

ORIGINAL ARTICLE / *Interventional imaging*

Evaluating current and recent fellows' perceptions on the interventional radiology residency: Results of a United States survey

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KEYWORDS

Interventional radiology education;
Fellowship training;
Interventional radiology (IR) residency

Abstract

Purpose: To evaluate current and recent interventional radiology (IR) fellows' perceptions on the new integrated IR residency.

Materials and methods: An anonymous, web-based survey was distributed to 82 current and recent IR fellows across the United States. The survey contained 15 questions, most of which were based on a five-point Likert scale. The survey was open for a three-week period in September 2015. The results were analyzed by two trainees and three IR attending physicians. **Results:** Sixty-four current or recent former IR fellows completed the survey (response rate 78%). Of these 18% decided to pursue a career in IR by the end of their third year of medical school. A majority believed that the integrated IR residency will be an improved IR training pathway (62%). Based on current medical school curricula, 74% either disagreed or strongly disagreed that IR residency applicants will be ready to select such a pathway by the end of their third year of medical school.

Conclusions: Most current and recent IR fellows surveyed chose IR during their final year of medical school or during residency. Most respondents believe that the integrated IR residency will be an improved IR training pathway.

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Over the last five years, there has been a tremendous growth of interest in interventional radiology (IR) subspecialty training [1,2]. Currently, IR training consists of a one-year internship, four years of diagnostic radiology (DR) residency, and an additional year of IR fellowship [3]. In June of 2013, the Accreditation Council for Graduate Medical Education (ACGME) approved an integrated IR residency program that trains residents in both DR and IR, with the goal of training board-certified physicians in both disciplines [3,4]. The integrated pathway begins with a one-year internship, followed by five years of combined DR and IR training [4]. The first class for the integrated IR residency will enter training on July 1, 2017 and the traditional one-year IR fellowships will be phased out on June 30, 2020 [5].

The rationale for the change in training is that IR requires a substantial amount of patient care and clinical encounters, which have not historically been the focus of the traditional DR training. In addition, the complexity of patients and procedures is increasing, requiring more intensive training to achieve proficiency [4].

There is limited understanding of the potential reception and challenges of this new training program. Current and recent IR fellows, however, may provide unique perspectives and insights into the integrated IR residency. This information may be useful to IR educators and fellowship program directors as they adapt to the new training process, develop residency training curricula to maximize education and clinical excellence, and work to ensure that medical students are able to make appropriate IR-related career decisions within the time frame necessitated by the integrated IR residency.

The purpose of this study was to survey current and recent IR fellows about the integrated IR residency program, including if their medical student education prepared them to make a decision to pursue IR.

Materials and methods

An anonymous, web-based survey was developed and distributed via email to current and recent IR fellows across the United States. The trainee survey was given exempt status after institutional review board review. The email was sent to 82 current or recent IR fellows from three large academic institutions, and contained a link to the survey, which was created using a commercially available site that allowed subscribers to construct and analyze online surveys (Survey Monkey; Palo Alto, CA, USA).

The survey contained 15 questions, nine of which were based on a five-point Likert scale, while others contained other multiple-choice responses (Table 1). The survey was open for a three-week period in September 2015. An initial email was sent at the start of the survey period, with a follow-up email sent halfway through the study period. The results were analyzed by two trainees and three interventional radiology-attending physicians.

Calculations of percentages were performed on the data using spreadsheet software (Excel 2010; Microsoft, Redmond, WA, USA) as well as on-board analytics of the Survey Monkey platform.

Results

Eighty-two current or former IR fellows were sent the survey and 64 completed the survey (response rate 78%). Thirteen (20%) respondents were current fellows and 51 (80%) completed their IR fellowship within the past four years.

When asked at what point in their training they decided to pursue a career in IR, 2% decided by the end of medical school year one (MS1), 2% by the end of MS2, 14% by the end of MS3, 30% by the end of MS4, 4% by the end of post-graduate year 1 (PGY-1), 19% by the end of PGY-2, 19% by the end of PGY-3, 8% by the end of PGY-4, and 2% by the end of PGY-5 (Fig. 1). Based on current medical school curricula, 74% disagreed or strongly disagreed that integrated IR residency applicants will be ready to select such a pathway by the end of their third year of medical school (Table 1).

When asked if a one-year IR fellowship provides adequate time for training and preparation for practice as an IR attending, 56% strongly agreed or agreed (Table 1). When asked if the IR residency should become the primary pathway for training to become an IR physician, 59% strongly agreed or agreed (Table 1). When asked if they prefer an integrated IR residency (combined IR/DR training program and certificate) over the conventional DR residency followed by a one-year fellowship, 56% strongly agreed or agreed (Table 1).

When asked if the integrated IR residency will be an improved training pathway for interventional radiologists, 62% strongly agreed or agreed (Table 1). Twenty-two percent strongly disagreed or disagreed that they knew enough about the integrated IR residency and curricula to determine whether it will be an improvement (Table 1).

When asked if the integrated IR residency will provide adequate training in diagnostic radiology to allow for suc-

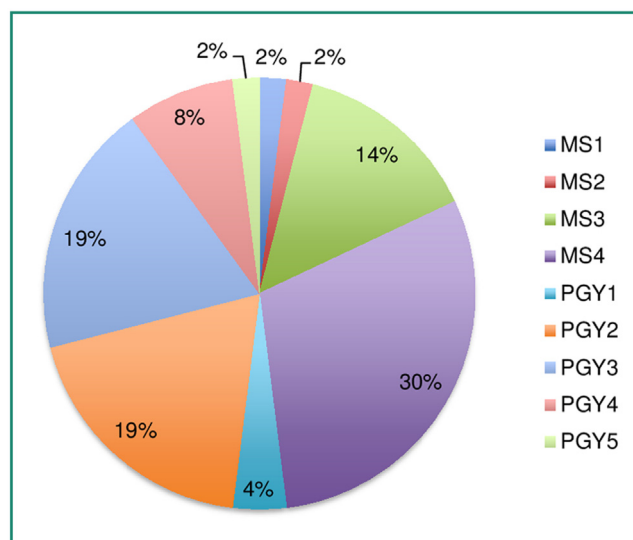


Figure 1. Graph shows timing of when interventional radiology (IR) trainees chose to pursue a career in IR. Graphical representation of survey responses when asked at what point in their training did they decide to pursue a career in IR. Eighty-two percent of respondents had not decided to pursue a career in IR by the end of their third year of medical school.

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