

RESIDENTS AND FELLOWS SECTION REPORTS

[Editor's note: The following two reports are from two of the three residents who joined the Pennsylvania delegation at the recent ACR meeting in Washington, DC.]

On the other end of the phone line, Dr. Eric Faerber announced to me that as the resident representative for Pittsburgh, I would soon be going to the 2008 Annual Meeting and Chapter Leaders Conference. At that time, the meeting was more than a month away. I knew it would be a big, important meeting, and probably fun... However, I had only a vague idea about what to expect and what I had to do there. I imagined it would be a real-time introduction to the ACR and a chance to get to see and hopefully contribute to the activities of my peers, which I followed on the Internet. The ACR and the ACR-RFS (Residents and Fellows Section), to my idle eye, existed in virtual reality. In anticipation of meeting celebrities, I enthusiastically made my Capitol Hill visit appointment, with the romantic imagery that the five-day immersion in DC would transform a legislation-illiterate like myself into a budding health lobbyist.

So what actually happened? I will happily tell you that my expectations were met beyond what I had imagined. The meeting, to my eyes, was a grand gathering of minds from different generations, backgrounds, and institutions, working together to improve the future of our precious profession. The names I saw or heard in journals, articles, and news came to embodiment and, lucky me, I got to interact with them in person. This meant so much to a junior trainee like myself who started to crawl before learning to walk, as I got to see what running is like. In a supportive environment like this, with so many positive contributors and distinguished achievers to look up to, whilst holding hands with peers in the same boat, "growing up to be an adult" will be fun and rewarding.

A very interesting aspect of this meeting was that everybody could find their own microniche in a larger environment of hundreds of colleagues.

As a resident, I was humbled to see the visionary initiatives and tremendous efforts of the RFS to advocate for a better future for our generation and was proud of the level of representation my peers had achieved as a result of their intelligent and hard work. The intense two-day RFS meeting gave me a great deal of insight into issues regarding Radiology training and the future of Radiology. Discussions created ideas. Ideas and hard facts were questioned, justly and knowledgeably direction by those who had gotten their hands the dirtiest. First things first, but we are all still young; so I cannot proceed without saying that the social aspect of the RFS meeting was a lot of fun!

As a resident representative of the Pennsylvania chapter, I was gently walked through the process of political activism. I did meet the celebrities, but more importantly, I met them for a purpose, which would have been impossible for me to grasp without my close interaction with the senior members of our chapter.

As a budding woman radiologist, it was inspiring to interact with female colleagues from different walks and levels of this career and to see the embodiment of the American Association for Women Radiologists.

So what next, beyond the fun and inspiration? From a resident's standpoint, I feel this is a time to form strong ties amongst us. It is important, first of all, to organize locally. For this purpose, we need to establish a Residents and Fellows Section for every state chapter. Radiologists-in-training should all be informed and welcome to register as members of each chapter's RFS on the very first day of their career and have easy access to key contacts and information regarding chapter activities and local health legislation. Regular updates should be provided to residents and fellows by visible and approachable chapter representatives in the form of local meetings and newsletters in an effort to engage fresh minds. At this time, I am pleased to announce that efforts are under way to establish a website for the Pennsylvania chapter's RFS as a first step. An awareness event for residents and fellows in Pittsburgh will also be held in the near future.

Ceylan Zeynep Cankurtaran, M.D.
University of Pittsburgh Medical Center
Pittsburgh, PA

On the threshold of my final year of residency, I left for the AMCLC in Washington preoccupied with Boards and fellowship. I returned to Philadelphia with a perspective beyond “recalls” and Aunt Minnie. The AMCLC exposed me to an entirely new curriculum, composed of critical questions and equally difficult answers: When I complete fellowship, what will radiology practices look like? How will radiologists get paid appropriately for what we do and maintain quality patient care in the middle of a healthcare fiscal crisis? What is the ACR doing to address these issues? What should individual radiologists be doing to address these issues?

Speakers such as Frank Lexa, MD, Richard Gunderman, MD, Eliot Segal, MD, and Peter Carmel, MD (a neurosurgeon and member of the AMA Board of Trustees), to name but a few, elucidated the fiscal challenges, emerging practice/business paradigms, and the “facelessness” of most radiologists. In the Residents and Fellows section, we further discussed these issues in round-table discussions.

Fellow residents, members, councilors, and leaders of the College enumerated invaluable ways that the ACR and RADPAC help to manage these issues on behalf of current and future radiologists. They discussed proposing an *Imaging Utilization Reform* in the next Medicare Bill. They heralded recent RADPAC victories, including CMS’ reversed decision to limit coverage for cardiac CTA. In addition, they introduced the new “Face of Radiology” campaign to educate the public on what radiologists are and do.

Perhaps more importantly, they catalogued the ways that individual radiologists and practices should be addressing these issues. Specifically, they emphasized maintaining “Value Added,” the quality that on-site radiologists bring to their institutions, such as patient triage, oversight of technologists, and quality control of images. They recommended that each radiologist introduce him/herself to five patients a day. They stressed upholding our role as informatics specialists. Similarly, they encouraged graduates to inquire first how a practice supports the activities of the ACR, rather than jumping to questions about salary, vacation, and Nighthawk.

Upon my return from the AMCLC meeting, I couldn’t wait to tell my fellow residents of my new perspective. They listened intently, and after further discussion, we developed residency-specific goals. We will encourage every resident to contribute annually what he/she can to RADPAC. We plan to hold yearly or bi-annual “PAC” journal clubs, in which we will review articles involving important socioeconomic and political issues for radiologists. On most rotations, we will strive to initiate five patient-interactions per day. When available, we will utilize “Face of Radiology” materials in the waiting areas. In addition, we hope to broaden our curriculum on informatics.

Although I have returned to the rigors and routine of residency and the Boards, I hold on tightly to the principles and energy that I drew from the AMCLC. It was an empowering experience that I will never forget.

Marion Brody, M.D.
Albert Einstein Medical Center
Philadelphia, PA