



## **Episode 10: Ask an Attending**

[0:00] Dr. Lindsey Negrete introduces the episode and medical student Andrew Nguyen

[1:30] "What should residents know before starting their radiology residency?"

1. Dr. Negrete (Stanford): Make the most of the preliminary year by building your network with other physicians not going into radiology. Really dive into whatever type of preliminary year you're doing. Take care of your patients and know them well. Focus on the clinical management of the patients. You will have time to learn the radiology later. Know the "why" behind every clinical decision.
2. Dr. Chris Beaulieu (Stanford): Radiology is a different beast than medical school. The first year or even 6 months can be challenging because going through different rotations is a cycle of learning a lot and then starting from scratch again. This "first year resident syndrome" can be demoralizing. The good news is, over time, knowledge will start to stick.
3. Dr. Marc Willis (Stanford): You're not expected to know very much about radiology at first. Just when you start to get comfortable and get in your groove, you switch to a new specialty and it's the "firehose in the face" feeling all over again. Don't let it get you down.
4. Dr. Preethi Raghu (UCSF): Radiology preparation during intern year can be counterintuitive. I would advise people to not be studying radiology during intern

year. During this year, learn about the anatomy, physiology, and clinical and surgical management. If time permits, try to look at the scans on your patients and integrate it into your workday. Don't be afraid to call the read room.

Radiology is like learning a whole new language. Learning a few words here and there during this year won't make much sense at this time until you are immersed in it during radiology residency. Don't stress about learning radiology ahead of time. The most useful thing I learned during my intern year was what does the clinician want to know? What does the surgeon want to know? This will tell you where their decision tree is.

5. Dr. Luyao Shen (Stanford): Your experience in intern year will be very different than radiology residency. After internship, you may feel very capable of carrying patients and managing clinical aspects. Transitioning to radiology may make you feel like you know nothing, which is very normal. The art of radiology is very different. You have to learn at almost ground zero walking into radiology residency compared to other residencies. During your first year, you may feel unhappy and unfulfilled because of this. That is fine! I was not very happy too as a first year resident. Just stick with it. You will get there and learn radiology if you put the work into it. Second year, you will have that feeling of starting to understand and put findings together while on call. Of course, mistakes will happen, and that is normal. Second year, you will start to feel like you know stuff, but it's also harder because you're taking call and you have to learn more pathology on top of the normal stuff you learn. Third and fourth year, there is the stress of boards, choosing a fellowship, and where you'll go next. There's going to be different stresses every year and what you have to work on for each year, and that is okay. Do what you're supposed to do at that time, and trust that your training will make you a good radiology resident if you put the work to it.
6. Dr. Dolores Pretorius (UCSD): That they need to find out what are the best websites and books that the residents use at the institution that they will be attending. During the first year, they need to call ahead during every rotation and ask the resident that's currently on that rotation for tips and reading material for that rotation. On ultrasound at UCSD, we have a document for ultrasound pearls that is incredibly helpful for new and old residents for how to dictate cases and what the important numbers were. Residents need to read for at least four hours to prep for each rotation the weekend before starting, and need to read one to two hours, five nights a week. This is how they will be a good resident and a great radiologist in the end!

[13:00] "What differentiates between a good resident and a great resident?"

1. Dr. Beaulieu: The intrinsic motivation of the resident to know a lot. Hopefully everyone who gets to this level has succeeded because they're a self-starter and they've wanted to learn a lot. You can tell when someone is supplementing what they're learning in the reading room by working hard at it outside of the reading room, whether that is reading books, taking cases, or watching videos. Another aspect is that the best trainees I've ever had will ask me questions that I find challenging for myself. It makes me a little uncomfortable at times because I don't know everything, but it's super exciting in some ways to have people so engaged in the topic that they want to challenge my own knowledge base.
2. Dr. Willis: Great question. I think what differentiates an exceptional resident from a good resident are a couple things. One is, I think that an exceptional resident sees an interesting case and then that same day will go and read about that topic and learn in deep detail everything about it. It's a thirst for knowledge. Exceptional residents are constantly seeking to see more cases in a given day. If there's any downtime, or if things are a little slow on a given day, they're trying to do everything they can to see more cases, even if that means going through teaching files to supplement, but they are constantly looking for more and more cases.
3. Dr. Raghu: A good resident does the basics: Good reports, being punctual, being professional, answering calls, etc. But what I've really noticed with great residents is that they take it to the next level. What I mean by that is that they're really driven. They have goals for what they want to learn that week, they read up on cases that they've seen, then come back and ask questions if they don't understand what they've read or if they want me to show them on the images what it is they've read about. A great resident is someone who doesn't just do good reports, but is really meticulous. Not only typos, but they really dig into the older priors, the outside priors, they look back at when the patient first presented and learn how the disease first looks on imaging. They're using every single opportunity during the day to learn. It's someone who is engaged, regardless of which level they are in residency. They ask questions, they try taking that tough case on the list, the multi-phase liver, something they've never read before. Or they want to go in with you on a new procedure. That really takes courage. It's not something that comes easily as a resident, or even as an attending. I think that interest and that engagement really makes everyone want to teach you and want to share those pearls. Finally, towards the end of residency, a great resident is someone who is not afraid to be independent. They not only answer calls, but

also take charge of the service and they run it. They answer things they know about, but also are confident in reaching out and asking us when they need help. All of those things elevate someone to being a great and really memorable resident.

4. Dr. Shen: If the resident shows up on time, does his or her work, and reads the appropriate textbooks at home to supplement the knowledge that he or she learns during the day. And, when the list is long, a good resident helps out the list for the fellows and other attendings. A great resident, not only does the above things, but feels responsible for the amount of work to share between the fellows, the residents, and the attendings. It's that personal and professional responsibility that differentiates a great resident from a good resident. Of course, he or she reads textbooks at home, shows up on time, but when there is a lot of clinical work to be done, a great resident will pick up a lot of weight to help the section. That professional responsibility as a team player really differentiates a great resident from a good resident.
5. Dr. Pretorius: It is someone who understands that they are already functioning as a doctor. Their interpretation and work impacts patients today. If they don't know enough, patients suffer. If they work hard, read, and constantly strive to learn, and know as much as they can about cases, they will help patients now and in the future. You have to put in the time to learn. You cannot do it all on the job. You have to put in the time studying.
6. Dr. Negrete: An amazing resident shows that extra level of enthusiasm, which makes it so much more fun to teach and be engaged with you as well. I know if there's a question or concern about the case, I love when a trainee will text me a follow-up or shoot me a question to challenge my learning as well. It keeps us on our toes. Just making a fun experience for both parties.

THANK YOU! For questions, comments, concerns....letsreadout@gmail.com