

Challenges Facing the Mature Radiologist: A Guide

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Radiologists who are chronologically advanced (or mature, as the authors prefer to call them) are faced with many special issues, obstacles, and opportunities. These are in many ways unique and different from the circumstances involving those who are recently out of training or in midcareer. The authors discuss some of these circumstances. They look at the challenges facing mature radiologists through the prism of considerable personal experience, and they hope to offer some insight and suggestions as to how one might respond to these issues.

Key Words: Mature radiologists, technological innovations, radiologist skill sets, productivity, impairment, night call, age discrimination, maintenance of certification, exit strategies

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INTRODUCTION

“Eighty is the New Fifty,” proclaimed Daniel Gross [1] in *Newsweek*:

Our culture relentlessly celebrates youth. But in the corporate world, 80 is the new 50. Otto von Bismarck established in Germany the world’s first social-welfare system, and he chose 70 as an age that people were so enfeebled and disabled that they couldn’t work. In 1916, Germany reduced the age to 65. As they have moved through life, boomers have altered the societal attitudes, and it is likely that acceptance of older workers will grow.

Technological advances in the specialty of radiology (fortunately for radiologists) are continually occurring, and adapting to these advances for the betterment of patient care is essential. This is an awesome challenge for all of us. For the chronologically advanced or mature radiologist, this continual evolution of our specialty presents a new set of issues, imposes daunting obstacles, and provides opportunities. We propose to discuss these and other issues facing mature radiologists and, by necessity, their younger colleagues. We are all qualified (by age, if not by actions) to be considered “mature.” Collectively, we have more than 90 years of experience (and perhaps a

small modicum of wisdom) in the private practice of radiology, and we have had active involvement in teaching, educating, and consulting.

We look at several key challenges through the prism of personal experience (and perhaps with a twinge of unintended bias), but we hope to offer some insight and make concrete suggestions as to how one might constructively respond.

TECHNOLOGICAL INNOVATIONS (UNPLANNED OBSOLESCENCE)

Although there is substantial (and at times heated) debate on the issue of general radiology vs subspecialization, it is our strong belief that it is becoming increasingly difficult (if not impossible) for any single radiologist to remain highly proficient in all areas of our specialty [2]. To be sure, general radiologists still exist and continue to play a vital role in health care in many geographic areas [3]; however, if we are to continue as a vibrant specialty, we must provide added value that is becoming more challenging to achieve for any generalist, particularly one practicing in a competitive urban environment.

Not only is it increasingly difficult to remain up-to-date with technologies learned during residency and training, but for many mature radiologists, the development and implementation of new technologies presents a special challenge because much of what we are asked to do did not exist during our residencies. Nuclear medicine was gaining widespread use in the 1960s; ultrasound evolved as a clinically useful tool in the late 1960s and early to mid-1970s; computed tomography became commercially available in the mid-1970s, first for use in the head and then later for body applications; and in the

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1980s and 1990s, magnetic resonance imaging emerged and evolved. Now we routinely perform computed tomographic angiography and magnetic resonance angiography; we have 3-D workstations for computed tomography, magnetic resonance imaging, and ultrasound; we are incorporating positron emission tomography and positron emission tomographic/computed tomographic (and, in the near future, positron emission tomographic/magnetic resonance) fusion techniques into our practices; and, in addition to everything else, we use radiology information systems, picture archiving and communication systems, voice recognition, and digital mammography. It never ends. On the horizon, there is molecular imaging, magnetoencephalography, optical imaging, and service-oriented architecture.

Most radiologists have kept up with these advances in technology through on-the-job training, journals, meetings, and courses. Some have not, and these radiologists have become more “niche players” in their practices. Human nature tends to resist change. After reimbursement policy, physician resistance may be the biggest barrier to the implementation of new modalities and techniques. Quality of life and money are the key motivators to any change in the culture of radiology; the adoption of new technology is not an exception to this rule.

Newly trained and certified radiologists just out of residency or fellowship tend to be more comfortable with these newer modalities, and they may resent the apparent technological deficiencies of many mature radiologists. They may see older radiologists as liabilities, either unwilling or unable to carry a full load. In our experience, productivity does not seem to be an issue for mature radiologists, but older practice members must be prepared to deal with the onslaught of new information and new technology.

The first step in staying current with these advances is to become computer literate. You cannot practice 21st-century radiology without computer skills that permit you to manipulate studies, communicate with referring physicians and radiology group colleagues, and perform online computer searches. Becoming computer literate is not that difficult a task. A quick way to achieve this literacy is to take computer classes and read simple introductory computer texts.

Continuing medical education is imperative for any radiologist, but it is particularly vital for mature radiologists. If you are in a practice environment that demands multiple skill sets and diversity, then you have no choice but to learn the newer modalities. If you have the luxury of practicing in an academic or private group with most or all subspecialty radiologists, it is imperative to stay current in your chosen subspecialty (or subspecialties). Educational programs (on-site or online), clinical journals, textbooks, and video education are

all part of a radiologist’s educational opportunities; hands-on simulation (such as that available at the ACR Education Center™) is the wave of the future. Radiologists cannot afford to allow their skill sets to slip, and no practice can afford not to have a policy to deal with eroded or missing radiology skills [4].

DEMANDS FOR INCREASED PRODUCTIVITY (HAMSTER WHEEL)

Citius, altius, fortius—the Olympic motto meaning “Faster, higher, stronger”—can be applied to modern radiology as “More patients, more examinations, more series, sequences, and images per examination.” It’s not getting easier for radiologists; in fact, the opposite is true. Between 1991 and 2003, the number of relative value units increased by approximately 25%, while the number of radiologists increased by about 2% to 3% [5].

The expectations of our hospitals, of referring physicians, and of their patients for immediate and accurate imaging services around the clock have also grown. How does any radiologist, especially a mature imager, keep up with the demand? Only two possibilities exist: more hours on the job and less time spent per examination. Many radiologists choose to arrive earlier or stay later, or both. These are not popular solutions.

Increasingly, radiologists are using productivity enhancement techniques to decrease the time spent per procedure. Picture archiving and communication systems and radiology information systems help; voice recognition and structured reporting may help (after the learning curve); and 3-D volume rendering and interpretation may be the solution to the advantage or problem of so many more 2-D slices and images. Simple “common-sense” suggestions can increase productivity and elevate morale. Avoid personal phone calls while at work. Forget about the condo you are buying in Colorado; the new wood floors being installed in your home will be fine, so check on them after work, not during. Finally, “surfing the Web” (usually, but not exclusively, an affliction of younger rather than mature radiologists) should be limited to diagnostic searches. Few things are more demoralizing for an overworked radiologist of any age than looking up and seeing a partner surfing the Web or “instant messaging” a friend on a non-work-related topic.

PHYSICAL LIMITATIONS (VISUAL AND HEARING IMPAIRMENTS, AND MORE)

Decreased visual acuity is common with aging. Perception may diminish as a result. A darkened reading room may result in better detection of radiographic abnormalities. Mature radiologists may require reading glasses and may feel the need to work in an environment with low or moderate ambient light to read x-ray requests. Younger

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