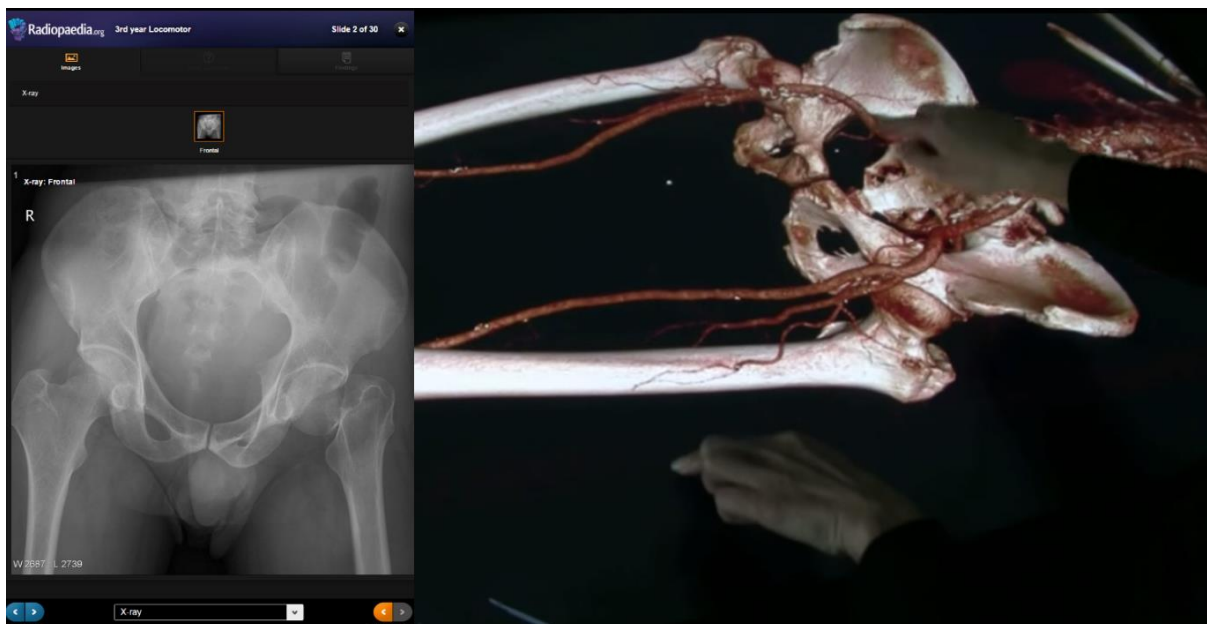


As a first year radiology trainee in Edinburgh, I relished the opportunity to attend the 101<sup>st</sup> annual meeting of RSNA in Chicago. Building on work from my last year as an educational fellow in NHS Lothian, I presented “Teaching from every angle: integrating 3D anatomy with interactive case-based radiology playlists”.

Anatomy teaching using 3D imaging had been recently introduced for medical students in Edinburgh (BBC News, <http://bbc.in/1mb6GHL>) and through an online questionnaire, I identified that many junior doctors and medical students are interested in imaging but do not get much exposure in their undergraduate careers. Working with Dr Jeremy Jones, consultant radiologist and TEL lead, we developed an undergraduate curriculum for medical students at the University of Edinburgh. We used Radiopaedia.org to develop interactive case based teaching for surgical imaging and neuroradiology which had been well received.

The Sectra visualisation table is a versatile multi-touch 55-inch display allowing 3D reconstructions of DICOM imaging, which can be manipulated with a few simple touch commands, allowing students to dissect and inspect CT scans. This particular lends itself to MSK imaging and anatomy, and in combination with Radiopaedia.org playlists, we used this for Y3 orthopaedic students.

Allowing students to get “hands-on” and going through imaging with a radiologist allows transition from traditional anatomy teaching to appreciating the central role that radiology has in clinical practice, particularly in trauma.



RSNA was a vast conference with 52000 attendees, and despite filling my hours there I felt I had only scratched the surface of the hundreds of educational courses and scientific presentations. My own session had a variety of views on radiology education: using technology in teaching, team-based simulation for contrast induced anaphylaxis, improving workflow reporting plain films by body part rather than chronologically. The “Essentials” sessions were useful covering need-to-know knowledge in neurology, paediatrics and GI imaging in preparation for on-call sessions and exams in the coming years. A number of sessions explored the new vistas for radiology – with personalised medicine and molecular imaging being a common focus.

Chicago itself had plenty to offer with the town taken over by the conference (RSNA banners and buses were seen throughout the city). Traditional attractions such as Willis Tower (giving views across four states from the 103<sup>rd</sup> floor), the Cloud Gate (pictured) and the Art Institute were breathtaking, but time was also spent shopping with Black Friday deals filling up our suitcases! Being a relatively flat city in comparison to Edinburgh, we took to early morning runs to fend off jet lag, which usually ended up being offset by running to a pancake house for breakfast.

I am extremely grateful to the Scottish Radiology Society and to Sectra for providing funding towards travel and accommodation costs to attend and present at the conference. I hope to return in the future and look forward to seeing the advances being presented put into practice in the future.

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