Medical Schools Put Radiology in the Spotlight

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By Whitney L. Jackson [2]

Medical schools around the country are using different strategies to get students interested in radiology.

Although radiology stands as one of the most technologically forward-moving specialties, it has suffered a drop-off in interest over the past 15 years in the National Residency Match Program. Residency programs, though, are now learning more about what’s keeping medical students away and are implementing strategies to reverse this trend.

According to radiology faculty currently or previously involved with residency programs nationwide, turning the tide to increase radiology residency numbers requires changing how medical schools approach introducing students to the specialty. Residency programs must also participate in the process for appeal in radiology to rebound.

There are a variety of reasons medical students give for avoiding radiology as a residency choice, these faculty said. Waning attraction seems to stem from misunderstanding radiology, perceptions about lack of job opportunities, beliefs about little patient contact, and the increased use of computer technology. As it turns out, these perspectives are misplaced or inaccurate.

“The question is how much of what medical students see is real or fictitious,” said Saurabh Jha, MD, MS, assistant professor of radiology at the Hospital of the University of Pennsylvania who also participated in residency interviews in the past. “I’m not sure, to a large extent, that the distinction is important from their position.”

In an environment where medical schools are more focused on producing primary care or internal medicine practitioners, the onus of enticing students to choose radiology lies with current radiologists. To be successful, Jha said, the industry must exude more confidence in literature, blogs, and in teaching.

“It’s not simply saying ‘Look at the pretty pictures we can take.’ It’s going and telling them about diagnostic radiology and revealing to them how the radiologist – not the CT – made the difference,” he said. “We have to make sure medical students understand that it’s people who make the difference.”

The Negative Realities and Perceptions
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Most medical students who forgo radiology do so because they perceive radiology to be in a tight job market. And, in many ways, said David DiSantis, MD, associate residency program director at University of Kentucky HealthCare, that’s accurate because the economic downturn in 2008 prompted many older radiologists to postpone retirement.

“There is uncertainty about the job situation. What students are saying is, ‘We’re not sure there are going to be enough jobs for those of us who train in radiology,’” he said. “But, perceptions lag behind
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reality. Things are changing slowly, and I hope we’re seeing the bottom of the hiring curve and that things are starting to turn around."

Jha agreed, predicting that radiologists nearing retirement will leave the job pool within the next few years, creating an open job market that’s more attractive to medical students trying to decide on a career path.

Many medical students also still believe radiologists merely sit in dark rooms all day, reading studies. Coupled with the increased use of technology that’s made images rapidly available to any provider without talking to a radiologist, radiology appears to be a specialty that offers little patient contact. The PACS/RIS system prevents medical students from seeing radiologists at work first-hand, said Douglas Quint, MD, radiology professor at the University of Michigan Health System.

“Medical students used to have to come get films. They could see the unique role radiologists had and see their expertise in looking at images and see the impact they made,” he said. “Now, those images are digitized, and they don’t see radiologists anymore. It’s a huge change in what students see that go into make their decisions.”

It’s now incumbent upon radiology faculty to introduce that many areas, such as mammography, offer a great deal of patient interaction.

In addition, it’s possible many medical students don’t think specializing in radiology is required to perform a good portion of the studies, Quint said. For example, obstetricians now perform ultrasounds; neuroradiologists treat aneurysms with image-guided catheters; and cardiologists also use CT guidance for many procedures.

Fighting Back

To combat these perceptions, medical schools and radiology residency programs have implemented strategies designed to introduce students to radiology earlier during training and to expand their understanding of the industry as a whole.

Ordinarily, medical students receive their first introduction to radiology in their third year – frequently after many have made their decisions on which specialty to enter. Earlier exposure could change their minds, DiSantis said.

“Getting radiology into the curriculum as soon as possible is key,” he said. “People need to know what radiologists do to develop an interest, and medical students need to know, overall, how to use radiology to help patients.”

In fact, Kentucky’s program partners with a local medical society to provide a specialty speed dating program for 2nd-year students. Over dinner, medical students have the opportunity to talk with specialists from all fields, asking questions and rotating through representatives every 15 minutes to 20 minutes.

Kentucky also offers electives, such as abdominal or neuroradiology training, earlier in the curriculum and links interested students with mentors who can help teach them how to read studies.

“We try to foster interest in radiology – show students from the beginning what radiology is and encourage them with early exposure to what radiologists actually do,” DiSantis said.

As more and more residency slots have gone unfilled, Michigan has opted to diversify its residency program, Quint said. Instead of leaving a significant percentage of the program empty, directors now include international medical graduates.

“At one time, U.S. students accounted for up to 98% of our radiology residents,” he said. “But, now that number looks roughly like 70%. International students are helping to fill out training programs.”

In addition, the radiology residency program at North Shore-Long Island Jewish Medical Center has integrated into all four years of training at Hofstra North Shore-Long Island Jewish School of Medicine. Faculty use CT and ultrasound to teach 1st- and 2nd-year students about anatomy, as well as point-of-care ultrasound to 1st-year students.

“We’re intimately involved with every aspect of undergraduate medical education,” said Jason Naiditch, MD, radiology chair for North Shore-Long Island Jewish. “As such, we have the ability to empress on the medical students that this is an exciting career.”

These medical students can also join specialty interest groups focused on diagnostic radiology and interventional radiology, he said, and they can rotate through the hospital to garner experience in general radiology, neuroradiology, interventional radiology, and other subspecialties. North Shore also gives medical students the opportunity to work with radiology faculty on research projects during the summer.

The integration has been so successful, he said, that 10% of the most recent graduating class of 40 students opted to enter a radiology residency program.

Overall, these efforts will likely attract more medical students to radiology, but they’re unlikely to entice those who are only interested in specialties with high reimbursement rates, Jha said.
“This way, you’ll get people who are truly motivated by radiology,” he said. “They aren’t the people in the margins.”

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