

THE ACER CONNECTION



THE OFFICIAL E-NEWSLETTER OF THE ALLIANCE OF CLINICIAN EDUCATORS IN RADIOLOGY

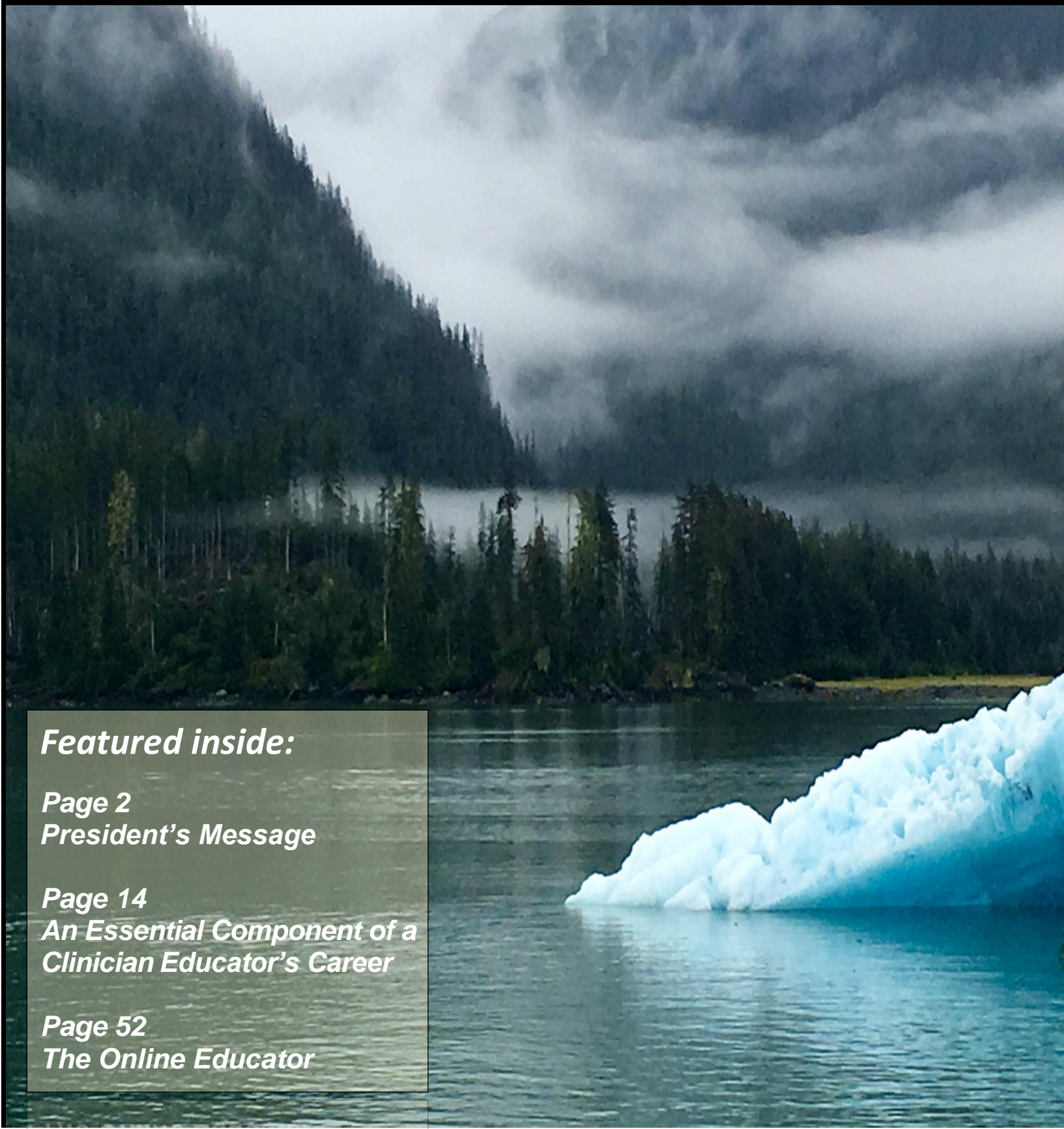
Vol. 1, Issue 1 Spring 2023

Featured inside:

*Page 2
President's Message*

*Page 14
An Essential Component of a
Clinician Educator's Career*

*Page 52
The Online Educator*



President's Message



Welcome to ACER 2023 and our newly named newsletter, *The ACER Connection*. Each year all of our volunteer members work to advance the mission of the Alliance of Clinician-Educators in Radiology (ACER), one of the affinity groups of the AUR (The Association of University Radiologists); mainly to provide “a formal organization and forum for clinician-educators to meet, exchange ideas, and learn new skills that promote and advance the careers of clinician-educators.”



David Sarkany, MD, MS-HPed

We are a wonderful group of like-minded radiology educators that at its core is the glue that holds the academic radiology world together; meeting at least once a year at the annual AUR but communicating throughout the year. ACER is the organization that brings radiology clinician-educators from across the nation and world together to discuss current problems and solutions that we face on an institutional and individual level. Our network of colleagues includes anyone interested in radiology education and comprises those of us in private practice, community hospital and academic settings. As you can see, we are more than a group of program directors, vice-chairs of education and medical student clerkship directors. Whether this is the first or 10th time you are attending the AUR, you have a formal title or no title at all, you are a recent graduate or senior attending, ACER is a group of friends with a desire to educate, collaborate, and promote each other and our clinician-educator colleagues. I would like to personally acknowledge all our past and current officers, committee chairs and ACER members for making this a successful group. Special thanks to our current team including Cecilia L. Mercado, Tara M. Catanzano, Omer A. Awan, Ana P. Lourenco, Jessica R. Leschied, Amy Oliveira, Syed A. Bokhari, Pauline Germaine, Ryan B. Peterson, Jessica B. Robbins, Katherine A. Klein, Eric B. England, Biren A. Shah, Thomas M. Grist, Anna Rozenshtein, and Marc H. Willis. Your volunteer time is more than appreciated!!

Please stop by one of our ACER sessions and meetings at this year's 2023 AUR 71st Annual Meeting: Imagine, Create, Innovate -- Exploring Radiology's Imaginarium and feel free to reach out to any of us to start a career changing conversation. Can't wait to see old friends and meet new ones!!

Sincerely,

David Sarkany

David Sarkany, MD, MS-HPed
ACER President

THE ACER CONNECTION

The official e-newsletter of the
Alliance of Clinician-Educators
in Radiology

On the Cover

“Icebergs are blue: Alaska”
Photo taken by Susan
Summerton, M.D.

The ACER Connection is published for members and friends of the Alliance of Clinician-Educators in Radiology (ACER).

ACER Mission and Goals:

- Providing a formal organization and forum for clinician-educators to meet, exchange ideas, and learn new skills that promote and advance the careers of clinician-educators.
- Providing programming at the annual AUR meeting targeted toward the needs of clinician-educators.
- Developing and maintaining an information and networking database for the benefit, awareness, and nurturing clinician-educators.
- Promoting and developing educational research activities relevant to clinician educators

ACER Publications Committee: Committee Chair

Biren A. Shah, MD

Committee Members

Tara Catanzano, MD

Alison Gegios, MD

Jessica Leschied, MD

Ruth W. Magera, MD, MBA

Kim Shampain, MD

Erica Stein, MD

George Watts, MD

Questions and Comments

Please direct questions or comments to

AUR

AUR@rsna.org



Contents

- 2** *President's Message*
- 5** *The Rocky Road: Lessons in Teaching Gained as a Junior Faculty Member*
- 7** *Round Robin – Committee Updates*
- 14** *Volunteerism – An Essential Component of a Clinician Educator's Career*
- 17** *In the Spotlight*
- 19** *Fun facts about Austin*
- 20** *ACER Publications Committee Landscape Photo Cover Contest Submissions*
- 37** *Getting promoted as an educator: Three pearls for success*



Contents

- 40** *Lesson We Learned During the COVID-19 Pandemic: Strategies to Enhance the Virtual Interview*
- 44** *Ground School & Flight School*
- 47** *Encouraging Residents as Educators: ACER newsletter interview with Stefan Brancel, MD*
- 52** *The Online Radiology Educator*
- 59** *ACER 2023 Meeting Program*
- 60** *Answer to Fun Facts of Austin*



The Rocky Road: Lessons in Teaching Gained as a Junior Faculty Member



Article by Alison Gegios, M.D.

I often relied on the “teach back” method after discussing concepts with learners to confirm their understanding. “Does that make sense?” is a phrase that I frequently used to check in with residents and fellows to determine whether they understood concepts.

However, after feedback from an insightful resident, I realized that I needed to change my approach. It turns out that I unintentionally minimized my trainees rather than helping them along their journeys despite my best intentions. Hopefully, you do not use the same phrase, and, if you do, perhaps you will reconsider it, after reviewing this article.

A brave resident pointed out to me the negative implications of the expression, “Does that make sense?” when I used it after requesting that he use an extra plastic sheath to remove a sample from our biopsy device and place it into a formalin-laden specimen container. He remarked, “Of course, that makes sense.” He went on to tell me that when I use that phrase in common-sense situations, the expression comes off as patronizing.



I thanked him for his feedback and, together, we proceeded to Google multiple additional ways of “checking in” that would be positively perceived. Examples we found included:

1. *What are your thoughts about that?*
2. *How do you feel about that?*
3. *Do you have any questions?*
4. *Does that sound reasonable?*
5. *Roger that?*

Personally, I prefer the first and second options, as they are open-ended and more egalitarian and respectful, particularly, when interacting with senior residents and fellows. The other closed-ended questions might be better received by junior residents, who may be overwhelmed when learning new concepts for the first time.

Although it is closed-ended, the fifth and most humorous option, was well-received by trainees at all levels.



In the process of finding these alternative phrases, the resident and I also stumbled across an article from the Harvard Business Review called “Never Ask ‘Does That Make Sense?’” as well as several other posts that proclaimed the question that I had used so commonly was “the worst question” to ask. From these articles and my discussion with the resident about his experience, I learned that the hackneyed expression, “Does that make sense?” implies doubt rather than assurance. That doubt extends to both parties involved in the conversation (i.e., the instructor and the trainee). Specifically, this phrase suggests that the instructor questions the legitimacy of the information conveyed, while also doubting the ability of the trainee to comprehend the information.

It is important to be mindful of the words that we choose when interacting with others, particularly with learners, so as to create an inviting learning environment and to spur constructive give-and-take conversations.

Reference: Weissman, Jerry *Never Ask ‘Does That Make Sense?’* September 14, 2011. [Never Ask ‘Does That Make Sense?’](https://hbr.org/2011/09/never-ask-does-that-make-sense/) (hbr.org)

Round Robin Committee Updates

Awards Committee – Ryan Peterson, MD

The Award Committee evaluated multiple nominations this year for the ACER Achievement award which recognizes key leaders in radiology education with significant contributions to ACER, education and academic radiology. This year's recipient will be announced during the annual AUR meeting in April.



Education Committee – Pauline Germaine, DO

ACER Education committee is a group of master educators working on supporting and advancing radiology education mission. Prior projects included sharing quality education materials in ready-to-use format such as collection of How-To-Power Point presentations aimed to help the first-year residents master the basics of many imaging modalities they will be expected to read and allow immediate participation in review process. The webpage housing this collection represents one of the most frequently visited sites for AUR, and we invite all educators to visit our page <https://www.aur.org/affinity-groups/acer/educator-resources>. Committee is currently working on ideas for new projects and will be updating currently available resources on the website.



Round Robin Committee Updates



Electronic Communications Committee **Amy M. Oliveira, MD**

The Electronic Communications Committee maintains ACER's social media presence on Twitter, working to share important new educational articles and resources beneficial to our membership. We collaborate with other ACER committees to promote opportunities, webinars and in-person events. Our committee also undertook a thorough evaluation of the ACER website content in preparation for an upcoming website update.



Finance Committee – Omer Awan, MD, MPH

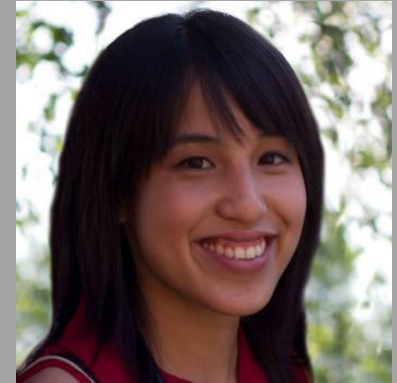
The finance committee is responsible for overseeing all funds related to ACER, evaluating them, and distributing them accordingly to promote our mission. We have thus far reviewed the annual budget and looking for ways to sponsor networking.



Round Robin Committee Updates

In-Training Committee – Florence (Flo) Doo, MD

This is the inaugural year of the ACER In-Training Committee, which represents aspiring clinician educators in radiology. We are currently working on a needs assessment/research survey to identify programming needs for in-training individuals with ACER and AUR. We are also collaborating with A3CR2 and RRA on the first Research Hackathon at AUR 2023 and hope to see everyone at the annual meeting.



Long Range Planning Committee - Eric England, MD

Last meeting of the Long Range Planning Committee was on 1/18/2023.

The areas of discussion and recommendations were:

“Meeting the educational and training needs of the next generation of learners”

- Overall support for utilizing this statement as an area of focus for ACER but would include meeting the “Wellness” needs of the educator and learner.



Round Robin Committee Updates

Long Range Planning Committee - Eric England, MD (continued)

- The committee feels it is worthwhile to explore having an educational “Certificate of Achievement” for attending/viewing so many lectures/round table events at the meeting and virtually throughout the year. This would be similar to “ARLM”
- Future topic to include in program for annual meeting: “Micro versus Long term learning” There has been a transition in learning to “Micro bursts” of information, more in line with how this generation learns. Would be worthwhile to further explore this.
- Further expand on the development and cultivation of interpersonal relationships at the meeting and beyond. Formation of “Mentorship Circles”. Expand the way and ease members of ACER communicate with one another.
- More focus on hands on workshops at the meeting to the extent we can. Have a “Beginner, Intermediate, and Advanced” workshop geared toward innovative teaching from sprucing up a Power Point presentation to Audience Response Systems, to team-based learning.
- ACER needs to drastically increase/improve outreach (and involvement in committees) to younger members. More collaboration and increased involvement with A3CR2 members. This was a point of emphasis on multiple occasions throughout the meeting.

Round Robin Committee Updates

- ACER needs to take a strong look at editing/revising/updating ACER's Mission to reflect changing views and culture. Does it fit? Does it reflect the needs of membership?
- Look for more opportunities to synergize with other affinity groups (AMSER, APDR, A3CR2) to address our shared goals, namely "Meeting the educational and training needs of the next generation of learners".

Membership Committee – Katherine Klein, MD

The membership committee is working on a pamphlet that advertises all the benefits of ACER membership including networking, leadership roles and comradery. The document will be completed and ready for distribution by the 2023 AUR.



Round Robin Committee Updates

Publications Committee – Biren A. Shah, MD

The Publications Committee worked on the spring issue of the ACER e-newsletter that would encompass the spirit of the 2023 meeting theme of “imagine, create, and innovate” by rebranding and creating a new e-newsletter, *The ACER Connection*. I would like to thank all the members of the ACER Publications Committee for their support and contributions in making the spring issue of *The ACER Connection*. The ACER Publications Committee would welcome anyone interested in joining this active and fun Committee!



Rules Committee – Syed A. J Bokhari, MD

The Rules Committee strives on keeping the rules up to date and clarifying any procedural questions that may arise in the functioning of the Alliance of Clinician-Educators in Radiology.

The Rules committee has achieved the following rule changes by unanimous decision this academic year.



Round Robin Committee Updates

Rules Committee – Syed A. J Bokhari, MD (continued)

The executive committee had proposed to change the rules of ACER to specifically allow for trainees of any level who are ACER members (medical student, resident or fellows) to be made members of the executive committee at the discretion of the president. This was proposed to allow for greater interest in the society at that level, greater exposure of the trainees to leadership roles and to encourage and foster leadership qualities in the trainees.

Article VII, Section IA already allows the President to appoint members to the executive committee as they wish (highlighted green). This rule further codified that this can include trainees. The addition is highlighted yellow.

Article VII – Executive Committees and other Committees

Section I

A. Executive Committee

The Executive Committee will consist of the President, the President-elect who will also chair the Program Committee, the Secretary, Treasurer who will also chair the Finance Committee, two Members-at-large, the two immediate Past-Presidents, the chairs of all standing committees, the current Presidents of the APDR, SCARD and AMSER, and such additional members as the President may wish to appoint including trainees (medical students, residents or fellows) . The chair of each committee will report to the Executive Committee, at the annual meeting and the interim meeting and to membership at the annual meeting. The Executive Committee is empowered to conduct the business of the Alliance between and during annual meetings and may conduct votes by electronic mail.

THE ACER
C CONNECTION

*Want to become actively involved
in ACER. Serve on a committee!
Contact: David S. Sarkany, MD
DSarkany@northwell.edu*

Volunteerism – An Essential Component of a Clinician-Educator’s Career

by Priscilla J. Slanetz, MD, MPH, FAUR



Academic medicine offers multiple opportunities for radiologists to contribute to the field. Radiologists have multiple opportunities to volunteer, in addition to the formal teaching of medical students, residents, fellows, and peers. These volunteer activities are varied and may range from peer review of journal

submissions to committee work and legislative advocacy on behalf of patients and radiology. Why is it important for radiologists to devote time to volunteerism?

Engaging in such work provides additional meaning to daily work and adds value to the healthcare system in multiple ways. In fact, such volunteer activities may also be helpful for one’s career advancement.

So, what opportunities does AUR offer to its members?

First, ACER members can volunteer to become a peer reviewer for *Academic Radiology*. Just email the Editor-in-Chief and express interest. You will be asked to register as a reviewer and choose personal classifications which outline your areas of expertise and interest. Once registered, you will be invited to review submitted articles. By reviewing these articles, you will not only improve the quality of published science, but also keep your knowledge up-to-date. And if you take this work seriously, you might even get recognized as an outstanding reviewer for the journal or be invited to join the Editorial Board. However, peer reviewing necessitates that you have the time to offer constructive and meaningful feedback within a two week timeframe, which sometimes can be challenging given increasing clinical demands.

Second, ACER offers multiple options for committee work. Depending on your interests, you could volunteer to join the education committee, the electronic communications committee, the publications committee, awards committee, DEI committee, or the bylaws committee, just to name a few. Sign up for committees takes place annually, usually around the time of the annual meeting. However, if you are interested in joining a specific committee, you can also email the committee chair or email the committee chair or email the ACER President as either one of them can help facilitate the process. Participating in a committee helps you build your network and develop leadership skills. It also provides you with an opportunity to collaborate with colleagues to create resources that are often disseminated nationally. In addition, active ACER members may end up joining the executive committee and ultimately rise in the organization's leadership. These nominations typically occur in the late fall and the ACER nominating committee selects the next ACER member to join the leadership track. This individual is approved at the ACER business meeting that takes place at the annual meeting every spring.

Third, ACER members are eligible to apply for grant funding to support their educational efforts. Through the Venture grant, ACER members have developed resources to help career advancement of mid-career faculty, online webinars focused on educational scholarship, a medical student symposium curriculum, and a standardized letter of recommendation for residency applicants. Grant support validates a clinician educator's impact on the field which aids with academic promotion.

Fourth, ACER members can serve as mentors to early and mid-career radiologists during the annual meeting. There are also specific programs that ACER members can attend to develop their own skills. These programs include: the Academic Faculty Development Program; Radiology Management Program; and the Radiology Career Advancement Lectureship Program. More information for these programs can be found on the AUR website at aur.org.

Finally, over the years, ACER has supported its members to develop new programming, some of which was adopted by the larger AUR organization. Examples have included; the Teach the Teacher programming that for many years provided education globally to radiology educators in other countries and a peer observation teaching program fostering networking among members and simultaneously providing constructive feedback to improve the overall quality of teaching at the annual meeting.

So, what is stopping you from volunteering for ACER and AUR? Volunteering will help to accelerate your career trajectory, and in the process, you will build strong friendships and collaborations that will last a lifetime.

Reasons to Join the Radiology #SoMe Community

1. Recognition– Your profile and picture serve as a virtual business card for people meeting you online and can spark people’s memory of you when meeting in person.
2. Networking– SoMe levels the playing field in terms of access to radiologists at different institutions and of different practice levels.
3. Branding– Allows one to share special talents or niche interests within radiology. Frequent engagement in topics related to these helps to build awareness of you as a specialist in that field
4. Up-to-date articles– Authors frequently share their recently accepted publications on SoMe, some with a period of downloadable access. This near instantaneous access allows radiologists to stay up-to-date with articles on topics and from authors that they follow without the prolonged in-print timelines of recent related to the Covid publishing boom.



Article by Amy Oliveira, M.D.





“In the Spotlight” is a summary of a book recommended by an ACER member



“**T**he One Thing: The Surprising Simple Truth Behind Extraordinary Results” is a book written by Gary Keller and Jay Papasan. It is a productivity and business book that focuses on the idea of “the one thing” – identifying the most important task or goal and focusing all of one’s efforts on achieving it.

The book suggests that in order to be successful and achieve extraordinary results, one must focus on the most important task

at hand, rather than trying to multitask or accomplish many tasks at once. It also stresses the importance of setting clear goals, breaking them down into smaller, more manageable tasks, and creating a plan to achieve them.

For radiologist clinician educators, the book can be a valuable tool in several ways:

- 1. Prioritization:** Radiologist clinician educators have dual role of providing patient care while also teaching and mentors medical students, residents, and fellows. The book’s emphasis on identifying the most important task and focusing on it can help radiologist clinician educators prioritize their responsibilities and ensure that they are spending their time and energy on the most critical tasks.
- 2. Goal setting:** The book stresses the importance of setting clear, specific, and measurable goals. Radiologist clinician educators can use this principle to set goals for themselves and their medical students/residents/fellows in terms of patient care, teaching, and mentoring.
- 3. Time management:** The idea of chunking in the book is to break down large goals into smaller, more manageable tasks. By doing this it allows the individual to focus on one thing at a time rather than getting overwhelmed with a list of things to do. By chunking down the goal, it becomes more manageable and less daunting. Additionally, it’s important to chunk down the task to the level of next actionable step, so that it can be executed quickly. By focusing on one task at a time, an individual can achieve the goal in a more efficient and effective way.

4. **Focus:** The book encourages readers to focus on one thing at a time rather than multitasking. Radiologist clinician educators can apply this principle by focusing on one patient or one teaching task at a time, which can lead to better results and an improved learning experience for medical students/residents/fellows.
5. **Self-improvement:** Radiologist clinician educators can use the principles outlined in the book to improve their own productivity, time management, effectiveness, as educators and as clinicians.

Overall, “The One Thing” can be a great resource for radiologist clinician educators who are looking to improve their productivity, effectiveness, and achieve their goals in their profession.



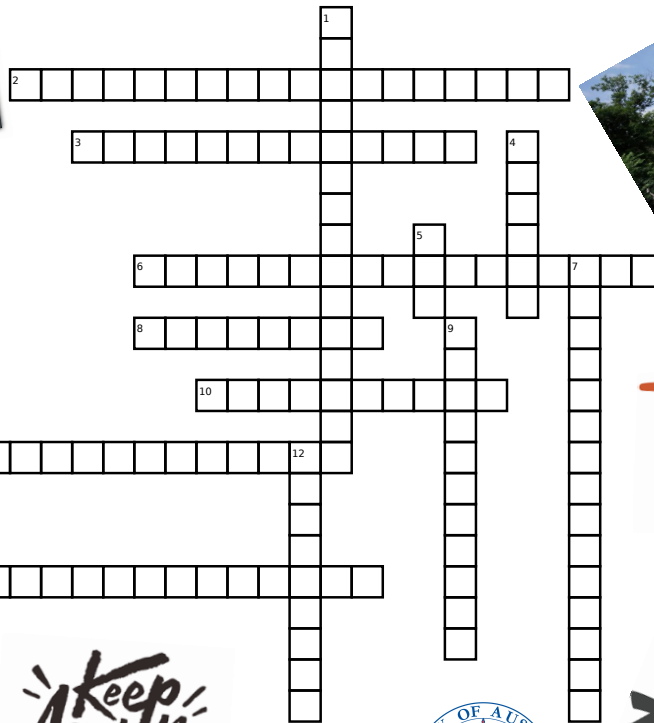
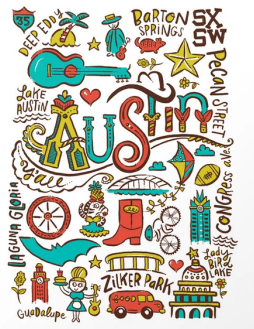
Article by Biren A. Shah, MD

Special thanks to Puneet Bhargava, MD for his book recommendation.

**C THE ACER
ONNECTION**

*Have a great book
recommendation?
Send your
recommendation to:
bshah@dmc.org*

Fun facts about Austin, Texas



Down:

1. What are the 165-foot tall structures called to light up the city of Austin at night?
4. Name of Winnie-the-Pooh's friend whose birthday is celebrated every last Saturday in April.
5. Austin is home to what particular mammal colony that is considered the largest in North America?
7. Built by Vince Hannemann this structure stands in the backyard of a small house on a suburban street on the southside of Austin.
9. First Austin resident to have won a Grand Slam singles title in tennis.
12. A day to honor Leslie Cocharan, a homeless cross-dresser, peace activist, and Austin icon that ran for mayor, three times.

Across:

2. Famous actor that hails from Austin.
3. Bess Bistro, a restaurant in Austin, was owned by what famous actress for 9 years until it closed in 2015?
6. Only Formula One race track in the entire United States.
8. Name of the city of Austin before it was called Austin.
10. Grocery store that originally started in Austin.
11. Nickname for the cluster of high-tech companies in the Austin metropolitan area.
13. The slogan adopted by the Austin Independent Business Alliance to promote small businesses in Austin, Texas.



ACER Publications Committee Landscape Photo Cover Contest Submissions

The ACER Publications Committee invited ACER Members to submit their best landscape photo to be considered for the front cover of the spring issue of *The ACER Connection*.

Types of landscape photography that were considered were:

1. Urban
2. Rural
3. Nature
4. Skyscape/Cloudscape
5. Architectural
6. Seascape
7. Mountain landscape
8. Forest landscape
9. Sunrise/Sunset

ACER Members could submit up to 3 photos entries. Selection of the best landscape photo was made by the ACER Publications Committee with the names of the ACER Members anonymized.

There was a total of 16 photo submissions. The following pages show the winning photo, that is on the cover of spring issue of *The ACER Connection*, along with the other great photos submitted.

Thank you everyone who participated!

ACER Landscape Photo Cover Contest Winner

Icebergs are blue: Alaska

Photo submitted by Susan Summerton, M.D.



Other Landscape Photo Submissions

Lake Ponemah, Michigan

Photo submitted by David Bloom, M.D.



Piedmonte, Italy

Photo submitted by David Bloom, M.D.



Haleakala, Hawaii

Photo submitted by David Bloom, M.D.



Sunset over Moremi Game Reserve National Park, Botswana
Photo submitted by Pauline Germaine, D.O.



Penguin Colony (aka AUR workshop in progress in not so distant future) Cape Town, South Africa
Photo submitted by Pauline Germaine, D.O.



Beautiful Elephants, Moremi Game Reserve, Masarwa, Botswana
Photo submitted by Pauline Germaine, D.O.



Boathouse row, Philadelphia

Photo submitted by Susan Summerton, M.D.



Santa Monica sunset

Photo submitted by Susan Summerton, M.D.



Fall Sunset at Castile Hill Inn, Rhode Island

Photo submitted by Ana Lourenco, M.D



Laughing fox, Butler, Maryland

Photo submitted by Donna Magid, M.D., M.Ed



Fox at rest, Butler, Maryland

Photo submitted by Donna Magid, M.D., M.Ed



Pensive Fox, Butler, Maryland

Photo submitted by Donna Magid, M.D., M.Ed



*Hidden Lake Lookout, North Cascaded National
Park, Washington State*

Photo submitted by Navid Faraji, M.D.



*Hidden Lake Lookout, North Cascaded National
Park, Washington State*

Photo submitted by Navid Faraji, M.D.



The Highland Cow, Loch Lomond and the Trossachs
Photo submitted by Jessica Leschied, M.D.



*Getting promoted as an
educator:*

Three pearls for success

by Tara Catanzano, M.D.



Promotion to a higher academic rank is an important step for career advancement. Senior rank (Associate Professor and Professor) is required for access to higher level academic opportunities, for example, the career development programming offered by the AAMC or ELAM. Rank is also a physician's academic currency, with leadership and clinical advancement opportunities reserved for those with more senior rank.

Historically, educators have found it difficult to be promoted, in large part due to narrow and fairly rigid promotion criteria and publication metrics. Fortunately, this is rapidly changing, as medical schools are embracing the broader contributions that non-traditional faculty types make to the institutional mission.

Although institutional requirements for promotion metrics vary; the following tips can be used by any clinician educator, to advance their career and increase the likelihood of promotion.



Pearl 1: Develop expertise

Clinical experience and skills must develop in concert with teaching skills, to succeed as a clinician educator. Workstation and conference teaching are often in one's

area of clinical practice, thus life-long learning principles apply while navigating this career path. In addition to clinical content, developing expertise in the foundations of medical education is an important step towards excellence as an educator. Formal degrees (e.g. Master's in Education), are seldom necessary for promotion and proficiency as an educator. Rather, exposure to current teaching methods and principles thorough programs such as the AUR faculty development course or Teaching Certificate program, as well as mentoring by local or regional experts is often enough to begin professional development as an educator.



Pearl 2: Find a niche and disseminate scholarship

As with all other areas in medicine, finding a niche for development and expertise is important as an educator. For example, an educator might choose to refine their skills in simulation, gamification in radiology, teaching through virtual reality, or best practices in workstation teaching. Peer reviewed scholarship on these topics is essential to allow dissemination of personal work in the arena. This scholarship may include peer reviewed publications, published curricula (e.g., MedEd Portal), or invited talks on the topic. The educator should confine, as much as feasible, their activities to develop themselves as the expert in their chosen niche.



Pearl 3: Find like-minded collaborators

Organizations such as ACER, AUR and APDR bring together radiologists with similar interests and backgrounds in radiology education. Committee participation brings opportunity to network and collaborate with individuals who share a passion and purpose focused on educational missions. The AUR annual meeting provides further opportunity to develop relationships and scholarly collaborations. These relationships not only allow for mutual career development, but also provide emotional support, mentorship, and coaching, that all educators need as they traverse the turbulent waters of the current healthcare environment.

In closing, while the prospect of being promoted as a clinician educator appears daunting, it is imminently feasible. The three pearls provided are jump off points to developing the educator's career of your dreams.

Lessons We Learned During the COVID-19 Pandemic: Strategies to Enhance the Virtual Interview



by
Kimberly L. Shampain M.D.

&

Erica B. Stein M.D.



We are all familiar with the resident interview.

Residency applicants submit detailed standardized applications through the Electronic Residency Application Service (ERAS), which training programs then use to select a smaller pool of invitees to interview. Anyone who has composed or reviewed an ERAS application knows that it is typically lengthy, often greater than 40 pages, which raises the question of what further information an interview could provide, that was not covered in the application. The utility of the interview is actually two-fold, with benefits for the program as well as for the applicant. The ERAS application can be thought of as an initial screening tool for programs, with the interview day used to assess non-tangible attributes that are positive, such as maturity, confidence, honesty, strong communication skills, or negative, such as aggression or lack of interest in the specialty. Interview days can be further utilized by the program to attract optimal candidates. In turn, applicants can use these days as an opportunity to form subjective and objective opinions about program quality and compatibility. Interview day experiences often viewed as valuable for the applicants include; interaction with current residents, a tour of the healthcare facility, informational presentations, and one-on-one interviews with faculty and often the program director.

And then there was 2020. On May 21 2020, as the COVID-19 crisis unfolded, the Association of Program Directors in Radiology and in Interventional Radiology issued a position statement endorsing virtual interviews for all residency applicants, to both diagnostic and interventional radiology residency interviews. Training programs were faced with adapting to the loss of in-person interviews and developed several strategies to enhance the virtual interview experience.

A fairly low-resource intervention that was found to be useful was the broadening of residency program online presence, including expansion of scope and increased quality of information on program websites. A 2018 survey of interventional radiology applicants indicated that the applicants' biggest source of program information was obtained from program websites, more so than physician mentors and residents (DePietro). More recently, a 2021 survey of diagnostic radiology residents demonstrated that 71% of respondents used programs' social media accounts, (Facebook, Instagram, Twitter), to learn more during the 2020-2021 match cycle (Czawlytko). Part of social media's effectiveness lies in its ability to provide two-way communication, allowing for applicants to ask questions and for residents and faculty to provide answers. Twitter is particularly valuable when "marketing" a residency program, providing the department a platform on which to share its achievements (Nguyen).

Since 2020, many programs have implemented the model of the virtual "open house", typically occurring in the fall before the start of interview season. This forum allows applicants to ask questions in an anonymous fashion, (with such queries often submitted ahead of time), and provides an additional view into a program's sense of community and overall culture. In a 2021 study, 96% of respondents to a post-session survey indicated they felt either somewhat or significantly more knowledgeable about the culture of the program, research opportunities, and educational opportunities after attending the session (Tanaka).

The implementation of virtual informal social hours between residents and applicants the evening before the interview, in lieu of the traditional interview dinner, has also been shown to be an effective intervention. A recent survey stated that 92% of

respondents reported attending these virtual events, with 63% stating that the event influenced their ranking of the program on their match list (Czawlytko). On the day of the interview itself, a pre-recorded virtual tour allows the applicant to experience the department, hospital, and city. Filming the hospital tour at night is a great option to ensure adherence to HIPAA regulations and sharing the material with the healthcare system's compliance office ahead of interview season is suggested.

As another match cycle comes to a close and we look ahead to the 2023-2024 season, the fate of the interview platform still remains uncertain. However, should interviews remain virtual, implementing the above strategies can enhance the interview process, benefiting both the potential trainees and training programs.

References:

- DePietro DM, Kiefer RM, Redmond JW, et al. The 2017 integrated IR residency match: results of a national survey of applicants and program directors. *J Vasc Interv Radiol*. 2018;29(1):114–124.
- Czawlytko C, Smith E, Awan O, Resnik C, Hossain R. The Effect of Virtual Interviews and Social Media on Applicant Decision-Making During The 2020-2021 Resident Match Cycle. *Acad Radiol*. 2021 Jul 6:S1076-6332(21)00268-3. doi: 10.1016/j.acra.2021.05.028. Epub ahead of print. PMID: 34244069.
- Nguyen JK, Shah N, Heitkamp DE, Gupta Y. COVID-19 and the Radiology Match: A Residency Program's Survival Guide to the Virtual Interview Season. *Acad Radiol*. 2020 Sep;27(9):1294-1297. doi: 10.1016/j.acra.2020.06.023. Epub 2020 Jul 7. PMID: 32660754; PMCID: PMC7340060.
- Tanaka ME, Brideau HR, An TJ, McLoud TC, Little BP, Kelly HR. Utilization of a Virtual Information Session to Increase Engagement With Prospective Applicants in the Setting of COVID-19. *Curr Probl Diagn Radiol*. 2021 May-Jun;50(3):351-355. doi: 10.1067/j.cpradiol.2020.11.005. Epub 2020 Nov 15. PMID: 33257095.



Ground School & Flight School

by George (Chip) J. Watts V, MD



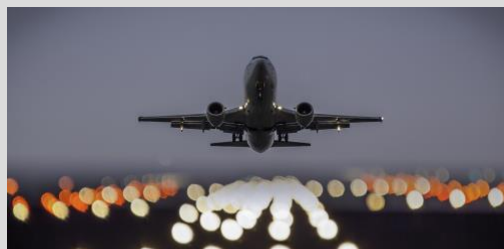
The acquisition of procedural skills is a challenging aspect of post-graduate medical training. This is particularly true in non-surgical residency programs, like diagnostic radiology, where individual residents have varied exposure to procedures throughout their training. Despite best efforts by residency programs, faculty and trainees to ensure radiology residents demonstrate proficiency and independence in the performance and management of image-guided procedures, we may still be falling short of the mandates set forth by the American Board of Radiology (ABR) and the Accreditation Council for Graduate Medical Education (ACGME). There is no shortage of obstacles in the resident's pursuit of mastering procedures, such as busy clinical rotations, exam preparation, call duties, diluted procedural experience with the advent of on-call "catheter teams," advanced practice providers, and balancing the needs of parallel interventional radiology residency curricula. In spite of these barriers, educators should not be deterred from our goal to seek creative solutions for this complex problem.

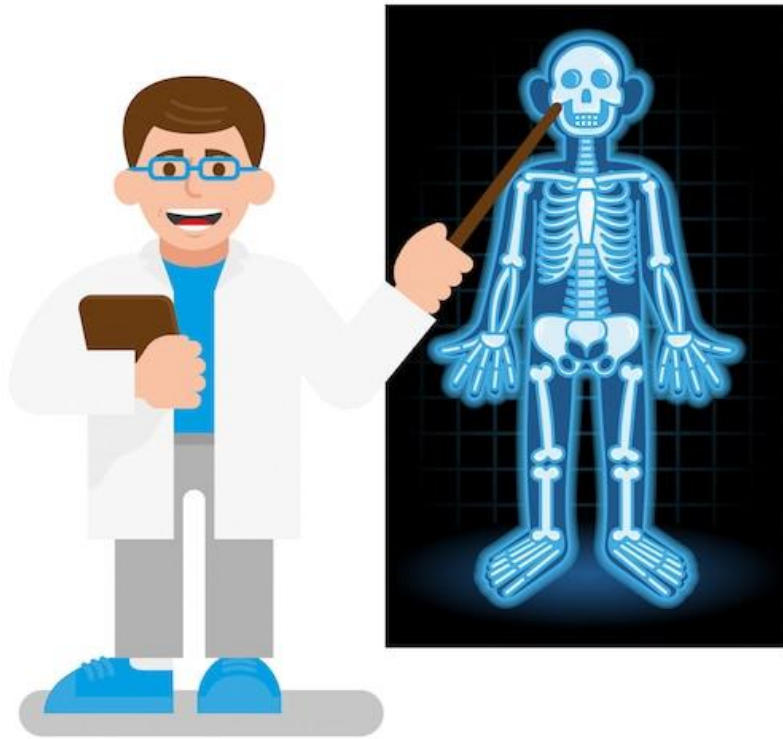
The aviation industry has served as a model for many of the modern safety and quality measures that we incorporate into our daily medical practice in the US, including the pre-procedural "Time-Out" ritual we are now so accustomed to. Similarly, we may look to pilot education as analogous to image-guided procedural training. Whether flying an aircraft or performing a fluoro-guided hip aspiration, both endeavors require the solo operator to possess a high level of skill and both are potentially dangerous. Pilot training is most often comprised of two distinct components, beginning with *ground school*, where basic aeronautical knowledge and safety concepts are taught, followed by *flight*

school, where aviation skills are practiced in the flight simulator or aircraft alongside an experienced instructor.

At our institution, we have created a procedural skills curriculum for our residents with these concepts in mind. Many of the components were already in place, for example, in terms of *ground school*, our residents already had didactic lectures covering basic procedural knowledge and safety concepts throughout their training. However, we thought to bridge the gap to *flight school* by establishing a dedicated procedural skills simulation lab led by our faculty. These skill sessions are held twice a year in a low-stakes environment, using real procedural equipment on a variety of anatomic and vascular models. We cover ultrasound-guided biopsy, vascular access, catheter manipulation/stent deployment, suturing clinic, as well as fluoro-guided hip and shoulder joint injections, using a cadaveric donor. We supplement these activities with high-yield didactic reviews, multiple-choice quizzes, and self-assessment surveys.

By holding sessions in the evening hours and utilizing available resources, engaging energetic faculty and staff, and partnering with equipment vendors, we have managed to establish this curriculum at low cost and with minimal disruption to daily clinical activities. As a result, we have seen improvement in resident knowledge, self-satisfaction, and an increased number of procedures independently performed by residents on clinical service. The combination of *ground school* and *flight school* components in training residents to perform image-guided procedures using this curriculum has been successful in preparing our trainees to take flight on their own.





Encouraging Residents as Educators:

ACER newsletter interview with Stefan Brancel, M.D.

Future interventional radiologist and Chief Resident at Henry Ford Health System



Interview by Jessica Leschied, M.D.

Q: You have impressed me with your efforts as a passionate and innovative educator during your time as a radiology resident. Can you tell me what inspires or motivates you to devote your time to these pursuits?

There is something magical about sharing knowledge. When you can connect with someone at their knowledge level and add to their understanding of a concept, you can see change happening. They go from being or appearing bored to being actively engaged. People lean forward, focus their eyes, and start asking questions. That moment is what keeps me coming back to teaching radiology.

Q: What different types of teaching experiences have you been part of as a resident?

I take every teaching opportunity that I can get. That includes lectures for first through fourth year medical students. I give radiology anatomy correlation lectures for M1s, radiology basic pathology lectures for M2s, radiology surgical-path lectures for M3s on their surgery rotations, and general radiology lectures to M4s on their radiology rotations. I also organize a curriculum of review lectures for a rad-path course for radiology technologist students. As I progress further into residency, my educational work has transitioned into mentorship for junior residents and medical students in making educational posters/presentations for conferences. Right now, I am working with six medical students on three different educational projects.

Q: Your approach to education is quite creative and innovative. Describe your approach to educating students, technologists, or residents?

The first step in teaching, is to find out where the learner is and what is important to them. New information should then be connected to things that they already know and attached to something that matters to or interests them.

Q: In your opinion, what are three qualities that make a great radiology educator?

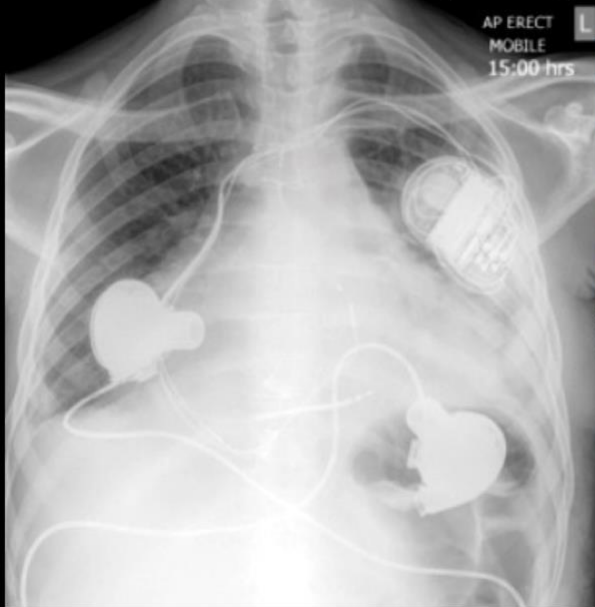
1. Investment in the learner – Start from the goal of helping the student. Any teaching that starts from a primary objective of obligation or a sense of routine will fall short.
2. Listen – Begin where the student is at. To do this, listen to what they already know to avoid redundancy. As new information is provided, continually check in with the learner to see how much is being understood and retained.
3. Patience – Radiology is a massive field of knowledge and learners will not remember everything the first or even second time. Be patient and oftentimes, repetitive. If fully invested in the learner, find the patience to rephrase, reframe, and reteach things until they are memorable and understandable.

Q: Can you describe one teaching experience that you are particularly proud of? Or one that will have a lasting impression on you?


I was asked to give a lecture on radiology to local high school students who were learning about medical careers. At the time, Marvel movies were immensely popular. I designed a lecture on chest radiographs around a series of case examples imagining what superhero chest x-rays would look like. I found or created chest radiographs that would be fitting for superhero characters such as Ironman, Batman, the Flash, and Wolverine. I used these cases and a few animated informational slides to teach core principles of anatomy and

radiography. The lecture had built-in questions and interactions and was filled with slick animations and transitions. Some of my hard work was lost on the students (!) but my co-residents and attendings that I shared it with, thought it was pretty innovative.

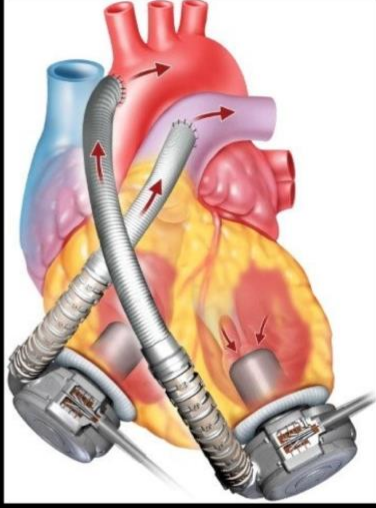
Cyborg's Chest X-ray



AP ERECT
MOBILE
15:00 hrs




Superpower:
Part human
part machine

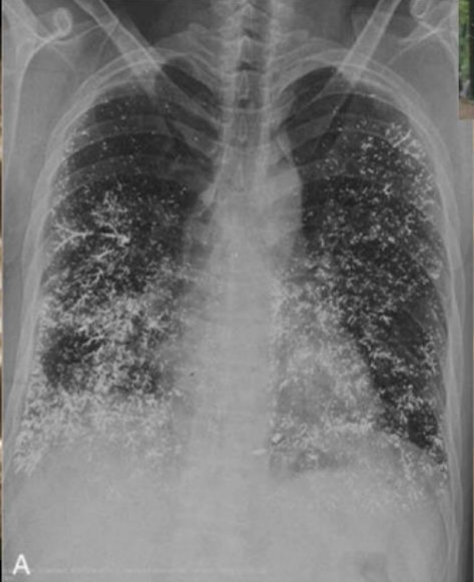


Biventricular assist
device for heart
failure



Wolverine's Chest X-ray



Fictional: Intraosseous adamantium injection



Reality: Intravenous mercury injection



Images from Lu Q, Liu Z, Chen X. Mercury poisoning through intravenous administration: Two case reports with literature review. *Medicine*. 2017 Nov;96(46):e8643.

Figures. Dr. Brancel's renditions of "superhero" chest radiographs designed to teach basic radiology concepts to high school students.

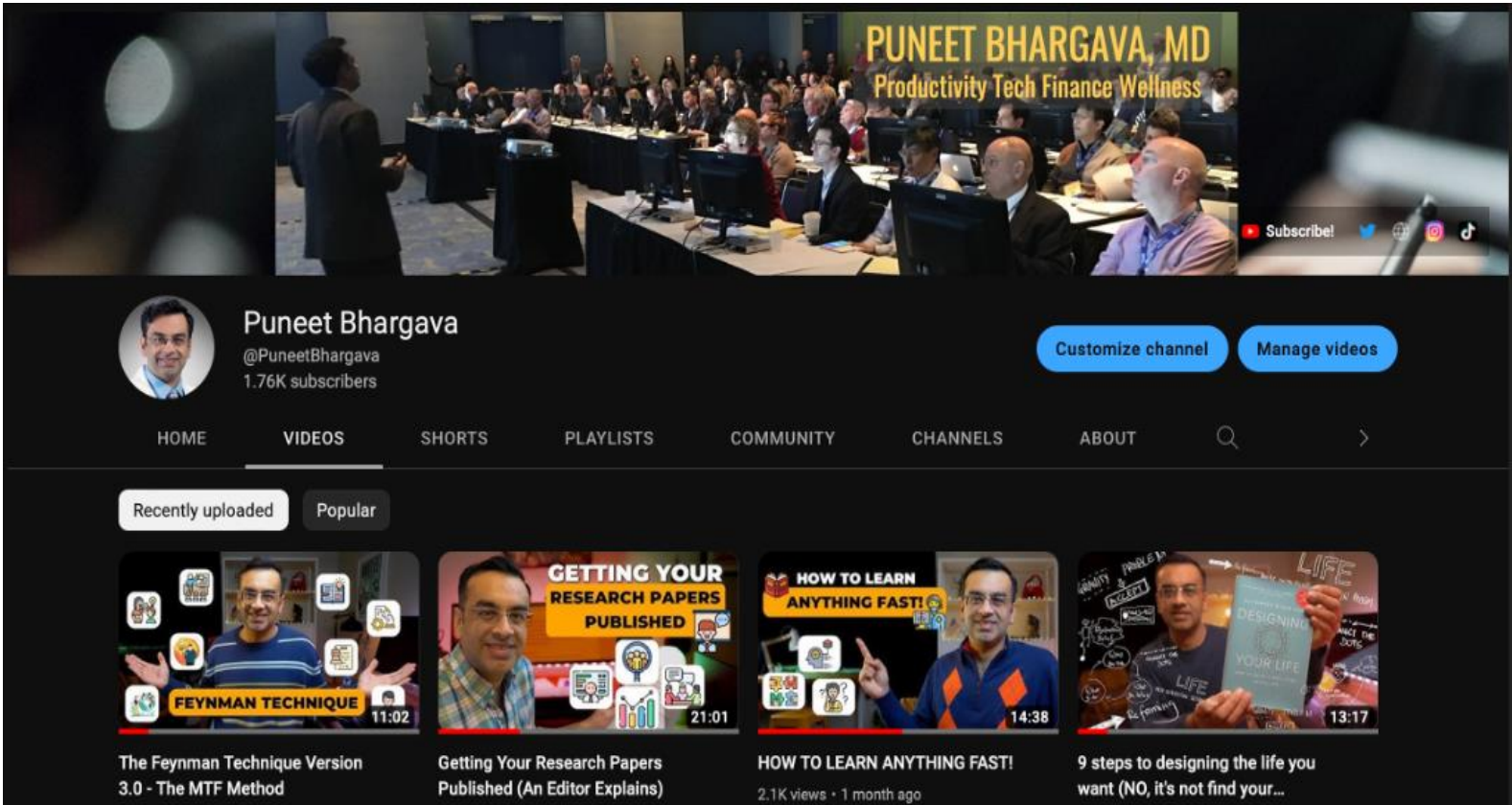
Q: How can we as faculty members, better encourage or support our trainees if they demonstrate an interest in education and teaching?

What has helped me the most is opportunity, feedback, and encouragement. As we all know learning is tough and frequently, we stumble. Our first lecture likely may not be great, but we need the chance to try again and get better. We need quality feedback to guide us on how we can improve on teaching techniques. That can come in the shape of volunteering to review PowerPoints or sitting in on case conferences and providing notes. Finally, a few kind words can go a long way towards helping trainees improve their teaching skills.



Dr. Stefan Brancel, R3 and chief resident, Henry Ford Health System

The Online Radiology Educator



Puneet Bhargava
@PuneetBhargava
1.76K subscribers

Customize channel Manage videos

HOME VIDEOS SHORTS PLAYLISTS COMMUNITY CHANNELS ABOUT

Recently uploaded Popular

FEYNMAN TECHNIQUE 11:02
The Feynman Technique Version 3.0 - The MTF Method

GETTING YOUR RESEARCH PAPERS PUBLISHED 21:01
Getting Your Research Papers Published (An Editor Explains)

HOW TO LEARN ANYTHING FAST! 14:38
2.1K views · 1 month ago

DESIGNING YOUR LIFE 13:17
9 steps to designing the life you want (NO, it's not find your...)

by Puneet Bhargava, MD, FAUR

**Professor of Radiology, University of Washington
Editor, Current Problems in Diagnostic Radiology**

<https://www.youtube.com/@PuneetBhargava/>

So, are you contemplating becoming an Online Educator?

Teaching online can appear glamorous, since we only see polished final products on social media getting visibility - likes, retweets, and comments! It is, however, a significant commitment to a different lifestyle that requires spending an additional 20 to 40 hours/week creating content in addition to your full-time job.

Knowing your WHY is extremely critical. Making high-quality videos is literally the hardest thing I have ever done. A typical 15-20 min video can easily consume more than 40 hours of work from the initial concept to final upload and so clearly knowing why you are committing to it, is the key to staying focused over the long-haul.

At the outset, you need to find an online role model that you can emulate on the initial part of your journey. You also need to watch lots of videos of 3-5 YouTubers that you are inspired by, to get a sense of what the bar is currently. Behind the scenes, there is a lot of parsing through different ideas, scripting, recording, editing, and sharing across multiple platforms including YouTube, Instagram, Facebook, TikTok, to begin with and then possibly LinkedIn, Pinterest, Reddit, Quora, and Medium.

Before you even begin, you need to spend several weeks to months learning about editing, (either Final Cut Pro or Adobe Premiere Pro), camera setting, 3-point lighting set up, sound design, and audio recorder settings. It also helps to establish an area of your house as a dedicated studio space so that you can start recording as soon as inspiration strikes.

Early in your journey, it is not important to have a niche - rather experiment with multiple topics to see what sticks and find a good overlap with what you enjoy. A common mistake Online Educators make, is not defining their audience avatar. You need to have a very clear idea of what your prototype student looks like and what topics

there are interested in. It is important to read their comments and DM's carefully for feedback.

You can make the initial 5-10 videos, just using our phone, to test the waters a bit. After that I recommend spending between \$3,000-\$10,000 as the initial startup cost for equipment and software. Edit a few videos yourself, to learn the editing process, and then you can get help from a freelance editor from [fiverr.com](https://www.fiverr.com) or [upwork.com](https://www.upwork.com)

What is not intuitive at the beginning is that the YouTube channel is not a series of videos but a longer conversation, establishing a connection with your audience.

Eventually, you will need to have a newsletter so you can control and have contact information of your viewers. Social media platforms can come and go but you can continue the conversation through email. One must be nimble to continue to go where the audience goes and adapt to how their learning style changes. For example, the audience might be currently on YouTube, Instagram, and probably TikTok but in the next 3 to 5 years they will move to newer platforms that will emerge. You need to learn how the younger generations interact on these platforms and embrace newer forms of teaching, such as in the form of microlearning, also known as TikTok style videos/Instagram Reels/YouTube Shorts, etc. I have been repurposing long form videos into shorter less than 60 seconds videos to cater to the decreased attention spans that we all have. The results have surprised me..

Don't necessarily think about the payback, only in terms of monetizing these efforts, even though that is welcome money to recuperate the cost of your time, expensive equipment, editor expenses, etc.. For me, the new online connections, friendships, comments, DM's of gratitude, more than makes up for the effort involved. It is hard to predict how opportunities on the internet can impact our career, but suffice to say, they will be unexpected and bigger than you can fathom; but only if you can stay the course for a few years.

What is not intuitive is that several of these platforms provide detailed creator analytics, such as audience, demographics, location, popular video rankings, amount of time watched, etc. which can make your head spin. It becomes fun after a while though. See screen saves below.

In the end, I would highly encourage you to take up the challenge of becoming an online educator with a focus on Radiology, but also venturing out outside of Radiology, perhaps into Medicine and other topics that you're really interested in. I am currently focused on Productivity, Wellness, Finance and Leadership.

Your success depends not only on the quality of the first few videos you make, but also on your consistency in producing 1 to 2 videos per week for the next 2 to 5 years. Although I am early in my journey, I have thoroughly enjoyed the roller coaster ride of videos going viral, burning the midnight oil scripting late into the night and weekends, and listening to YouTube videos during my commute to learn about things like SEO, entrepreneurship, working with your editors, etc.

It's a lot of fun. *Give it a shot!*



Puneet Bhargava, MD, FAUR
Professor of Radiology, University of Washington
Editor, Current Problems in Diagnostic Radiology
<https://www.youtube.com/@PuneetBhargava/>

8:19

5G



RESEARCH **OVERVIEW** CONTENT AUDIENCE



Top content

Views · Last 28 days

| | | | |
|--|--------------------|--|-------|
| | Getting Your Re... | | 13.7K |
| | Understanding F... | | 620 |
| | You Need A Stre... | | 619 |
| | How to do ACTI... | | 606 |
| | How to use FEE... | | 421 |

Realtime

184

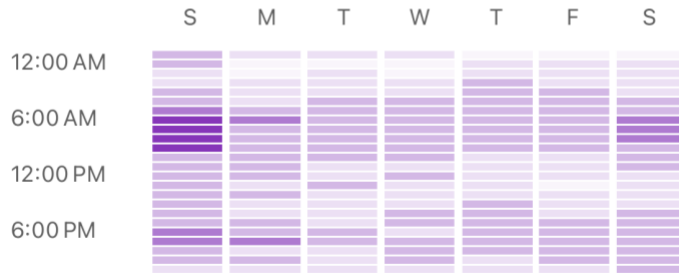
Views · 48 hours



| | | | |
|--|---------------------|----|--|
| | How to do ACTI... | 31 | |
| | The Dream Desk... | 30 | |
| | You Need A Stre... | 27 | |
| | Getting Your Res... | 18 | |
| | Understanding t... | 15 | |

When your viewers are on YouTube

Your local time (GMT -0800) · Last 28 days



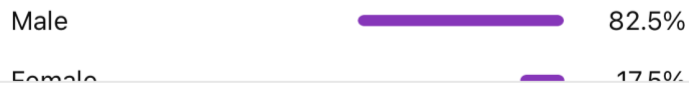
Age

Last 28 days · Views



Gender

Last 28 days · Views





Published ▾

Response status ▾

Search ▾



focused creature • 2 weeks ago

This is incredible! I am now in private practice but I wish I had this information when I was getting my papers published! Love the 5 step writing process!



[VIEW REPLY](#)



Juan Infante • 2 weeks ago

Great video as always, i'll share this video with my residents to help them with preparing some papers, im interested on publishing on an international Journal and have a couple of papers on... [Read more](#)



[VIEW REPLY](#)



Kvm • 3 weeks ago

Thanks for the Video Doc. Can you please make a video on importance of cite scores, indexing and Impact factor while selecting a journal, especially if you are early in your career and find it... [Read more](#)



[VIEW REPLY](#)

My 5-Step Process for Scientific Paper Writing





2023 Meeting Program

4/26 Wednesday, 11am-12pm

ACER 1 — *To Infinity and Beyond in Education*

Moderator: Omer Awan

Speakers:

1. *Augmented Reality* – Chris Morley
2. *Podcasts* – Linda Chi Hang Chu
3. *Advanced Functions in Video Conferencing Platforms* – Atul Agarwal



4/26 Wednesday, 2:15pm-3:15pm

ACER 2 — *YouTube for the Educator*

Moderator: Puneet Bhargava

Speakers:

1. *How to Teach on YouTube* - Petra Lewis
2. *Why YouTube Works Well for Trainees* - Amina Farooq
3. *Residents as Mentors and Teachers on YouTube* - Yasha Gupta
4. *How to Brand Yourself as an Educator Using YouTube* - Omer Awan

4/26 Wednesday, 3:30pm-4:30pm

ACER 3 - *Creating a Voice as an Educator and How to Empower Those You Teach Through Advocacy*

Moderator: Ann Jay

Speakers:

- 1- *Teaching the Next Generation of Physician Advocates* - Naiim Ali and Gunja Malhora
- 2- *The Effective and Powerful Elevator Pitch* – Toula Destounis
- 3- *The Power of Storytelling in Advocacy Work* - Sarah Avery

Breakfast Round Tables:

4/25 Tuesday 7am-8am - *Early Career Mentorship*

Moderators are Geraldine Brusca and Chloe Chhor

4/27 Thursday 7am-8am - *Finding Time to Educate in a Whirlwind of Increasing Volume*

Moderators are Nancy Fefferman and Yolande Kwok

ACER/AMSER Lecture

4/27 Thursday 7am-8am - *Teaching Two Birds With 1 Stone: When Medical Student and Resident Education Intersect*

Moderator: Atul Agarwal,

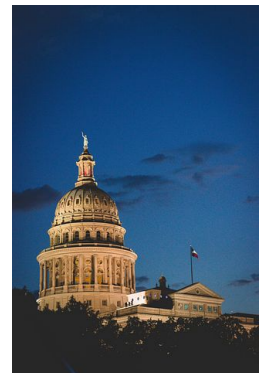
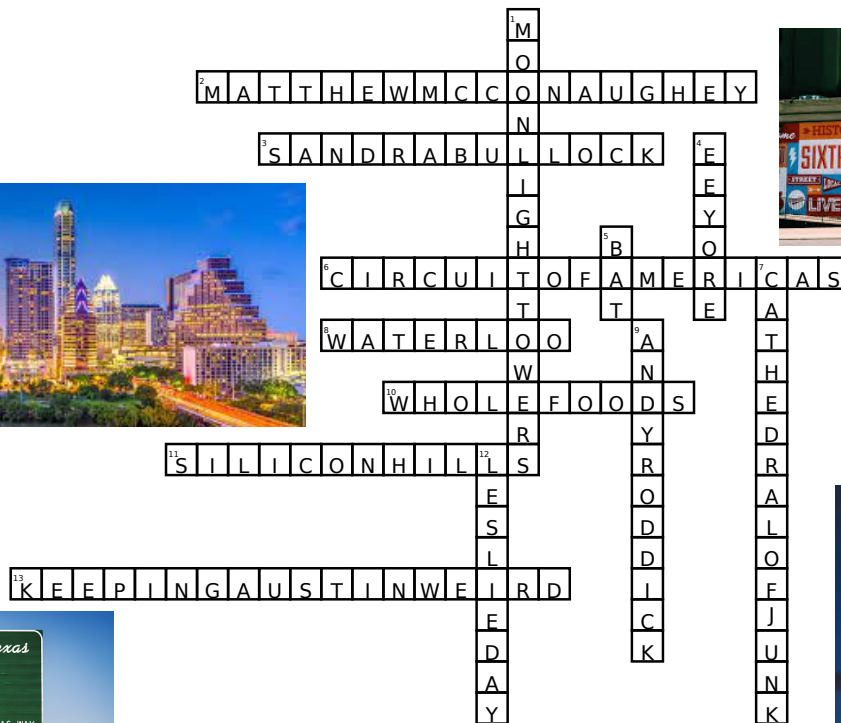
Building a successful Radiology Resident-as-Educator curriculum - Jeffrey Alpert

Simulations for Medical Students and Residents - Alisa Sumkin

Gamifying Radiology Education to Engage Medical Students and Residents - Chloe Chhor



Fun facts about Austin, Texas



Down:

1. What are the 165-foot tall structures called to light up the city of Austin at night?
4. Name of Winnie-the-Pooh's friend whose birthday is celebrated every last Saturday in April.
5. Austin is home to what particular mammal colony that is considered the largest in North America?
7. Built by Vince Hannemann this structure stands in the backyard of a small house on a suburban street on the southside of Austin.
9. First Austin resident to have won a Grand Slam singles title in tennis.
12. A day (**March 8**) to honor Leslie Cocharan, a homeless cross-dresser, peace activist, and Austin icon that ran for mayor, three times.

Across:

2. Famous actor that hails from Austin.
3. Bess Bistro, a restaurant in Austin, was owned by what famous actress for 9 years until it closed in 2015?
6. Only Formula One race track in the entire United States.
8. Name of the city of Austin before it was called Austin.
10. Grocery store that originally started in Austin.
11. Nickname for the cluster of high-tech companies in the Austin metropolitan area.
13. The slogan adopted by the Austin Independent Business Alliance to promote small businesses in Austin, Texas.

C THE ACER ONNECTION



***Want to contribute to the next issue of
The ACER Connection?***

Send your article to:

Biren A. Shah, MD

bshah@dmc.org