Case Study: Residents Reaching Out

Radiology residents at NYU Langone Medical Center provide value outside of the reading room.

By Alyssa Martino

Key Takeaways:
- Radiology residents at New York University Langone Medical Center lead valuable lectures for non-radiology residents on a variety of imaging safety-related issues.
- Serving on hospital committees, such as house staff patient safety councils, is an effective way for radiology residents to become a more integral part of the patient-care chain as well as to fulfill new Accreditation Council for Graduate Medical Education (ACGME) accreditation requirements.

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The hustle and bustle of treating patients in a large medical center can easily lead to silos among departments such as radiology, internal medicine, and general surgery. Unfortunately, this behavior can be detrimental for health care providers — who ultimately benefit from a deeper knowledge of each other’s roles. Luckily, not everyone is satisfied to let these gaps persist between specialties. Nathanial E. Margolis, MD, senior radiology resident at New York University (NYU) Langone Medical Center in New York City, is working with fellow residents to provide value outside of image interpretation, ensure the entire hospital community is educated about radiology safety issues, and help other specialties see the “big picture” in patient care.

Learning Via Lecture

One vital way in which NYU Langone’s radiology residents have been engaging other departments is through lectures developed jointly by residents and attending physicians. “We reach out to residents in other departments to ensure that they know the ‘what, why, and how’ of imaging safety,” says Margolis. “We think that opening the channels of communication among residents in our institution will ultimately result in safer, more efficient, and higher quality patient care.”

Lecture topics include general radiation safety information, but are also tailored based on the audience. For instance, the team focused on CT radiation dose when speaking with emergency department, internal medicine, and surgery residents; whereas they highlighted MRI issues with the physical medicine and rehabilitation department. In a future presentation, the residents will feature imaging in pregnancy in the OB-GYN department lecture, Margolis says. He also adds that, during these lectures, he and his fellow residents typically explain how to use ACR Appropriateness Criteria® to choose the best imaging test possible.

Though attendees are primarily other residents, Margolis says that some attending physicians, mid-level providers, and medical students also show up, which means the lectures inform an even wider audience about critical issues. “Radiology safety is not taught in the medical school curriculum and is usually learned on the job as a resident,” says Margolis. “This leads to misconceptions on the part of physicians ordering the exams, such as whether intravenous contrast should be given or not, how safe an exam is, and what can go wrong. If other departments are more aware of safety topics, then they can do a better job of explaining imaging tests to their patients and avoid potential harm.”

Beyond Imaging

Another effort to contribute to patient care can be seen through NYU radiology residents’ participation in hospital committees, including house staff patient safety councils. These committees give residents an opportunity to interact with administrators and also provide a voice to residents who want to improve patient care, says Margolis. But why is it so important for residents to get involved in committees? “Radiology residents are training to be experts in image interpretation, but also can see the ‘big picture’ in health care,” Margolis emphasizes. Since we interface with virtually every specialist and are involved in the diagnosis and follow-up of nearly every condition, we have a keen sense of what works and what doesn’t work,” he says.

An example of what works, continues Margolis, would include knowing whether the diagnostic workup and treatment is working for a particular problem; an illustration of this, says Margolis, would be an “ultrasound correctly performed for appendicitis, and the patient is taken to the OR as a result with a good
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outcome. However, if the patient is not improving with treatment or a complication has arisen from the treatment — such as when a patient with presumed diverticulitis is not improving with antibiotics, and a subsequent CT shows an abscess — the approach would be shown not to work. This knowledge base is crucial among hospital committees that make decisions affecting the entire health care entity.

Additionally, the Accreditation Council for Graduate Medical Education (ACGME) recently introduced the Next Accreditation System (NAS), a new accreditation program for medical education programs, which includes the Clinical Learning Environment Review (CLER) — a program devised to evaluate how an institution integrates house staff into its fabric in an effort to improve the learning environment among graduate medical education students. According to Margolis, the ACGME is looking to see that residents are integrated into a hospital’s safety infrastructure, while also requiring that residents serve on committees as a part of NAS/CLER. “Demonstrating involvement in committees will serve to reinforce the notion that radiologists are part of the care team,” Margolis says. It’s important to learn how to add value as a resident, and joining a hospital committee is a great way to start, adds Margolis. “The skills learned from participation in hospital committees will serve trainees well when they become attendings,” he concludes. “By taking a seat at the conference room table and advocating for patients, residents are bringing Imaging 3.0™ principles to life.”

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Next Steps:

• Reach out to your department chair to see if he or she would support a lecture series to other residents about issues like radiation dose safety and appropriate imaging. Connect with other departments to see if they would be interested in participating.

• Consider joining a hospital committee to help demonstrate the value of radiology within the patient care chain. If you are a resident, doing so can also help fulfill residency requirements for the NAS/CLER.

Join the Discussion

Want to join the discussion about how radiology residents can provide value outside of the reading room? Let us know your thoughts on Twitter at #imaging3.

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