

**APDR Round Table 2/24/2022 Summary: AIRP new hybrid format: a discussion of benefits and challenges**

Panelists:

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Physician-in-Chief  
ACR Institute for Radiologic Pathology (AIRP)

Maria Manning, MD  
Associate Physician-in-Chief  
ACR Institute for Radiologic Pathology (AIRP)

Max P. Rosen MD, MPH  
Chair  
UMass Memorial Medical Center

John Heymann, MD  
PD  
UTMB Galveston Texas

Rustain Morgan, MD  
PD  
University of Colorado

Donald J. Flemming, MD  
PD  
Penn

Taylor Pomeranz, MD  
Former Chief Resident  
Penn

Daniel Howard, DO  
Chief Resident  
URMC Rochester

AIRP Perspective:

- Initial plan after covid was for AIRP to return to full in person however after concerns were raised by the AIRP advisory committee the ACR/AIRP sent out a survey to those who attended the course virtually
  - o 40% of residents said they learn best in person
  - o 94% of academic chairs favored return to some in person course
- Chose to offer 3 virtual courses and 2 in person courses (60%:40%)
- Literature from the pandemic showed that residents prefer at least some in person learning component
- Streaming education models showed diminished experience and quality for those streaming
- National meetings have returned to in person (RSNA, AUR)
- Faculty are teaching on site and in person

- Accountability
  - o Zoom log in and tune out
  - o Difficult to capture audience engagements (cameras no required)
- Benefit of in person
  - o Morale/wellness
  - o Intro to ACR
  - o Networking with residents and faculty
  - o Bonding with prior generations of radiologists who experiences AIRP in person
  - o Virtual networking attempts have failed previously
- More teacher satisfaction within person
  - o Helps with recruitment and retention of teachers and improved course content
- Disadvantages to in person
  - o Cost
  - o Convenience
  - o Residents do not want in person (but residents do not always know what they need to know) [Krischner, PA et al. Do learners really know best? Urban legends in education. Educational Psychologist, 48(3), 169-183.]
- Agree there always needs to be some virtual option but feel the in-person option should also be available and residents encouraged to go and allow them to see the benefits

Dr. Max Rosen (chair in favor of in person and willing to fund residents to go in person)

- In person allows for Q&A of faculty at AIRP
- Different from the now routine zoom learning
- Blocks focused time to devote to learning during the program (no multitasking on zoom)
- Facilitates professional networking
- Virtual option still available for those that are unable to make the in-person trip
- Supporting funding for the in-person course could differentiate residency programs to applicants (residents may want a program that funds the option to go in person)
- Allows residents to attend a course that works best with their learning style

Dr. John Heymann PD at UTMB Galveston Texas (speaking for the chair)

- From a speaker perspective in person meeting is better
- Favors virtual format for AIRP
- Learning styles are shifting – newer generations have shorter attention spans and learn differently (back-to-back hour-long lectures for a full month is not meshing with that)
- Virtual allows you to go at your own pace and take breaks
- Virtual option needed for parents
- No way to track accountability in person or virtually 100% of the time
- Chair had doubts about funding an in-person option when there is a virtual option without cost
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Dr. Donald Fleming (PD Penn State)

- In-favor of in person format
- Lecturer for AIRP himself
- Benefit to the lecturers when it is in person
- Social creatures and we benefit from being around other people (concert vs live album)
- When you pay for the in-person option is committing to it is important to be in-person and critical to radiology learning
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Dr. Rustain Morgan (PD U Colorado)

- Favors all AIRP sessions be virtual
- Asked prior residents if they would have attended in person if there was a virtual option and all said no (most did not have families)
- Costs > \$4000 (not including course registration)
- East coast bias (easier for people on the east coast to still attend and commute to see family not true for Midwest and West Coast)
- Having to force residents to attend the in-person option since all want virtual but cannot send all to virtual course due to staffing issues since only offered 3 months – burden is not equal on all residents
- Struggles to justify to a resident that they need to leave their family bc they drew the straw to go in person
- Not fair some need to use their education fund (almost all of it) for AIRP while others do not bc they can go virtual
- Residents are upset that not everyone can go to virtual, some even asking to switch to a non-AIRP rad path course that is all virtual so that they can all attend virtually
- Would like an in-person option for 1 or 2 sessions with a virtual option for all sessions

Dr. Daniel Howard (former Chief resident from U Rochester)

- Participated in virtual AIRP
- Feels missed out on most of the interpersonal interactions that were the normal during residency thus far
- Interacting with faculty and getting advice (academic and career)
- Being able to directly ask a question about content of lectures
- Engagement lower in the virtual format and lots of distractions at home
- Being in person allows you to isolate in education among your peers without distraction
- Technical glitches with virtual
- Got a lot out of RSNA in-person

Dr. Taylor Pomeranz (former chief resident at U Penn)

- Advocate for all virtual sessions
- Not equivalent to other conferences (RSNA) bc those are 4-5 days long and AIRP is an entire month
- In her class there are lots of parents 12 of 17 have small kids and do not plan to go to AIRP if it was only offered in person
- financial burden of relocating for a month plus other costs associated with leaving your home
- in person learning maybe better but not all types are.... didactic in person and didactic virtual are the same...in person engaged active learning and reviewing cases live are better than virtual
- would like more case reviews at AIRP and less purely didactic lectures
- do not need to travel to AIRP to network and socialize
- scheduling nightmare for coverage if all residents attend the 3 virtual sessions

Q&A

- for equity and inclusion reasons we always should have a virtual option
- can there be a synchronous in-person and virtual session? - per AIRP cannot be done bc of time zones and need for concurrent lectures, streaming lecture could be done but experience will be very different for virtual attendings. More case based and interactive lectures are harder on zoom and they want to change more toward this format. The virtual and in-person courses are not the same thus cannot be run at the same time

- choose dates that are best to be in DC
- Dates: July 25-Aug 19 2022 virtual, Sept 12- Oct 7 2022 In-person, Oct 17 – Nov 11 2022 virtual, February 6- march 3 2023 virtual, and March 13- Apr 7 2022 in-person
- Going to try a streaming option in the March/April course
- AIRP wants to be accessible to everyone thus they agree having a virtual option is crucial
- AIRP thinking of 1 in person and 3 virtual to help alleviated scheduling issues
- International attendees like to attend in-person, so AIRP needs to accommodate that
- AIRP wants to make sure that residents are making an informed choice of in person or virtual
- Suggested that AIRP create a promotional video for residents to view before they make their decision with testimonials from people that found benefits of attending in-person to inform them
- Suggestion in the chat to have 1 week in person and 3 weeks virtual for each course