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Letter to the Editor

Novel method for clinical advancement in interventional radiology trainees

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The current generation of interventional radiologists has worked diligently to elevate interventional radiology (IR) to a specialty level within the American Board of Medical Specialties. As such, early IR trainees now have a unique opportunity to build on their clinical expertise. To fully achieve this, however, we must actively explore avenues to develop and refine our clinical disease management skills, despite how uncomfortable the process may seem at the outset.

At present, there is a 1-month intensive care unit (ICU) rotation built into the early specialization in IR and integrated IR residency pathways. Actively providing direct patient care throughout the second through fourth postgraduate years will foster growth on the strong clinical foundation obtained during the internship year. A few strategies have addressed this issue in the past, including staffing a referral clinic with IR residents who provide direct patient care.[1] Others have described participating in elective weekend ICU call once per month to bolster clinical competence.[2]

At our institution (a relatively small community hospital in a diverse, metropolitan city), we developed a simple approach that we believe is novel and effective. In an effort to enhance knowledge of managing complex patients, a mentor-mentee relationship was developed with a cardiologist and a radiology resident, in which the radiology resident would pre-round on consults and then have teaching rounds with the attending several times per week.

HOW THIS RELATIONSHIP WORKS

During diagnostic radiology rotations, the resident selects one to two evenings a week to dedicate to clinical development. On those days, after completing their final radiology sign out of the day, the resident sees consults and follow-up patients and obtains a focused history, completes a physical examination, and creates an assessment and plan. Following hospital and ACGME policy, the resident may also draft the consult note and designate the attending as the cosigner.

In the case of our resident, teaching rounds typically began after the attending had finished seeing patients at their private office and a nearby non-affiliated hospital. The resident presents the patients to the attending, and they discuss their assessments and plans. In addition, the astute radiology resident will have reviewed the current diagnostic imaging for the attending's patients. Busy practitioners may be hesitant to spend significant periods exploring the patients' ECGs, echocardiogram imaging, and medications with the resident. However, this time commitment is

more than offset by how much they save in history collection and composing the "meat" of their consult note.

IMPORTANT CONSIDERATIONS

We recommend establishing a rapport with the specialist before proposing this type of mentor-mentee relationship. Clearly outlining goals and defining time commitment expectations is essential to ensure both parties have a productive experience. The resident can offer the attending time saved in history taking and note writing, and in return, the attending can provide a unique learning opportunity and clinically focused mentorship for the resident. In our experience, this relationship produces a win-win situation for both parties.

Clinical integration throughout residency is paramount to achieving and maintaining clinical excellence. Medical management and non-procedural care have historically been perceived weaknesses of the prior vascular and IR training pathway. This notion was a major nidus for the change in IR training.[3]

Our innovative cardiology consult service routine affords flexibility within the fluctuating schedule of a typical radiology resident. It is inexpensive and easy to implement at any program. It provides another worthwhile option for developing valuable clinical skills while still maintaining weekends for self-study, call, or personal well-being. It is essential that we make the topic of clinical education in IR an ongoing discussion and to share the progress achieved at programs around the country.

Declaration of patient consent

Patient's consent not required as there are no patients in this study.

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Conflicts of interest

There are no conflicts of interest.

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