation
- Documentation of fluoroscopic studies performed
- Documentation of certain sonographic examinations performed

Try to be on top of it starting from 2-3 weeks of your rotation. Do not delay it until the last day.

ROTATIONS AT CNMC

Core rotations

- Wet Desk
- Ultrasound
- Fluoroscopy
- Neuroradiology
- Body Imaging

Optional rotations for senior residents:

- IR
- Fetal
- Nucs

CALLS

- Weekday calls (Monday-Thursday)
 - Expected at noon for afternoon conference
 - Call starts 5 pm to morning
 - Work with 1 attending. Dictate under the same attending (body cases)
- Friday call
 - Expected at noon for afternoon conference
 - Call starts 5 pm to morning
 - Work with Friday attending. Dictate under the DIFFERENT (Saturday) attending after 11 pm, but call Friday attending for help (body cases).
- Weekend
 - Expected at 10 am to morning.
 - Work and dictate with the same attending on Sunday
 - Dictate under different attending on Saturday after 11 pm, but call the person you worked with for help (body cases).

I know it is confusing, so please clarify with your attendings (neuro and body) when you take call

WEEKDAY CALL

On your call afternoon:

- You are expected to come for the noon conference.
- You are scheduled for a rotation from noon to 5 pm, so report to the appropriate area after the conference.

5 pm – call starts:

- Touch base with your on-call attending before 5:00 pm. Make sure you know where he/she is and how to find them.
- Be at Wet Desk no later than 5:00 pm.
- Reading room assistant should also be there to help you.
- Work, Work, Work!!! May get busy in the evening.

WEEKEND CALL

- You are expected to come at 10 pm
- Call ends when attending comes next morning and all the cases (neuro and body) are reviewed (usually around 8:30-9:30)
- The rest is the same as usual call.
- Make sure you know who you are dictating body cases after 11 pm. On Fridays and Saturdays it is usually attending working next day, so clarify.
- Your on-call attending is still the person you worked with the entire day.

ON CALL RESPONSIBILITIES

Check the handbook before you start. Talk with your on-call attending.

In general (from 5:00 pm to 11 pm):

- You are responsible for ALL ED studies (turn around time <30 min, synapse note expected)
- You are responsible for all studies you provided verbal report UNLESS clearly communicated with attending
- You are responsible for all studies you QA-ed – ultrasounds and CT scan
- Protocols CT
- Occasional request from clinicians regarding urgent outpatient reads
- You do NOT need to dictate the inpatient or outpatient list. Only dictate and wet read cases they call you about and don't forget to mention who you communicated with
- Evening MRIs will be handled by attending unless otherwise directed
- Make sure you touch base with neuro attendings about their workflow
- All fluoroscopy requests for the evening should be triaged and discussed with attendings ASAP

There are variations specific to attendings and how busy the service is, so make sure you speak with your attending.

ON CALL RESPONSIBILITIES

From 11:00 pm to morning:

Congratulations you are alone (but we have your back)

- Do not run away. Not exactly the right time to quit!
- Responsibilities are the same except you do not need to read ED plain X-RAYS
ED attendings look at their own X-rays after 11:00 pm and call you only if they have a question. If called – give a read AND dictate the case.
- You are still expected to **QA** and **Read** all the ultrasound cases and CT cases (in-patients and outpatients). Techs will call/page/find you.
- You are required to read all cross sectional second opinion read requests from ED
- All cases you were called/paged about and provided verbal report

ON CALL RESPONSIBILITIES: WHEN TO CALL ATTENDING

- Ileocolic Intussusception proven by US. See literature to distinguish iliocolic from ilioileal
Ileocolic versus Small-Bowel Intussusception in Children: Can US Enable Reliable Differentiation? [Natali Lioubashevsky](#), [NurithHiller](#), [Katya Rozovsky](#), [Lee Segev](#), [Natalia Simanovsky](#)
- Request for emergency upper GI to rule out malrotation/volvulus – true emergency – every minute counts.
- Request for attending over read. Make sure that you communicated your best impression to the provider, there is expected change in management AND request is not coming from medical student or intern. Ultimately, if ordering doctor wants attending's over read you have to call us, no matter how trivial it is.
- Approval for MRI. Attendings needs to authorize to call in a team for MRI.
- Emergency IR procedure request– call IR attending
- Anytime you are in a hot water AND you know the findings will change the management overnight – do not hesitate to call. Use common sense.
- Also, do not forget we are humans too and we commonly work after call, so if it can wait until the morning let it wait. Just make sure you convince ordering providers and they are OK with it. Sometimes all you have to do is just ask.
- **MOST IMPOPBRANTLY – THE PATIENTS SHOULD BE SAFE!**

ON CALL RESPONSIBILITIES: MRI REQUESTS ON CALL

- Very few true emergencies requiring MRI in the middle of the night
 - Cord compression with neurosurgical request for study pending surgery
 - Some forms of pediatric stroke (not all strokes necessarily)
 - No body cases can be considered emergency. Osteomyelitis and septic arthritis can wait until the morning
- If not sure call your attending
- Any overnight MRI should be approved by attending
- Keep in mind:
 - Most of the cases can wait until the morning
 - Do NOT promise that the case will be done first thing in the morning, but DO say that it will be a priority and will be done ASAP.
 - If OK to delay until the morning DO tell the ordering doctors to place a STAT order and call MRI bear station (2927) at around 6:30 am.
- Take patient's name, indication and clinical history.
- Call bear station yourself at around 6:30 am and provide patients' information. Tell your attending about the case.
- Protocol the case if requested by technologist or radiology nurse and IF attending is not available to do it

ON-CALL RESPONSIBILITIES: SECOND READ REQUESTS

We are commonly asked to provide second reads for outside studies, mostly in ED settings

- Treat second read requests as usual cases. Indicate in dictation it is a second read. If possible/available find out what original radiologic read said.
- If received a second read request for CT scan overnight – dictate it, do not wait for a call. Plain X-ray second read requests can be handled as usual plain X-ray (no call, no read after 11 pm)
- We do not provide official second reads for outside Ultrasounds and fluro cases. Anyway use your common sense, if there is obvious/catastrophic emergency and delay cannot be tolerated, do not refuse to look at the case and leave a note.
- Second read request looks like “2nd Read of Outside Exam - XXXXX” – this is what you need to read
- If the order is “Outside Study Archive” – ignore it, it is loaded for comparison only.

ON CALL RESPONSIBILITIES: UMC CASES, SPECIAL STORY ☹️

- We provide radiologic reads for pediatric cases done in United Medical Center. Treat them as any ED case
- Studies show up on your ED list with unusual accession number (start with UMC)
- They have second (CNMC) regular accession number with 0 images on the synapse. You can check the indication for the exam if you click on the second accession number with 0 images.
- Dictate the accession number which contains images (UMC accession number)
- They show up as unknown in powerscribe when you dictate them
- Add patients last name to the header in powerscribe for identification on top of your dictation
- Place synapse notes containing complete dictation under BOTH Children's accession number (0 images) and UMC accession number. Make sure you are placing notes under the correct exam.

Our IT department or reading room assistant will manually transfer the images under CNMC accession number.

PROTOCOLING EXAMINATIONS

- CT and MRI examinations need to be protocolled.
- Consult handbook for details on how to protocol
- If contrast is given, order for contrast should be placed in powerchart
- Make sure it is safe to give contrast.
- No oral contrast is needed for routine appendicitis cases. Can use in case by case bases.
- Refer to different types of contrast in handbook. Seek guidance from technologist.

WET DESK

- The busiest rotation
- “Gatekeeper” to the radiology department

Responsibilities include:

- ED plain X-rays
- Outpatient Plain X-rays
- ED outside exam second read requests (including body CTs)
- Directing phone calls to appropriate areas
- Occasional requests from OR to review intraoperative films for possible retained surgical foreign bodies. Provide verbal read, take and document the name and dictate the case ASAP. If not sure about finding ask attending right away, pt is in on the operating table
- Occasional requests from X-ray technologists to sign pregnancy waiver forms

HOW TO SURVIVE THE WET-DESK AND CALL

- Bribe your attending, it WORKS!!! 😊
- Be efficient
- Be nice over the phone, people do complain and we have to deal with it later.
- Prioritize and triage. If somebodies' patient is assessed as a low priority, explain why and when you will be able to get to them.
- If called regarding a case/question about unrelated modality when on wet-desk provide appropriate phone/contact number.
- Use common sense, if emergency and primary responsible attending/trainee not available, offer your help and EITHER directly communicate with people on that service OR discuss with your attending if you should just take the case
- Make sure you DOCUMENT who, when and what you said. If you commented about a case – it is your case unless you clearly verbally communicate with the appropriate radiologist
- ON call – you discussed a case – dictate it and leave a synapse note

HOW TO SURVIVE THE WET-DESK AND CALL

- Sometimes all you need is just to ask – lead X-ray techs, Sonographers, clinical colleagues are great resource and can lead you in the right direction.
- Fully use service of reading room assistants (making calls, finding people, triaging calls for you and etc)
- You can go to the on-call room after 11 pm assuming you finished everything before 11 pm.
- You are on “on-call” bases after 11 pm, so people will call/page or physically find you if they need you.

ULTRASOUND

- Every case should be QA-ed with you or attending by sonographer
- May get busy in the afternoon
- Listen to sonographers – they are very experienced
- Do not hesitate to scan if you have question
- Try to use templates

FLUOROSCOPY

- Learn how to work the machine
- Ask techs for guidance, Stacy and Jolisa are full time fluoroscopy techs
- Prepare the patients – check the histories prior imaging, indications and etc. Present the case to your attending.
- Review the inpatient requests
- Additional responsibilities for fluoroscopy includes reading
 - HKU list
 - Unread Inpatients – NO PICU, NO NICU, NO CICU
 - Reading intraoperative fluoroscopy images from fluoro list
 - Helping on OUTPATIENT list

BODY CT/MRI

- Review and read body CTs and MRIs
- Review history/indications for ordered MRIs of the day (can see in protocoling list in radnet)
- NICU plain X-list
- PICU X-ray list
- Phone ☹ it is non-stop sometimes
- NICU rounds (8:30 am)
- PICU rounds (10:30 am)

NEURO

- Listen to Dr. Vezina
- Listen to Dr. Murnich
- Listen to Dr. Khademian
- Listen to Dr. Whitehead
- Bring them coffee
- Bring them tea
- Learn the basics about CT heads for calls
- Ask for atlas of pediatric CT images