

The 2020 APDR Survey Results

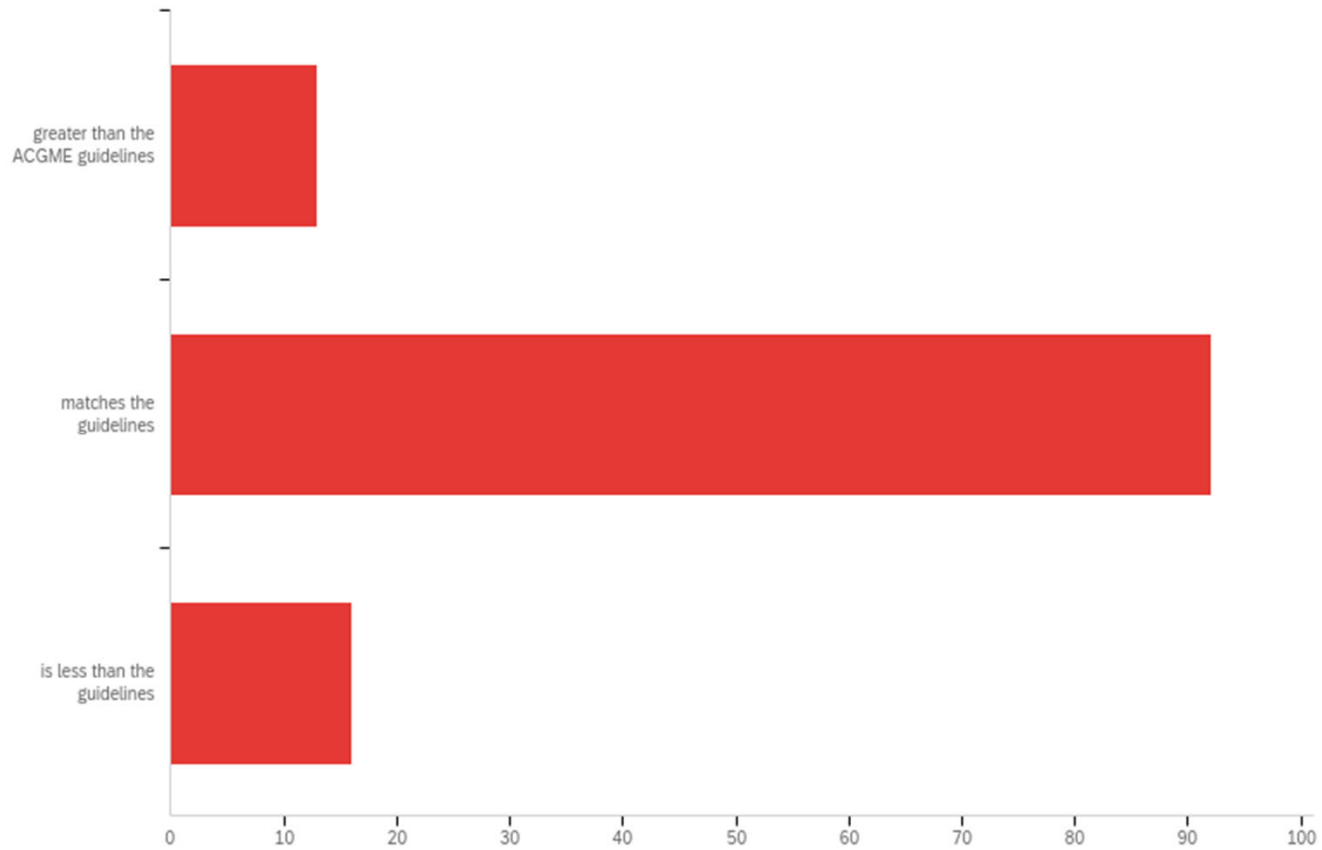
Major Themes

Outline

- Five themes from the survey with illustrative graphs
- Summary of what members want from the APDR
- Summary of perceived threats to Radiology Residency Training

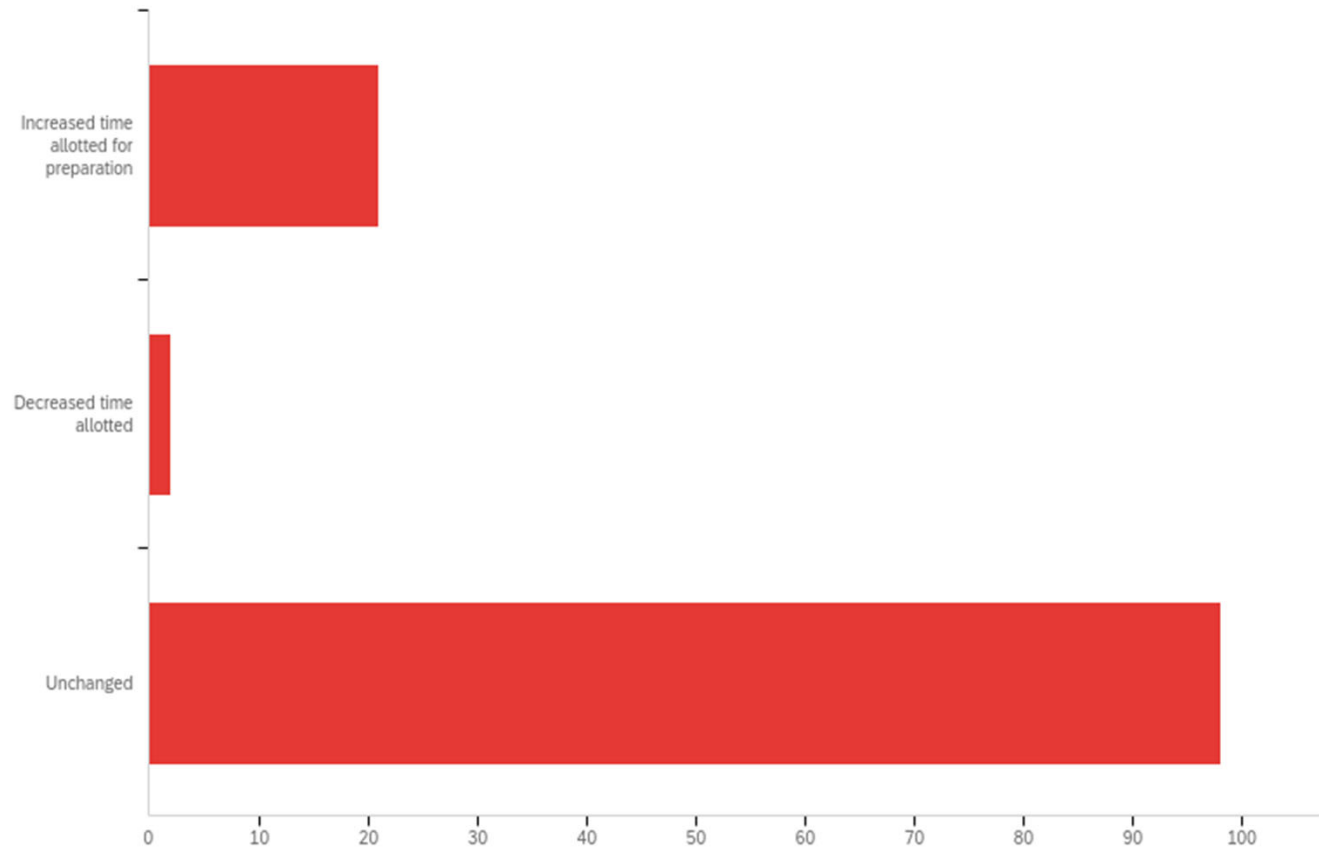
1. Protected Time for PD/APD

q7 - Relative to the ACGME guidelines, the combined protected FTE for the PD and APD in your program is:

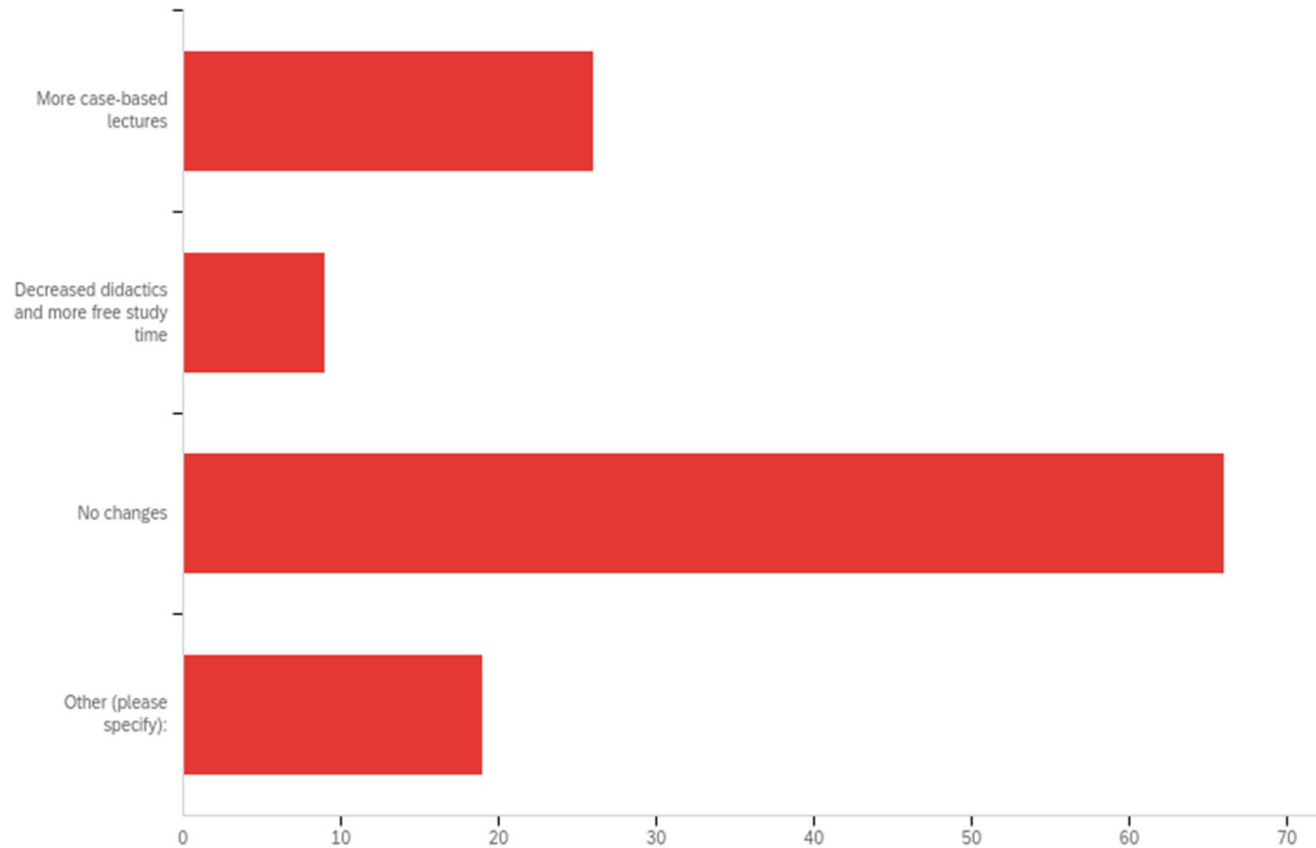


2. Core-Exam Fail Rate and Curriculum

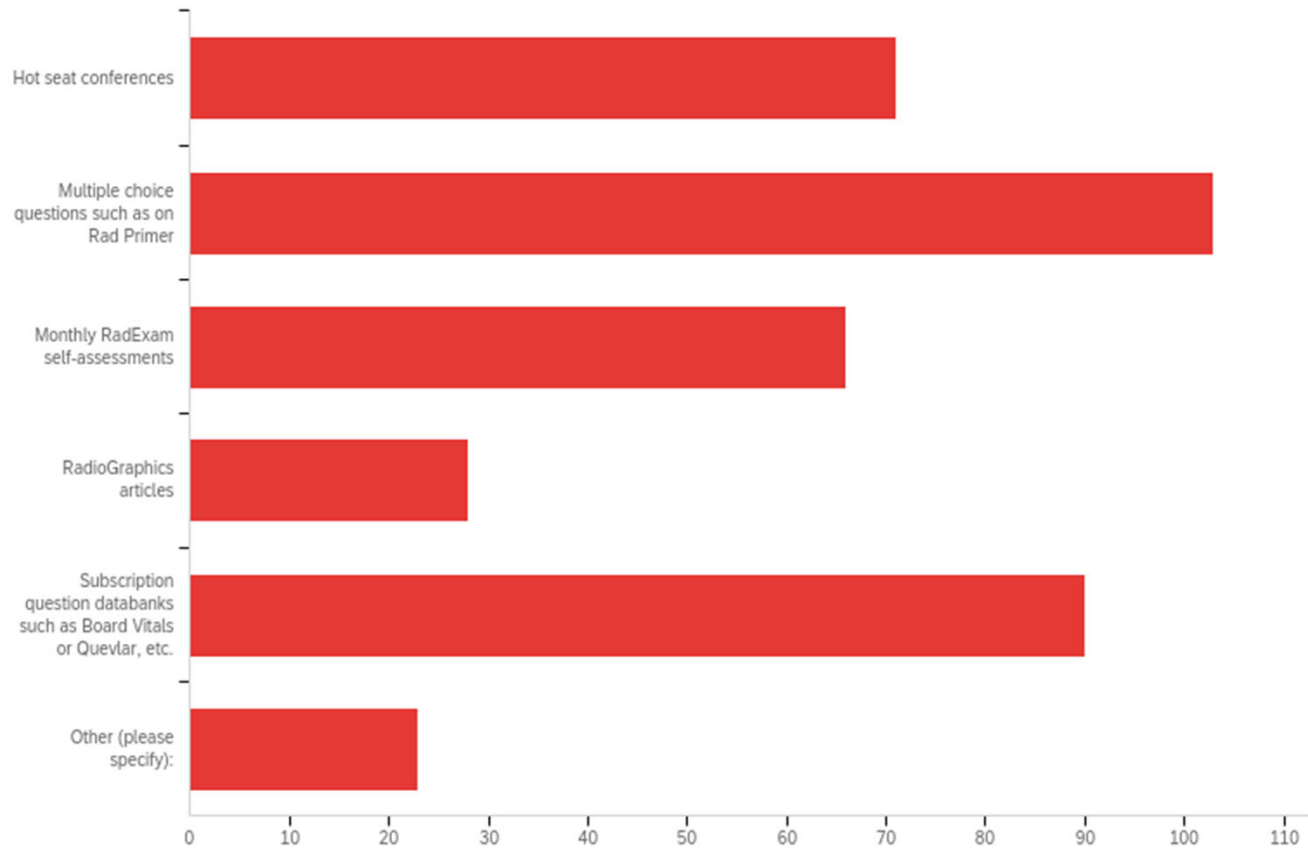
q8 - Given the increasing national failure rate on the Core Exam, how have you altered the amount of time allocated for preparation in your program?



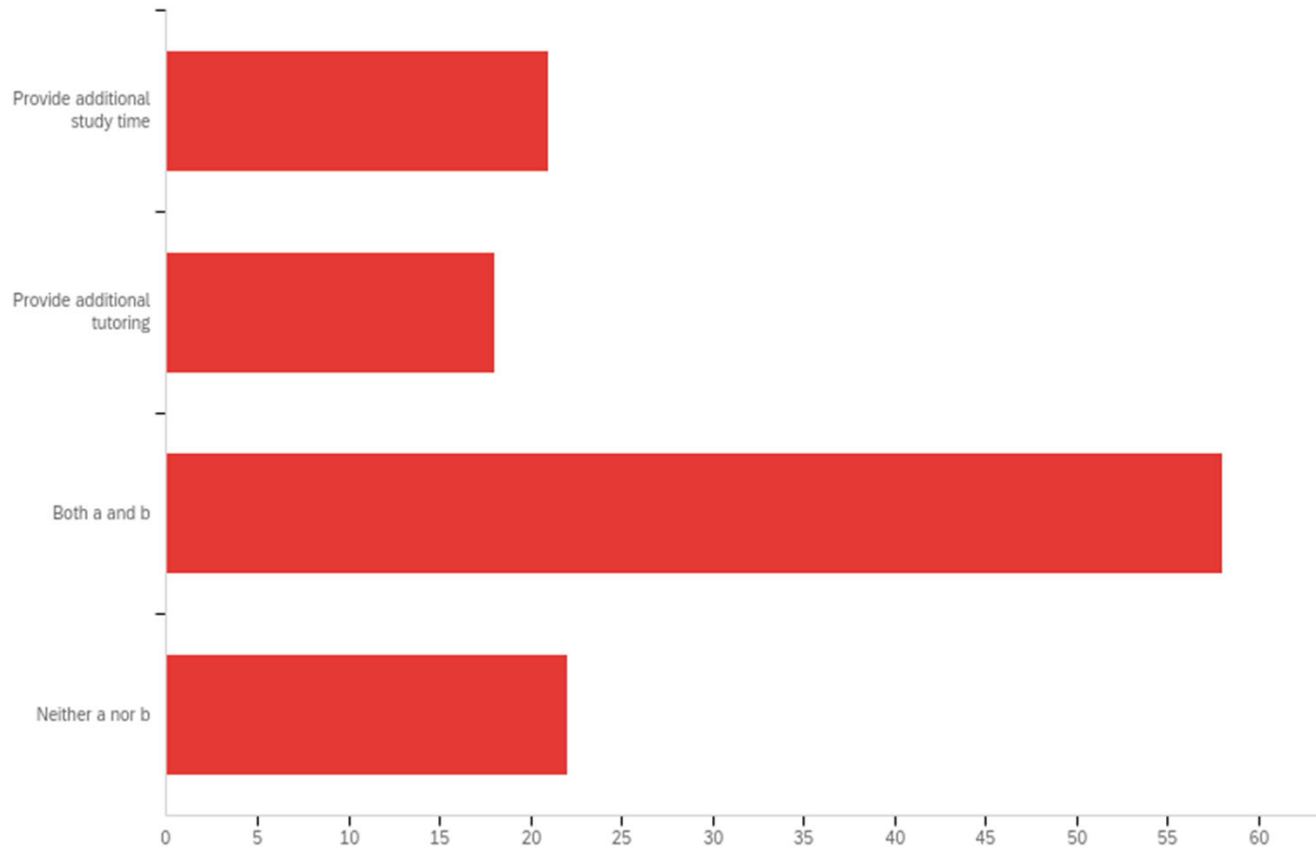
q9 - Have you made any changes to your didactic program and if so, what have you changed?



q10 - The best resources to prepare for the Core Exam include: (Please select all that apply.)

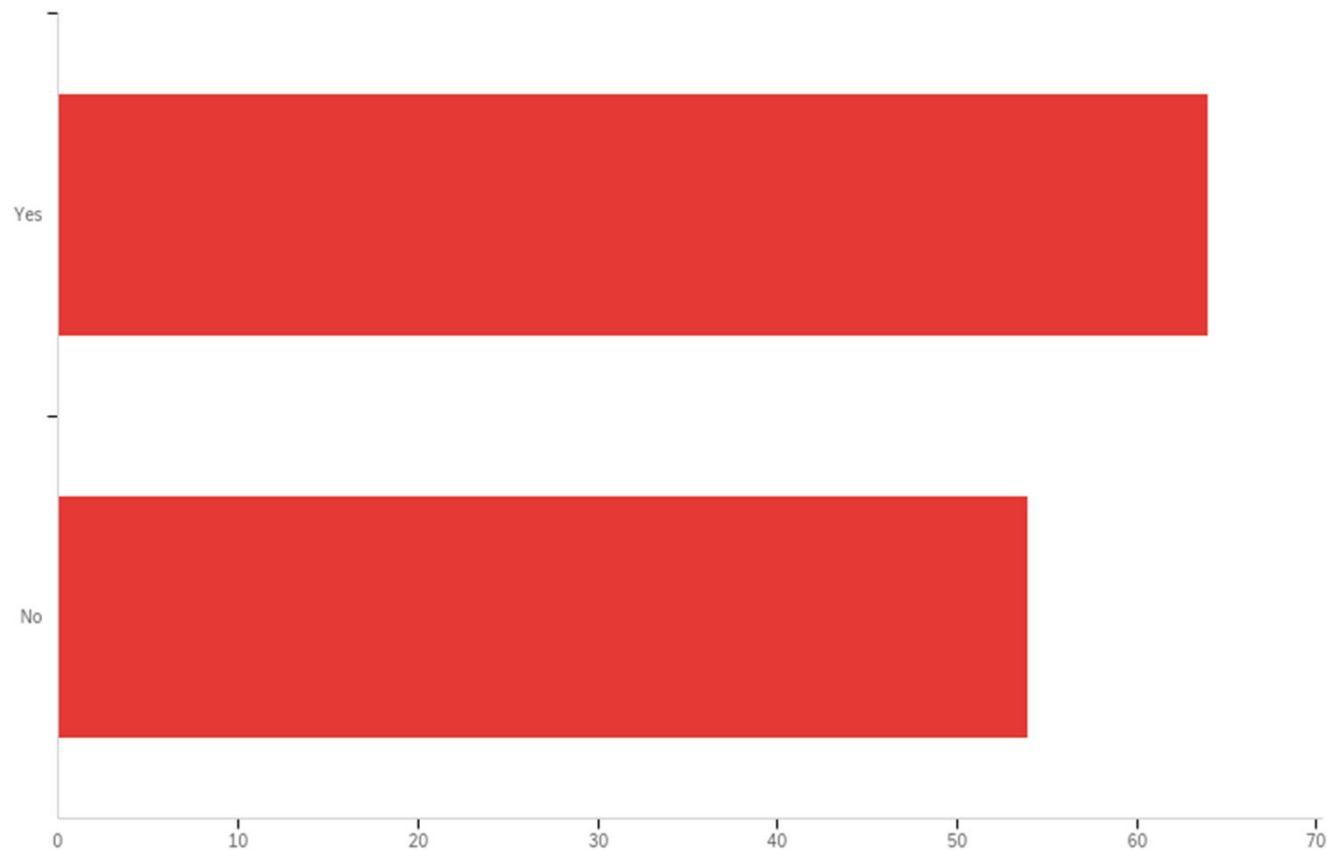


q11 - For those residents who fail their first attempt at the Core Exam, do you provide additional protected study time and resources?

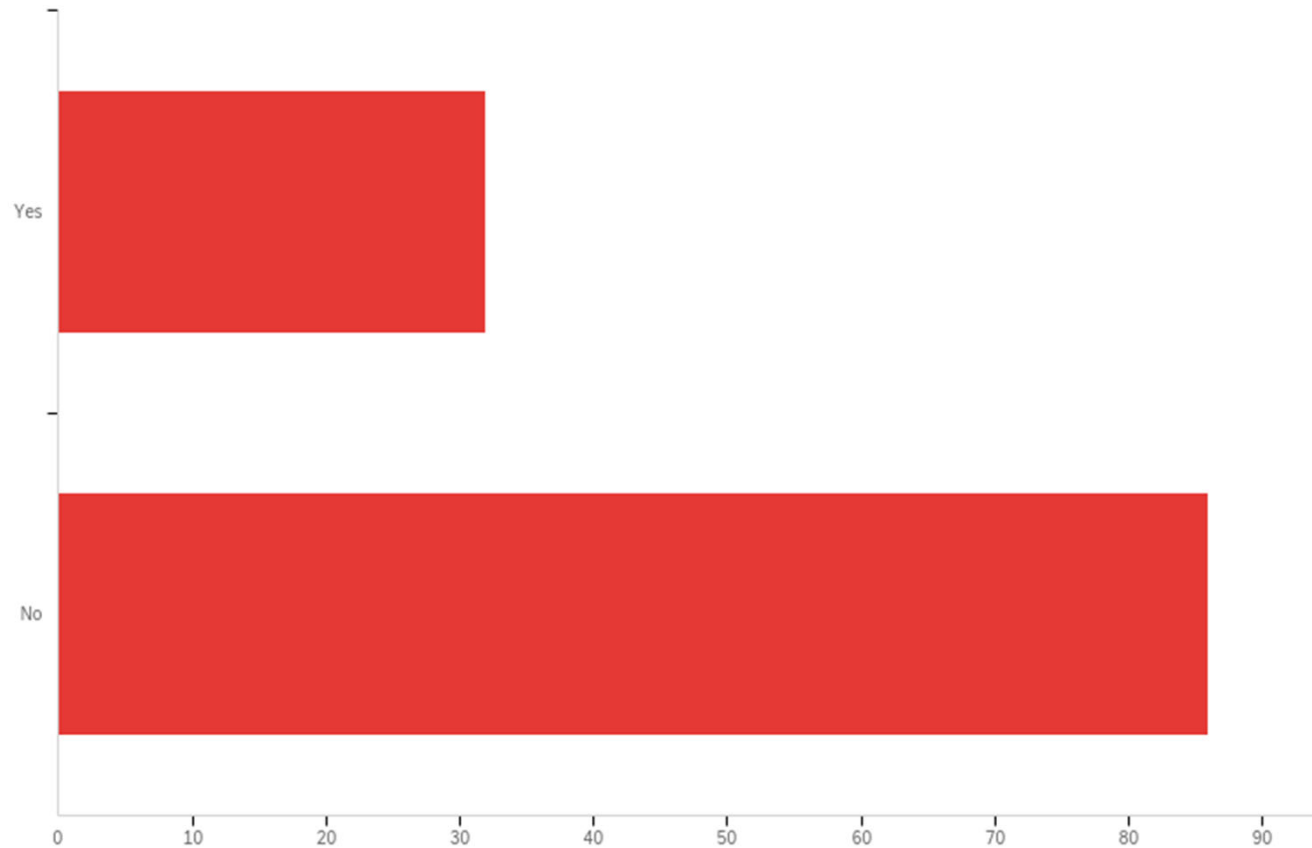


3. Recruitment

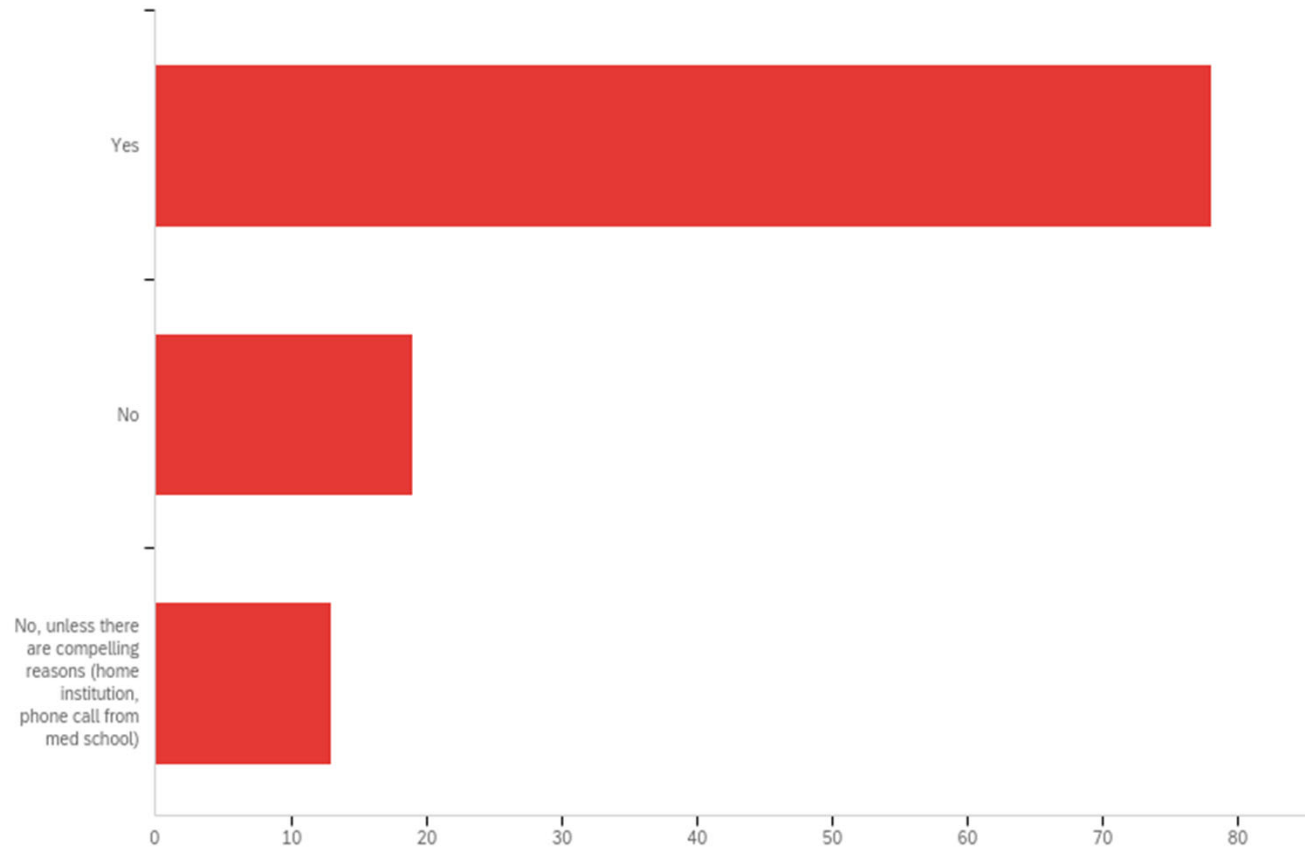
q12 - Does your recruitment process include education of all participants in unconscious bias?



q13 - Does your recruitment process include blind review of applications, specifically removing identifiers of gender, race, and potential relationship to members of your department?

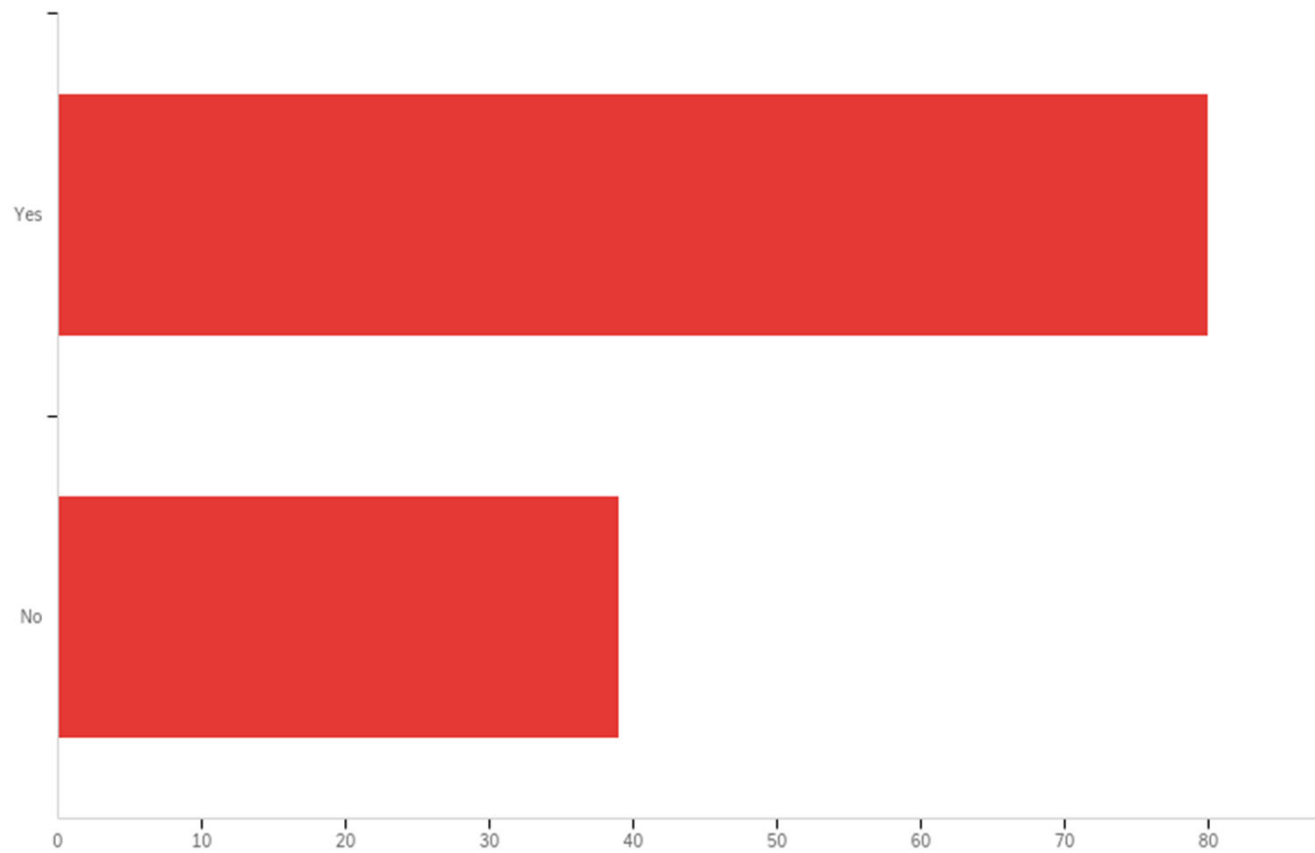


q23 - Does your DR recruiting team interview candidates who apply for both DR and IR/DR if your IR recruitment team is not going to interview them?

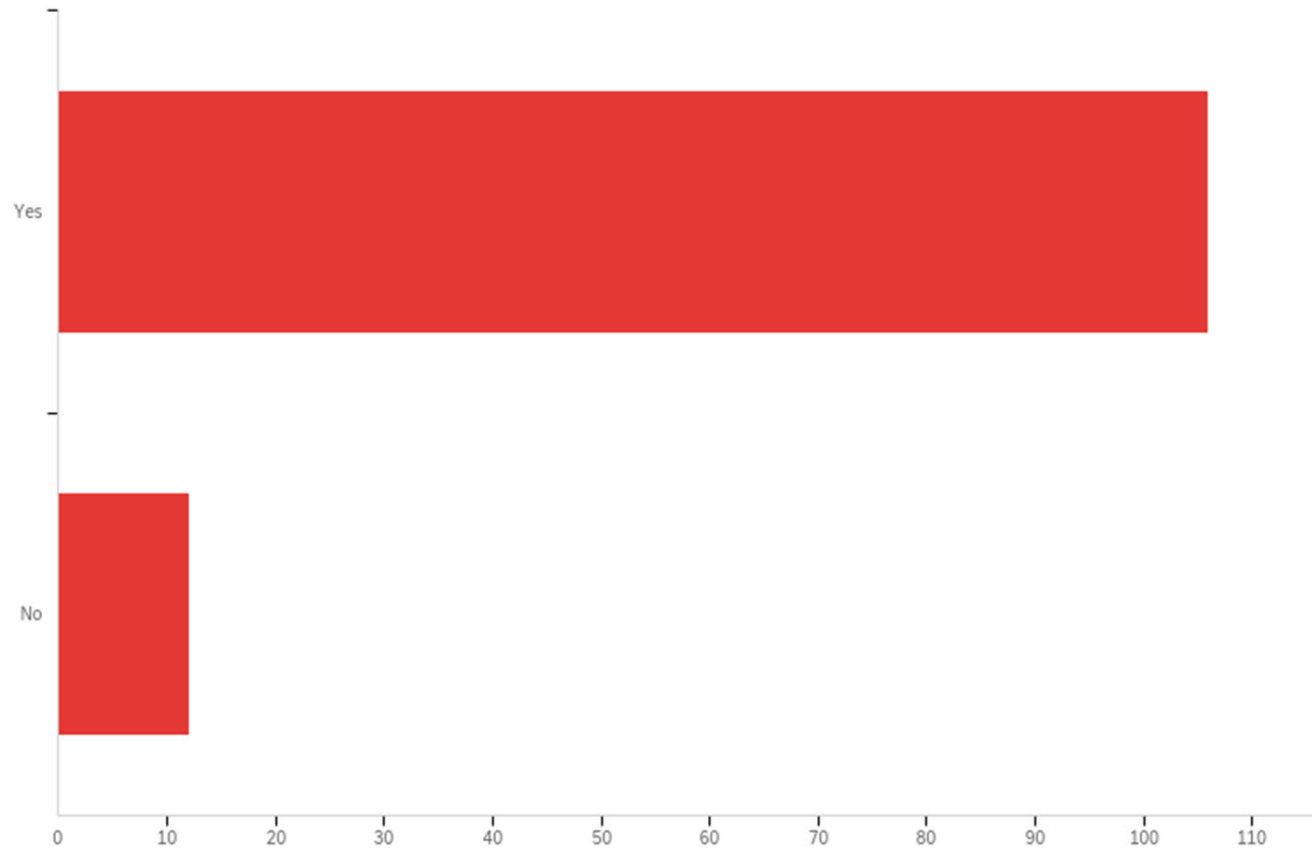


4. Independent Call

q24 - Do residents take independent call at your institution?

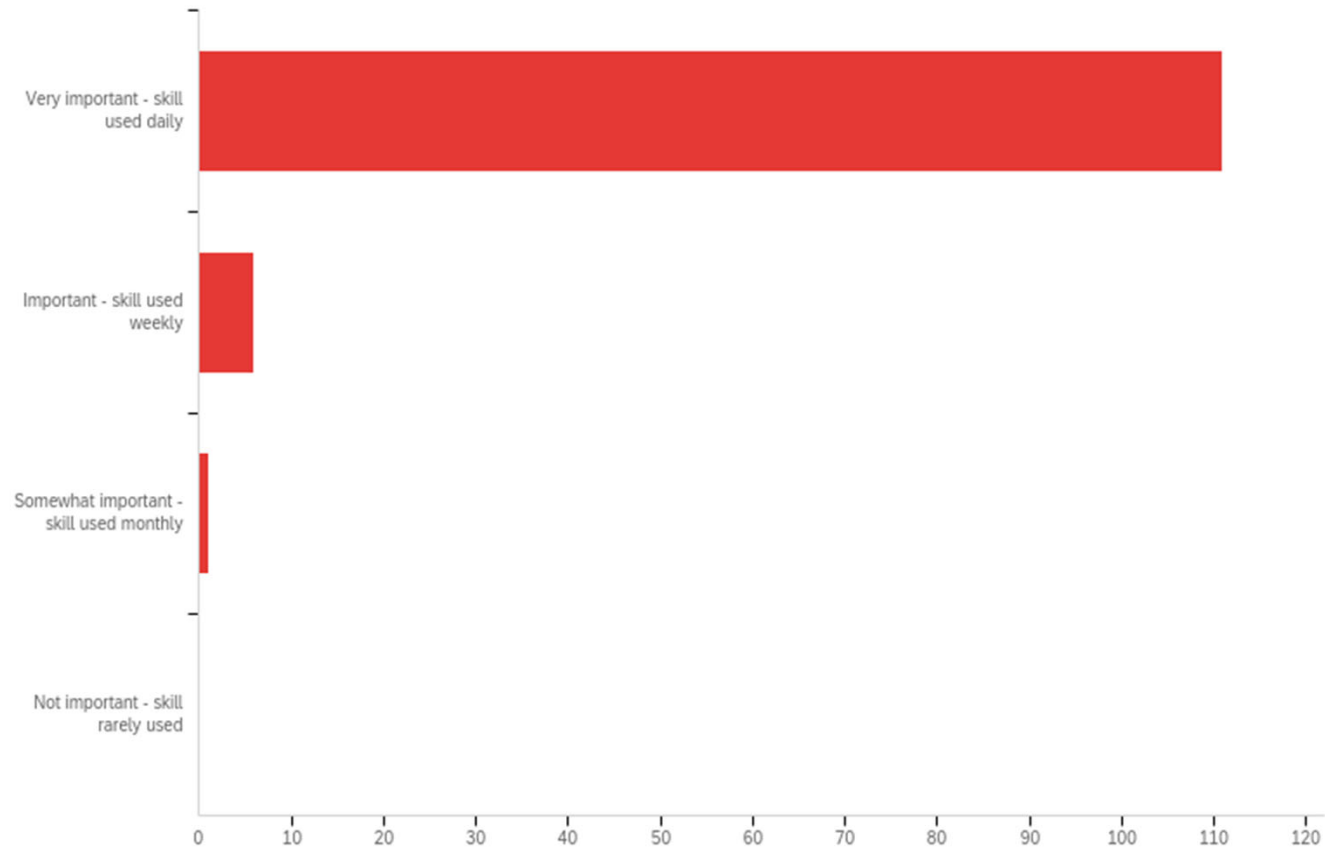


q25 - Do you think residents benefit from independent call?

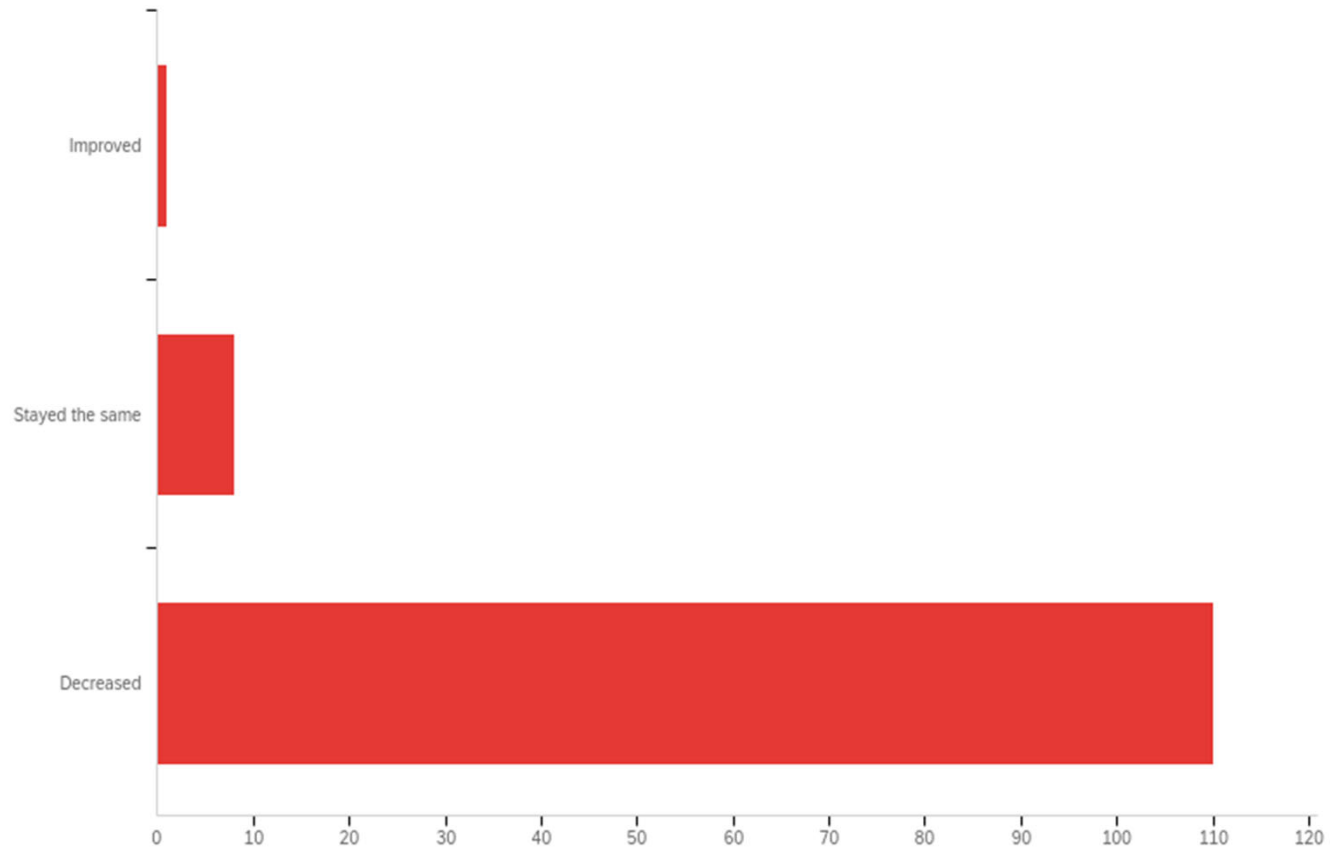


5. Case-Taking and Oral Boards

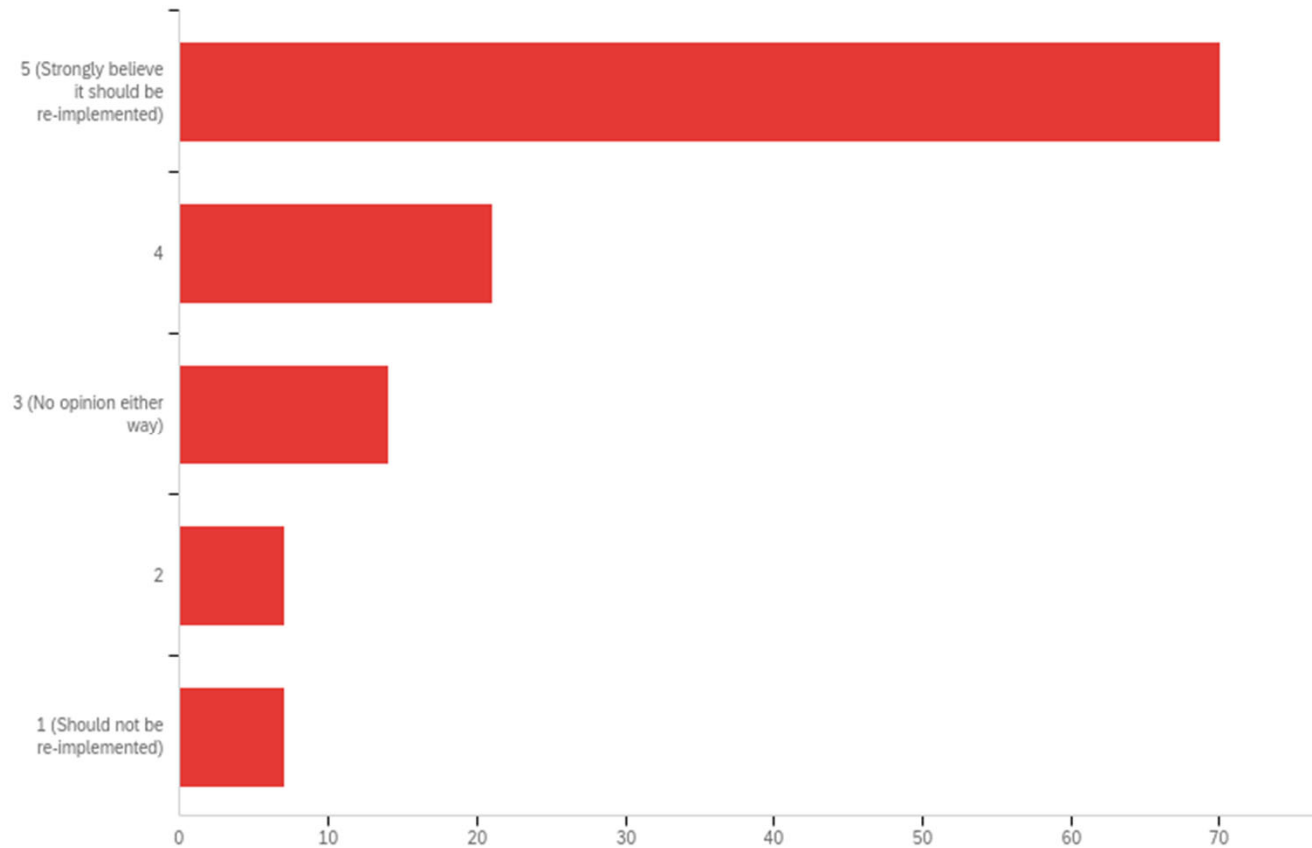
q26 - In radiology practice today, how important is the ability to orally discuss a case?



q28 - Since the elimination of the oral board exam, residents' abilities to discuss cases on the fly (e.g., "take a case") has:



q30 - On a scale of 1-5 (with 5 being the most), how strongly do you believe the ABR should re-implement the oral board examination?



How can APDR help its
Members?

Be a source of standard curriculum resources

Resident Curriculum

- Have a central repository of links to the subspecialty core lecture series (like current MSK and Thoracic)
- Physics, wellness, informatics, non-interpretive skills lectures that are approved by the ACGME

Faculty Development

- Faculty Development CME lecture series
- On-line or in person lectures to provide innovative teaching skills to faculty of all ages

Lobby for PDs nationally

- ACGME
 - Streamline burdensome requirements
 - Ask ACGME to strongly enforce the PD/APD and coordinator protected time minimums
- ABR
 - Push to bring back oral boards (and help collect data to prove the need)
 - Push to move boards back to 4th year
- SCARD
 - Promote the importance of education and educators on a national level

PD resources

- Simplify the PD resources webpage
- Provide guidance for the Milestones 2.0 adoption
- Continued support for mentoring young PDs including a "getting started kit"
- Active message board for all PDs
- A database for PDs that shows:
 - Call statistics (# of months, independent?)
 - Rotation statistics (How many months on average of chest)
 - Moonlighting statistics

Perceived Challenges facing Radiology Residency Training

The biggest threat according to the survey

**Increased volume
decreases time for
education**

Additional market threats

In academic centers, research time is more protected than education

The continued growth of AI will scare potential trainees from entering radiology

Consolidation in the private practice marketplace leads to more teleradiology on call instead of residents

Core Exam and Lack of Oral Boards

- Residents are:
 - No longer proficient at discussing cases
 - Distracted by Core exam preparation which does not correlate tightly enough with the skills to be a great radiologist
- The fourth year mini-fellowships don't make better radiologists

IR/DR Training Strain

- Too many paths to IR leads to confusion
- The DR experience is too truncated in the IR/DR pathway given the increased complexity of DR. IR/DR residents don't have enough DR skills
- IR/DR pathway disproportionately negatively affects smaller programs

Education Dilution

- Non-interpretive requirements are crowding out clinical education
- ACGME requirements in general are too burdensome and get in the way of teaching residents.
- Supervised call limits resident preparedness for work after training

Burnout (resident and PD/PC)

- Too many ACGME requirements without proven benefit (i.e. Milestones 2.0) leads to PD/PC turnover
- No unified paid parental leave policy
- The increased volume leads to increase stress on the system that all participants feel