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Today's Challenges for the Future Leaders of Radiology

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Editorial

The concept of organized radiology has been getting very organized over last many years under the umbrella of American College of Radiology (ACR). Over last many years, the challenges for the radiologists have been increasing as a whole, whether it is expectations from patients, technological advances, turf wars, or political issues at state and national level.

The radiology residents today are fortunate to experience the unique politico-economical challenges in radiology community in their program, state and more so nationally. However, this fortune for future radiology leaders comes with challenges and expectations for them to build and secure the future of theirs and of the radiology community [1,2]. It would not be wrong to call these challenges as an adventure ride where new challenges keep developing. At the same time, the residents do have to understand the importance of getting ready with all accessories for this upcoming and never-ending ride.

The importance of increasing the participation of residents in organized radiology is very well accepted by ACR, best exemplified by exponential growth in resident attendance for last several years at ACR annual AMCLC meeting. The residents are being involved in leadership activities to build up a strong grass root framework. This framework is evolving and is multi-faceted with residents' involvement with community non-profit programs, patient-oriented projects, respective residency programs, state radiological societies, and of course at national level.

Minnesota Radiological Society (MRS) Model

In my previous publications and presentations, I always talk about this adventurous, ambitious and well-executed model from MRS. In 2009, MRS offered all first year radiology residents in Minnesota State to attend three days of AMCLC meeting in Washington, DC [2,3]. The feedback from 18 residents published later showed that residents learned a lot about ACR and current issues facing radiology community. In addition, they understood the importance of ACR and majority said they were highly likely to join in ACR in future. This initiative was mainly funded local radiology groups and continues to be funded in 2012 [3].

MRS also explored other ways for residents' involvement, which included bi-annual community events like cooking for kids or Mississippi river cleaning project [2,4]. This certainly did give the residents a unique experience to serve community and to interact face-to-face with them. Other programs included funding senior resident (s) for ACR fellowships such as JT Rutherford fellowship, as well as local conferences and political activities such as fundraisers.

What Can a Resident Do by Himself/Herself?

This is not an easy FAQ as there are so many opportunities out there. However, as ACR, state societies as well as radiology community in general are very much looking for young leadership, the residents would always find a good support.

I would start with being up-to-date with current issues through your program initiatives, ACR newsletter, and state society meetings.

Discussing issues in the reading room while it is not busy is always fruitful. Getting involved in the direct patient care is a feel-good experience. ACR face-of-radiology campaign about talking to five patients a day is a good lead example to follow, which not only gives us a feeling of helping patients directly, but also makes patients feel easy and less anxious during the exam. In addition, they also get to know the role of radiologist in their care in a hospital or clinic.

It is always rewarding to attend state society meetings whenever feasible. Of course, the ACR AMCLC and other leadership meetings are a great venue for learning and actually experiencing the current issues facing radiology. The ACR sponsors two residents to attend the AMCLC meeting from one state. In addition, ACR invites abstracts from residents in this meeting, which can help you in organizing a visit to DC. At the same time, residents can apply for ACR fellowships, available in various aspects of government relations, economics, quality and safety, and much more.

The Future Ideas:

The understanding of business, legislation, and management is not very easy, especially during hectic residency schedule. However, at the same time, it is important for us to create an atmosphere for our future colleagues to build a progressive interest for the protection of both Radiology and Medicine.

In my previous articles, I on behalf of MRS have proposed a state-level fellowship on a platform similar to the ACR J.T. Rutherford Fellowship [2,3]. Just like JT Rutherford fellowship, this would increase awareness among young residents about current politico-economical challenges faced by us, and how we best deal with them.

The ACR-AMCLC and other similar meetings are very crucial for residents' learning of politico-economical issues directly affecting the radiology. The Minnesota Radiological Society (MRS) has set-up a feasible model for all First-Year Residents for the last three consecutive years for ACR-AMCLC meeting with only one day of training missed as discussed above [3]. In a study published by MRS, there was a significant increase in resident knowledge about political and economical issues facing radiology following this experience [2,3].

On a similar note, didactic conferences of business of radiology at department and state level could potentially be an effective measure for educating residents. Although "business in radiology" conferences are a curriculum requirement in the respective departments, this needs to be explored in a broader spectrum [5]. In addition, discussing

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OMICS J Radiology ISSN: 2167-7964 ROA an open access journal these issues in example-based day-to-day conversations in reading room or elsewhere would certainly increase awareness among the residents.

In summary, the list of challenges is huge for the future leaders in radiology, majority of who currently are radiology residents. Early recognition of challenges, practical approach, enthusiasm, positive attitude and most importantly patient-care centered thinking, would certainly take us forward in near future.

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