






APDR Radiology Residency Restructuring Survey - 9/07





1. Which of the following best describes your practice?

	Response Percent	Response Count
Academic Practice 	85.8%	145
Solo Practice	0.0%	0
Private Practice (in hospital) 	15.4%	26
Private Practice (outside hospital) 	1.2%	2
answered question		169
skipped question		4

2. Do you directly participate in radiology residency training?

	Response Percent	Response Count
Yes 	98.2%	166
No 	3.0%	5
answered question		169
skipped question		4

3. In what capacity are you involved in radiology resident training?

	Response Percent	Response Count
Chair of Department 	8.5%	12
Program Director 	79.6%	113
Associate or Assistant Program Director 	11.3%	16
Resident Mentor 	9.2%	13
Other (please specify)		24
answered question		142
skipped question		31

4. Regarding Radiology Residency Training:

	completely agree	agree	neutral	disagree	completely disagree	Response Count
The structure of the radiology residency as it exists today (1 year clinical + 4 years general radiology) should remain the same	17.1% (28)	28.0% (46)	16.5% (27)	28.7% (47)	9.8% (16)	164
Most radiology residents receive only superficial training in most subspecialty areas of radiology	3.0% (5)	25.6% (42)	15.9% (26)	47.0% (77)	8.5% (14)	164
Graduating residents who are trained in all areas, but who have approximately four "areas" of more in-depth training is a good idea	6.7% (11)	43.6% (72)	21.2% (35)	23.0% (38)	5.5% (9)	165
					answered question	165
					skipped question	8

5. Regarding Radiology Residency Training:

	completely agree	agree	neutral	disagree	completely disagree	Response Count
To graduate residents who are competent in all areas of diagnostic and interventional radiology should be our goal	19.6% (32)	44.8% (73)	10.4% (17)	22.7% (37)	2.5% (4)	163
There is not enough time during training to accommodate adequate education of residents in all of the new subspecialty advances, for example molecular imaging and/or imaging informatics	23.3% (38)	43.6% (71)	9.2% (15)	20.2% (33)	3.7% (6)	163
Most residents have inadequate time to devote to radiology research during residency	28.2% (46)	38.0% (62)	13.5% (22)	17.2% (28)	3.1% (5)	163
					answered question	163
					skipped question	10

6. Regarding the Radiology Clinical Year:

	completely agree	agree	neutral	disagree	completely disagree	Response Count
A clinical experience of some length is of value to radiology resident education	36.8% (60)	39.3% (64)	9.8% (16)	9.2% (15)	4.9% (8)	163
The clinical experience is especially important for radiology residents to learn essential communication and professionalism skills	31.3% (51)	27.6% (45)	13.5% (22)	19.0% (31)	8.6% (14)	163
A year of clinical experience is too long	24.5% (40)	22.7% (37)	12.3% (20)	26.4% (43)	14.1% (23)	163
					answered question	163
					skipped question	10

7. Regarding the Radiology Clinical Year:

	completely agree	agree	neutral	disagree	completely disagree	Response Count
The clinical year and the radiology residency should be at the same institution	11.7% (19)	23.3% (38)	34.4% (56)	22.7% (37)	8.0% (13)	163
All radiology residents across the country should have a similar clinical experience	6.1% (10)	23.3% (38)	26.4% (43)	36.8% (60)	7.4% (12)	163
The clinical year should be designed and managed by radiology training programs	11.1% (18)	24.7% (40)	22.8% (37)	30.2% (49)	11.1% (18)	162
The clinical year is best managed by dedicated clinical services (internal medicine, surgery, etc.)	12.3% (20)	36.4% (59)	21.6% (35)	24.1% (39)	5.6% (9)	162
					answered question	163
					skipped question	10

8. Regarding the Radiology Clinical Year:

	completely agree	agree	neutral	disagree	completely disagree	Response Count
Radiology residents should have broad exposure to several clinical specialties	15.4% (25)	53.7% (87)	19.8% (32)	9.3% (15)	1.9% (3)	162
Residents should have dedicated pathology training prior to beginning radiology residency	6.8% (11)	14.2% (23)	27.2% (44)	40.7% (66)	11.1% (18)	162
Residents should have exposure to radiology during the clinical year	16.0% (26)	46.9% (76)	19.1% (31)	14.8% (24)	3.1% (5)	162
						answered question 162
						skipped question 11

9. Regarding the Radiology Clinical Year:

	completely agree	agree	neutral	disagree	completely disagree	Response Count
Smaller programs will be unable to incorporate a clinical year into their training programs (ie. at the same institution)	15.1% (24)	38.4% (61)	28.3% (45)	15.7% (25)	2.5% (4)	159
The preliminary clinical year should be dissolved, with dedicated clinical experiences integrated throughout the radiology residency	18.1% (29)	19.4% (31)	11.9% (19)	30.0% (48)	20.6% (33)	160
Shortening the required clinical year should be considered by the ACGME and ABR to allow for more time to train residents in radiology	33.1% (53)	23.1% (37)	10.6% (17)	20.6% (33)	12.5% (20)	160
						answered question 161
						skipped question 12

10. Regarding the Radiology Clinical Year:

	True	False	Response Count
If the clinical year were incorporated into Radiology, there would be GME funding issues at my institution	59.2% (93)	40.8% (64)	157
If the clinical year were incorporated into Radiology, there would be funding issues in my radiology department	66.0% (103)	34.0% (53)	156
clinical services at my institution depend on matching radiology residents into preliminary/transitional years	32.9% (52)	67.1% (106)	158
		<i>answered question</i>	158
		<i>skipped question</i>	15

11. The best length for the radiology resident clinical experience is:

	Response Percent	Response Count
3 months <input type="checkbox"/>	4.8%	7
6 months <input type="checkbox"/>	35.2%	51
1 year <input type="checkbox"/>	46.2%	67
no clinical experience should be required <input type="checkbox"/>	13.8%	20
	Other (please specify)	22
	<i>answered question</i>	145
	<i>skipped question</i>	28

12. Regarding the Proposed 3+2 Program:

	completely agree	agree	neutral	disagree	completely disagree	Response Count
Two years of subspecialty training would serve as a replacement for the traditional fellowship	24.1% (38)	43.7% (69)	10.1% (16)	15.8% (25)	6.3% (10)	158
The 3+2 program should be standardized across all radiology residency training programs	8.3% (13)	15.3% (24)	24.8% (39)	30.6% (48)	21.0% (33)	157
The 3+2 program works well for larger programs	21.5% (34)	41.8% (66)	22.2% (35)	9.5% (15)	5.1% (8)	158
The 3+2 program works well for programs whose residents tend to stay at that institution for fellowship	24.2% (38)	47.1% (74)	18.5% (29)	6.4% (10)	3.8% (6)	157
						answered question 158
						skipped question 15

13. Regarding the Proposed 3+2 Program:

	completely agree	agree	neutral	disagree	completely disagree	Response Count
The 3+2 program should be elective and not mandatory	30.6% (48)	42.0% (66)	12.1% (19)	11.5% (18)	3.8% (6)	157
My program could easily convert to a 3+2 format	9.0% (14)	26.5% (41)	12.9% (20)	29.7% (46)	21.9% (34)	155
My program will not have the subspecialty expertise to offer a 3+2 format	12.2% (19)	9.6% (15)	15.4% (24)	42.3% (66)	20.5% (32)	156
Timing the ABR examinations for residents in a 3+2 program will be more difficult	14.6% (23)	41.4% (65)	15.9% (25)	16.6% (26)	11.5% (18)	157
						answered question 157
						skipped question 16

14. Regarding the Proposed 3+2 Program:

	completely agree	agree	neutral	disagree	completely disagree	Response Count
Mandated subspecialty training at the same institution as the general radiology training is a good idea	3.2% (5)	16.8% (26)	20.0% (31)	41.9% (65)	18.1% (28)	155
Restructuring the radiology residency to allow for increased subspecialty experience will have a disproportionate negative effect on smaller programs	25.2% (39)	54.8% (85)	14.8% (23)	5.2% (8)	0.0% (0)	155
Most applicants applying to residency do not have enough information to make decisions about subspecialty training	51.3% (79)	40.3% (62)	5.2% (8)	3.2% (5)	0.0% (0)	154
					answered question	155
					skipped question	18

15. Regarding the Proposed 3+2 Program:

	completely agree	agree	neutral	disagree	completely disagree	Response Count
The 3+2 program would negatively affect after-hours resident call coverage	14.8% (23)	25.2% (39)	30.3% (47)	23.9% (37)	5.8% (9)	155
There would be CMS reimbursement issues	14.6% (22)	33.1% (50)	37.1% (56)	10.6% (16)	4.6% (7)	151
There would be GME funding issues at my institution	17.6% (27)	41.2% (63)	24.2% (37)	11.8% (18)	5.2% (8)	153
There would be departmental funding issues at my institution	15.0% (23)	37.9% (58)	29.4% (45)	13.1% (20)	4.6% (7)	153
					answered question	155
					skipped question	18

16. Regarding the Proposed 3+2 Program:

	completely agree	agree	neutral	disagree	completely disagree	Response Count
A combination of 6 months clinical experience, 3 years diagnostic training, and 1 1/2 years of subspecialty training is an acceptable alternative	15.0% (23)	35.9% (55)	19.0% (29)	22.2% (34)	7.8% (12)	153
						answered question 153
						skipped question 20

17. Another alternative might be (Optional):

	Response Count
	40
	answered question 40
	skipped question 133

18. Besides the traditional subspecialties, "Subspecialty Area" options For Residents Should Include:

	True	False	Response Count
Radiology Research	79.1% (121)	20.9% (32)	153
Radiology Education	68.2% (103)	31.8% (48)	151
Radiology Administration	58.0% (87)	42.0% (63)	150
Imaging Informatics	76.0% (114)	24.0% (36)	150
		Other (please specify)	8
			answered question 154
			skipped question 19

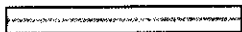
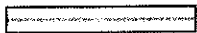

19. Assuming no changes in the structure of radiology residency training:

	completely agree	agree	neutral	disagree	completely disagree	Response Count
The timing of the ABR Oral Board Examination should remain the same	27.1% (42)	12.3% (19)	12.3% (19)	29.0% (45)	19.4% (30)	155
The ABR Oral Board Examination should be taken after residency is completed	29.0% (45)	31.0% (48)	11.0% (17)	12.9% (20)	16.1% (25)	155
The "frenzy" surrounding studying for the Oral Board Examination is a problem at my institution	39.1% (61)	28.2% (44)	12.8% (20)	11.5% (18)	8.3% (13)	156
Preparation for the ABR Oral Exam is necessary for residents to become competent radiologists by the end of training	26.9% (42)	34.0% (53)	9.6% (15)	21.2% (33)	8.3% (13)	156
					answered question	155
					skipped question	18

20. Assuming restructuring of radiology residency training to a 3+2 program:

	completely agree	agree	neutral	disagree	completely disagree	Response Count
The timing of the ABR Oral Board Examination should remain the same (in the last year of training)	18.8% (29)	18.8% (29)	11.0% (17)	29.2% (45)	22.1% (34)	154
The ABR Oral Board Examination should be taken after training is completed	27.5% (42)	34.0% (52)	8.5% (13)	16.3% (25)	13.7% (21)	153
The "frenzy" surrounding studying for the Oral Board Examination would detract from necessary subspecialty training	33.1% (51)	33.1% (51)	11.0% (17)	16.9% (26)	5.8% (9)	154
Residents should still be required to take all sections of the exam	38.3% (59)	37.0% (57)	7.8% (12)	10.4% (16)	6.5% (10)	154
The ABR Oral Exam should be modified to test the resident only in subspecialty areas	5.2% (8)	15.6% (24)	7.8% (12)	36.4% (56)	35.1% (54)	154
					answered question	154
					skipped question	19

21. The most appropriate timing of the ABR Oral Board Examination is:

		Response Percent	Response Count
During the last year of training		41.3%	62
In the year after residency training is completed		33.3%	50
Two years out		27.3%	41
		Other (please specify)	9
		answered question	150
		skipped question	23

22. Regarding the Future of Radiology (5-10 years from now):

	completely agree	agree	neutral	disagree	completely disagree	Response Count
Application for radiology residencies will remain very competitive	34.4% (53)	53.2% (82)	8.4% (13)	3.9% (6)	0.0% (0)	154
There will be a national shortage of radiologists	25.3% (39)	37.0% (57)	25.3% (39)	11.0% (17)	1.3% (2)	154
Recruitment of the best and the brightest medical student applicants to Radiology will necessitate restructuring the residency program	13.1% (20)	18.3% (28)	28.8% (44)	30.1% (46)	9.8% (15)	153
						answered question 154
						skipped question 19

23. Regarding the Future of Radiology (5-10 years from now):

	completely agree	agree	neutral	disagree	completely disagree	Response Count
Referring providers and patients will demand radiologist subspecialty expertise	32.9% (50)	47.4% (72)	9.9% (15)	8.6% (13)	1.3% (2)	152
Subspecialty radiology expertise will be necessary to maintain "turf"	40.8% (62)	42.8% (65)	7.9% (12)	7.9% (12)	0.7% (1)	152
Subspecialty training will be important to most residents	34.2% (52)	52.6% (80)	10.5% (16)	2.6% (4)	0.0% (0)	152
Referring providers will demand subspecialty expertise on all after-hours exams	19.7% (30)	36.2% (55)	20.4% (31)	21.1% (32)	2.6% (4)	152
					answered question	153
					skipped question	20

24. Regarding the Future of Radiology (5-10 years from now):

	completely agree	agree	neutral	disagree	completely disagree	Response Count
General diagnostic training will be important to most residents	35.3% (54)	52.3% (80)	5.9% (9)	6.5% (10)	0.0% (0)	153
Radiology on-site coverage for small hospitals in rural areas will be at risk or extinct	16.7% (25)	49.3% (74)	16.0% (24)	15.3% (23)	2.7% (4)	150
The majority of sub-specialty trained radiologists will still read general radiology	22.9% (35)	52.9% (81)	9.8% (15)	14.4% (22)	0.0% (0)	153
Teleradiology will make subspecialty expertise broadly available to all medical centers	22.2% (34)	52.9% (81)	14.4% (22)	9.2% (14)	1.3% (2)	153
All radiology practices will use teleradiology	19.0% (29)	45.8% (70)	17.6% (27)	16.3% (25)	1.3% (2)	153
					answered question	153
					skipped question	20

25. Regarding the Future of Radiology (5-10 years from now):

	completely agree	agree	neutral	disagree	completely disagree	Response Count
With a projected shortage of all physicians in 10-15 years, having a broad educational base in radiology will be advantageous	30.3% (46)	55.3% (84)	9.2% (14)	4.6% (7)	0.7% (1)	152
Non-radiology specialists who perform imaging exams will force a reduction in the number of radiologists needed in some areas	4.6% (7)	39.7% (60)	21.2% (32)	30.5% (46)	4.0% (6)	151
Radiologist physician extenders will be the "norm"	7.2% (11)	38.8% (59)	30.9% (47)	19.7% (30)	3.3% (5)	152
Radiologist physician extenders will force a reduction in the number of radiologists needed in some areas	4.6% (7)	23.0% (35)	25.0% (38)	40.1% (61)	7.2% (11)	152
					answered question	151
					skipped question	22

26. As radiology educators prepare to train residents for the future needs of our specialty (10 years), what is your prediction for radiologist needs in the following areas:

	significant increased need	increased need	no change	decreased need	significant decreased need	Response Count
general ultrasound	6.9% (10)	40.7% (59)	37.9% (55)	13.1% (19)	1.4% (2)	145
obstetric ultrasound	5.5% (8)	17.1% (25)	37.7% (55)	34.2% (50)	5.5% (8)	146
musculoskeletal imaging	19.9% (29)	56.2% (82)	20.5% (30)	2.7% (4)	0.7% (1)	146
interventional radiology	12.3% (18)	43.2% (63)	23.3% (34)	18.5% (27)	2.7% (4)	146
pediatric imaging	18.5% (27)	45.9% (67)	34.9% (51)	0.7% (1)	0.0% (0)	146