Advice for Young Radiologists

April 25, 2013 | Residents [1]

What advice would you give a young radiologist entering the field today? In their own words, several radiology luminaries share their words of wisdom.

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We posed that question to several radiology luminaries, requesting they offer words of wisdom to their newer colleagues. Digging into their experiences, they shared guidance gleaned from their careers.

Find a mentor. Endeavor to improve your reports. Be a physician first. Those are just a few of the gems offered that could prove to be relevant at any stage of a radiologists career. Read on for more advice from the experts, presented here in their own words.

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Those entering radiology today will need to deal with continued major advances in new technology and new clinical applications of imaging. Make a commitment to career long education to learn to apply new methods and stay up-to-date. This is incredibly challenging, as I know personally from having trained before CT, MRI and PET were available clinically.

Stay within your knowledge zone — you cannot do everything. Unfortunately, some, perhaps many, radiologists practice in areas outside their expertise, which is bad for patient care but also undermines the credibility of our specialty.

The strength of any medical specialty over the long run depends in part on strong professional organizations. They establish technical and clinical practice standards, facilitate the exchange of new knowledge and serve as our advocates for regulatory and legislative issues. They are vital to us in the never-ending competition between specialties for turf. Make a commitment to become a member of and to actively participate in and support the radiology professional organizations related to your practice interests.

For at least the last decade, dozens of radiology groups have lost their contracts each year largely because they have not correctly assessed the value equation between what they offer and how they
behave versus what their hospitals are looking for. The days of protective manpower shortages and entitled behavior are over.

More than ever, radiologists now need to be active participants in their institutions beyond interpreting imaging studies and be regarded as good citizens in their institutions. Hospitals are looking for team-oriented physicians who understand organizational needs in care coordination, quality and safety and operational efficiency among other topics.

Make a career long commitment to participating within your institution on committees, in medical staff governance, community outreach and in other supporting activities. Become a leader and someone who is regarded as exemplifying the best in organizational values and behavior.

Richard B. Gunderman, MD, PhD

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In order to excel as radiologists, I think we need to excel as physicians. Similarly to excel as physicians, we need to be concerned with excelling as human beings. We can’t just focus on what a radiologist does, if we are going to take good care of our patients. We really need to understand how radiology fits into the larger context of medicine.

We also need to remember what it’s like for our patients. The diagnoses we make, we find them in medical text books and they have diagnostic classifications and billing categories, but our ultimate mission is to remember what all this means to our patients.

I think there are several ways to do it. One is to have a role model or a mentor you ideally admire and from time to time can ask yourself how would Dr. So-and-so handle this.

Another thing is to pay attention to what really touches us and inspires us as we do our work day after day and year after year, and make sure to retain some of those stories.

Another thing is to read well. We need to read what’s in our professional journals, new science, new technology, new ways of organizing our practice, but we also need to read things from time to time that get us to think about what it means to be a physician and a human being.

I would say also to a young radiologist that it’s very important to not focus on what it will take to succeed that you lose track of what really most intrigues you or provides the greatest fulfillment to you. Someone might be told you need to perform a certain number of studies today or publish certain number of papers.

But it’s even more important to figure out what really excites you about the work you do every day or what sort of work you could be doing every day that would excite you, and then organize your day and your career [around that idea].

I think some of us get so busy so caught up in getting the work done and checking off boxes, that we sometimes lose track of our inner compass. It’s really when we are tending to that that we will be contributing the most.
From the vantage point of academic radiology which has a large training program for residents, here is my advice to young radiologists starting off in this setting:

1. Keep your reports as brief as possible and as long as necessary. The aphorism “picture says a thousand words” need not be taken literally. There is no correlation between life expectancy of your patients and the length of your reports. There is even less correlation between satisfaction of referring physicians and the length of your report. It is natural to treat radiology reports like works of art. But unless you plan to frame them on your mantle (they are not getting to the Louvre) there is no reason to mention the various clever ways you obtained fat saturation. No one cares.

2. Respect your residents’ time. Never (almost) keep your residents beyond 6 pm. There are two types of radiology residents: those who resent being kept beyond 6 pm and those who resent being kept beyond 6 pm. There is a third type: those who resent being kept beyond 6 pm. If you are a slow reader or just like to stare at every organ reciting Hamlet's first soliloquy, get in early, stay later, have a shorter lunch break. But let the resident leave on time.

3. Occasionally, surprise the technologist with a compliment. That, of course, means that you should know them by their first names. Tell them what a great job they did with the patient who decided to rehearse calisthenics during a PE study and hold his breath with such fervor that he was in fact performing a Valsalva maneuver thus preventing whatever little contrast that did not extravasate in to his arm from entering the pulmonary arteries. Bad studies happen to good techs. Steady on with the self righteous strut.

4. Do not use residents as transcriptionists. Try not to make them dictate studies they have not looked at and interpreted. They are radiology trainees, not adjuncts to voice recognition technology.

5. Keep reading. Try not to let a week go by without reading a review article from AJR or Radiographics.

6. Take your job seriously — not yourself. A little bit of cynicism is healthy. Remember the system is bigger and more impersonal than you. Don't take things personally.
Advice for Young Radiologists
Published on Physicians Practice (http://www.physicianspractice.com)

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Medicine remains a very fulfilling and noble profession and radiology is a terrific choice of specialty. Despite increasing concern over reduced job opportunities and compensation for radiologists, don’t be dissuaded from your passion to become a radiologist. The field of radiology is extremely interesting, cutting-edge and a pleasure to practice. Radiologists continue to have among the highest job satisfaction ratings of all physicians.

There is no substitute for interpreting as many imaging examinations as possible and performing as many interventional procedures as possible under the supervision and guidance of an experienced faculty member. By reading lots of films, including normal films, you build a broader personal databank of experience with the range of normal variation, which in turn will make you a better, more accurate film reader.

Read daily about imaging findings and disease processes that you encounter during the course of your workday. Additionally, make it your routine to follow up on interesting cases to obtain final proof of diagnosis and/or patient outcome.

The final radiology report is one of your most important work products. Endeavor to make your reports accurate, complete and concise as you address the clinical question.

In radiology, communication is everything. Strive to be the best possible communicator with referring physicians and with patients in all that you do, whether it be through your dictated reports, oral conference presentations or direct communication of important imaging findings.

As with any profession, be careful not to become so absorbed in your job that you neglect your family and friends.
Norman J. Beauchamp, MD
President, American Roentgen Ray Society
Radiology Chair, University of Washington

In a recent video interview with Diagnostic Imaging, Norman J. Beauchamp, MD, president of the American Roentgen Ray Society and radiology chair at the University of Washington, agreed with his colleagues that finding a mentor is critical for new radiologists. But how?

“Some will think you sit back and wait for a mentor to walk up and say, ‘I’m here to teach you.’” Beauchamp said at the ARRS meeting in Washington, DC. “That’s not how it happens.” Instead, Beauchamp recommended you approach it as a gap analysis. What skills do you have that you can offer others, particularly someone who you’d like as a mentor? What can you offer?

From his own experience, Beauchamp recalled wanting to learn how to write grants. He sought the mentorship of a well-known physician who was a skilled grant-writer. Knowing others also wanted him as a mentor, Beauchamp did some research to see what it was this physician needed. It turned out, the doctor needed help reading thousands of MR scans. Beauchamp offered to help, and eventually this radiologist quickly turned to Beauchamp with the offer to let him participate in a grant preparation.

Click here to watch a video of the interview with Beauchamp and hear more of his advice.
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Published on Physicians Practice (http://www.physicianspractice.com)

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1. The most important advice I could give to young radiologists is to always be a physician first. Your clinical skills and patient care are what make you a better radiologist when interpreting films or performing interventional procedures. Stay abreast of the latest medical treatments and your dictations will depict a greater understanding of the patient’s disease and management.

2. When searching for a mentor, pair up with someone who has experience at mentoring trainees and junior faculty. It is a critical position to foster a young physician’s career and you want someone who can do it well. Work with a mentor who has successfully developed careers before and you will learn valuable lessons that you will pass on to others.

3. You will work with a variety of people with different backgrounds and a broad range of experience. Stay open to constructive criticism whether it’s from another doctor, nurse or technologist. They are critical to your development as a physician and it shows respect for all your team members.

4. Share your mistakes. They are unfortunate experiences that can become invaluable teaching tools for others. It’s also a method to reflect upon your own level of skill and to strive for improvement.

5. Focusing on the day to day work of a radiologist is important but it is equally vital to participate in the advancement of your field. Become involved with advocacy and help shape the direction of radiology for years to come. The changes you initiate early in your career will affect your future as well as the careers of those that follow you.

6. Keep a five year plan in mind to help stay focused on what you want to accomplish in your profession. Stick to it and you will see your career take shape as you planned whether it’s running an academic department or making partner in a practice. A few speed bumps along the way are expected but keep going without losing sight of your end goal.
My advice for radiology residents in how they can prepare for the future is to look at two aspects of the future they may not consider in developing their professional portfolio: leadership and ownership.

This advice may seem a bit unconventional. When I examine where there are holes in the current residency and medical school training, leadership principles and leadership skill training is significantly lacking. All residents should learn something about leadership skills and leadership principles.

Understanding leadership, followership, team building and teamwork is going to be critical for all physicians in this time of rapid changes in the medical care landscape. In obtaining leadership skills one understands better what it takes to be a leader. And if one chooses not to lead, then he or she will be a better follower. Leadership and followership will be important in the future of radiology as a profession.

Secondly, commit to the future and take ownership in your profession. For our profession to grow and prosper, we each must develop an ownership attitude in nurturing and caring for that profession. In leading and taking ownership our profession’s future will continue to prosper and the future for those that follow will be bright.
Advice for Young Radiologists
Published on Physicians Practice (http://www.physicianspractice.com)

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1. Be confident that you have made the correct career choice. Radiology is a wonderful career. It is intellectually stimulating, financially rewarding, and the quality of life is difficult to beat. Radiologists see all of the interesting patients in the hospital, their consultations can be pivotal to arriving at more timely diagnoses and shortening hospital stays, and the technology continues to advance, providing new experiences for radiologists that other physicians often lack.

Do not be dismayed by issues and problems that are discussed at meetings or in your residency. Look at these discussions as an opportunity to think about solutions and benefit when others are ill-prepared.

2. Obtain non-clinical skills in addition to developing subspecialty expertise.

Difficult challenges will face radiologists in the coming years. These challenges include declining reimbursement, aggressive non-traditional competition, and more demanding hospital administrators.

Subspecialty expertise will be very important in most practice settings, as will knowledge of leadership skills, negotiation principles, and quality and safety metrics. Radiologists who have both clinical and non-clinical skills should be valued highly by radiology groups and hospitals. This does not mean that an MBA is necessary (or even valued by many groups); what it does mean is that it is important that the radiologist understands what is required in order for him/her to be a contributing member of the practice, a valued member of the medical staff, and an integral part of the community.

3. Remember that radiology is a service specialty.

The “payback” for all of the advantages that radiologists enjoy is that service to referring physicians, patients, and hospital administrators is expected and should be readily given. Radiologists should be visible, available, and willing to accommodate legitimate needs of referring physicians and their patients.

The most valuable radiologist is one who engenders loyalty in his/her referring physicians. Satisfaction is not enough. A physician who is satisfied with you will most likely be satisfied with your replacement; a physician who is loyal to you will fight to see that you are not replaced. Relationships are key to loyalty, and these relationships tend to maximize chances for tenure with your practice at
I was drawn to the field of radiology for two fundamental reasons. First, it provided an opportunity for a rich and varied career with multiple options for subspecialization. My goal was to practice with expertise in a particular radiologic discipline. As a visually-oriented problem-solver, I wanted to understand multimodality diagnostic imaging alternatives so that I could apply that broad knowledge base to the care of all kinds of patients, teach others about the field, and develop my subspecialty through research. I became board-certified in the specialty of diagnostic radiology and thereafter in my chosen subspecialty of nuclear radiology.

Although women comprise nearly 50 percent of medical school classes, we are underrepresented in radiology. The proportion of female US medical students applying to diagnostic radiology residency programs has declined from 28 percent in 2010 and 2011 to 25 percent in 2012. Compared to their male counterparts, women tend to be:

- less inclined to pursue practices with little patient interaction
- less drawn to physics
- less interested in working all day long at computer workstations
- less interested in longer five to six year post-graduate training programs
- more concerned about radiation risks

Yet, paradoxically, a career in radiology tends to offer:

- more patient interaction than commonly appreciated, particularly in certain subspecialties
- fundamental (not overwhelming) radiation and medical physics as integral to practice
- high job satisfaction
- flexibility in work schedules
- minimal radiation risk (except in certain subspecialties)

Mentors are key. Radiologists who are just starting out need at least one, often multiple mentors. Mentors come in all shapes and sizes. Sometimes, one can seek out a specific mentor in a particular subspecialty field or one with common interests. Other times, mentors can be social friends as well as professional advisors and advocates. Mentors can see your potential and can help you develop that potential through insightful guidance and by seeking/responding to opportunities with you in
mind. Often, mentors are just good listeners. In any event, all would agree that mentors are the paving stones in the pathways to successful careers in private practice or academics. I hope that more women will embrace radiology. Women who find the right mentors at the right time tend to be more comfortable with this career choice.

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Being a parent as well as a “mature” practicing radiologist, I’ve started to believe that what I have learned should be shared with others. Of course, my kids feel differently, especially my pre-teens, who are, by now, pretty convinced they know more than I do. But experience, I have learned, counts for something, so I’ll send along a few words that I usually reserve for my kids to share with young, practicing radiologists.

1. Beware the people who tell you the sky is falling. If I paid attention each time I heard this, I’d be long gone by now. There are ebbs and flows to the business cycle, and to medicine in general. Usually the sky is falling because someone suspects they are not going to get quite what someone else is. Remember, you didn’t start doing this for what you’ll get, but for what you’ll give.

2. Be the change you want to see. If it isn’t working the way you want it to work, don’t spend all your time complaining. Instead, work out a clear, concise plan for how to fix it. Discuss it with others to flesh it out and create consensus. Then take it to the powers to be with your complaint. They’ll be a lot more receptive than if you just yell.

3. Speak your mind, but listen too. There is nothing wrong with sharing your ideas, but often that is done brashly when someone enters the practice (guilty as charged, here). There is usually a reason things are as they are in a practice. Sometimes it is hard for anyone to remember why that is, or sometimes it is for reasons that are now not present. But, spending some time listening to the more mature partners in your practice or facility can sometimes show you why. Don’t hold everything in. New ideas are good, if shared in the right context and if you are also receptive to the older ways of doing things.

4. Patients come first. Continually remind yourself of this. Radiologists have to be serious multi-taskers and often are pulled in different directions by managers, marketers, colleagues, and referring practices. When in doubt, stop and think what is best for the patient. You’ll never lose that way.

5. Don’t forget you have many different customers. Patients are first, but referring practices (all levels of providers, and office staff count!) as well as technical side partners are important. Work to keep them all happy. Customer service matters a lot in radiology.