

Evolution of the Preliminary Clinical Year and the Case for a Categorical Diagnostic Radiology Residency

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Abstract

Purpose: While other specialties traditionally utilizing a segregated clinical internship year have slowly progressed toward integrated training curricula, diagnostic radiology has been slow to adopt this path. The aim of this study was to analyze the trends in stand-alone preliminary clinical years as well as the shift toward categorical residencies currently being undertaken in other specialties. Advantages of mimicking the trends of other specialties and current integrated radiology programs are discussed. The perception of diagnostic radiology as a competitive specialty is explored, and the prospect of change as a recruiting tool is examined.

Methods: Data assimilated by the NRMP from 1994 through 2016 were processed and analyzed.

Results: The total number of postgraduate year (PGY) 1 preliminary year programs has remained relatively constant over the past 10 years despite a gradual increase in overall NRMP applicants. The proportion of these programs offered as a transitional year declined from 31% in 1994 to 20% in 2016. The proportion of categorical anesthesiology positions gradually rose from 43% in 2007 to 70% in 2016. The fraction of categorical neurology positions increased from 30% in 2007 to 59% in 2016. The percentage of diagnostic radiology programs beginning at the PGY 1 level has been relatively constant at 12% to 14% since 2007. Dermatology has increased advanced (PGY 2) positions while decreasing categorical (PGY 1) positions. Those matching in diagnostic radiology have performed at a high level compared with the composite NRMP average since 2007. In the 2015 match, there were 65 diagnostic radiology programs that did not fill all of their offered positions. Of the institutions housing these programs, only 22% of them had preliminary internal medicine or transitional year positions available after the match.

Conclusions: In response to the evolving nature of health care and graduate medical education, other specialties are gradually shifting toward curricular structures that begin at the PGY 1 level. By considering such a transition, diagnostic radiology would be well served to position itself as a valuable clinical specialty while maintaining a lesser dependence on other specialties to train its physicians.

Key Words: ABR, ACGME, categorical residency, clinical internship, NRMP, preliminary year, radiology residency, transitional year

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INTRODUCTION

For the past 20 years, residents pursuing diagnostic radiology training have participated in a required year of nonradiology clinical training, which, as of the most recent ABR initial certification criteria [1] and 2016 ACGME program requirements [2], must exist under the umbrella of ACGME oversight. Although there are rare exceptions, such as the integrated clinical year at the

University of New Mexico [3], diagnostic radiology trainees routinely complete this clinical year as a preliminary year before the onset of diagnostic radiology residency, either as a distinct internship or as the first year of a categorical diagnostic radiology residency. When undertaken separately, this training may be completed as a transitional year or as a single preliminary year in a clinical specialty such as general surgery or internal medicine [2]. This clinical year need not be supervised by radiologists or diagnostic radiology departments and in many cases occurs at different institutions from the eventual diagnostic radiology training program. Diagnostic radiology is not unique in this training model. Other specialties, including anesthesiology, dermatology, neurology, ophthalmology,

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physical medicine and rehabilitation, and urology, have used similar “one-plus” curricular models in recent years. Emergency medicine programs may be either three years or four (one plus three) years in length [4], but the National Resident Matching Program (NRMP) has not reported a program matching new residents at the postgraduate year (PGY) 2 level in the five most recent cycles [5]. PGY 2 programs have represented less than 2% of psychiatry programs in the NRMP since 2003 [6].

Alterations to the landscape of residency training have occurred in recent years, including duty-hour restrictions, shifting training priorities among sponsoring clinical specialties, and fluctuating competitiveness of programs admitting residents at the PGY 2 level. At least one specialty, orthopedic surgery, has reacted to such changes by significantly altering PGY 1 training requirements including increasing the number of rotations dedicated to the care of orthopedic patients from three to six months and mandating surgical skills curriculum [7].

Diagnostic radiology residency programs and sponsoring transitional and preliminary year training programs have subsisted in this symbiotic relationship despite the complicated nature of these separate application processes and the inconvenience of having to match into two programs simultaneously. Such a mutualistic scenario, however, benefits diagnostic radiology only if ACGME-accredited preliminary year training programs are available for would-be radiology trainees. A steady decline in the number of applicants ranking diagnostic radiology as a specialty was outlined in 2014 [8], and in 2015 this trend continued, resulting in 137 unfilled advanced PGY 2 positions with only 123 preliminary medicine and 52 transitional year slots remaining open after the match [5].

In examining the current circumstances in radiology training within an evolving health care climate, I sought to outline patterns in the use of the PGY 1 year among other specialties while examining the ramifications that these trends may have on diagnostic radiology in the future.

METHODS AND MATERIALS

An analysis of publicly available data was performed using information provided by the NRMP [6]. The total numbers of transitional year, preliminary medicine, and preliminary surgery positions per year are shown in Figure 1. Preliminary year positions in obstetrics and gynecology and pediatrics were described in years after 2010, but these slots represented less than 2% of all preliminary year positions and were excluded from the figure.

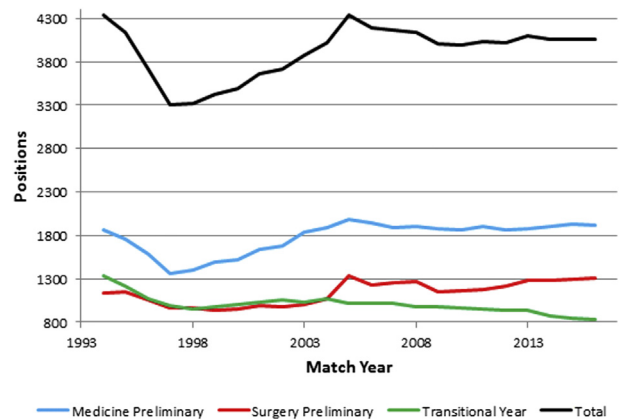


Fig 1. Dedicated clinical year positions offered in the National Resident Matching Program in internal medicine, surgery, and transitional year since 1994.

The number of PGY 1 and PGY 2 positions for anesthesiology, dermatology, diagnostic radiology, neurology, and physical medicine and rehabilitation were extracted in the same manner as described previously, with the results described in Figure 2. The results are expressed as a percentage of total positions offered at the PGY 1 level for each specialty from 2007 through 2016. Positions designated for applicants with prior medical training were excluded.

United States Medical Licensing Examination (USMLE) performance statistics were obtained from current and archived NRMP data [6,9]. USMLE Step 1 averages for diagnostic radiology, anesthesiology, and pediatrics (2005, 2007, 2009, 2011, and 2014 match years) as well as the NRMP average (not published in 2005) are depicted in Figure 3.

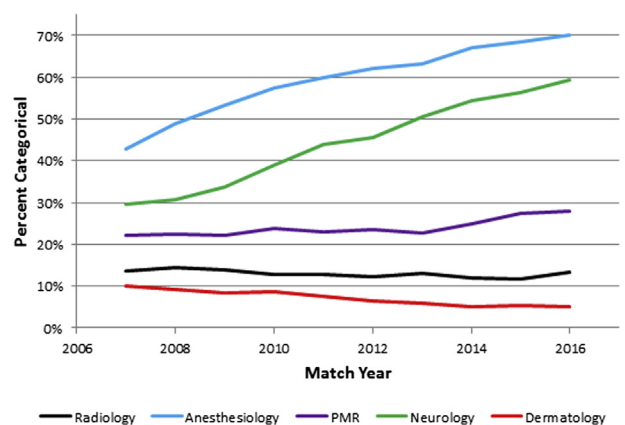


Fig 2. Percentage of all programs beginning at the postgraduate year (PGY) 1 level in anesthesiology, neurology, physical medicine and rehabilitation (PMR), diagnostic radiology, and dermatology.

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