Electives After the Core Exam: Transitioning to Independent Practice

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• None
Background

• The majority (10/13) of fourth year rotations are electives determined by the resident.
• Elective selection directed by resident goals
Purpose

• To examine the changes in resident electives before and after instituting the ABR core exam.
Methods

• Fourth year resident electives at Indiana University, just before and just after the ABR exam change, were analyzed to look for trends in elective requests
  – 2011-13 (last 2 years of oral exam era)
  – 2015-17 (first 2 years of core exam era)
Methods (cont.)

• Elective Categories
  – Classic DR/IR electives (MSK, peds, IR, nucs, etc.)
  – Clinical/Research (shadowing clinicians and research)
  – Generalist (acting as sole radiologist at a community hospital)
  – Night Float (high-volume rotations)
  – Procedural (working with PICC nurses or ultrasound technicians)
Results

• Electives of 59 PGY-5 residents were reviewed
  – 29 residents in oral exam era
  – 30 residents in core exam era

• 757 total electives
  – 377 electives in oral exam era
  – 380 electives in core exam era
Results

<table>
<thead>
<tr>
<th>Elective Type</th>
<th>2011-13</th>
<th>2015-17</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classic IR/DR</td>
<td>324 (86)</td>
<td>202 (53)</td>
<td>-33%</td>
</tr>
<tr>
<td>Clinical</td>
<td>37 (10)</td>
<td>39 (10)</td>
<td>0%</td>
</tr>
<tr>
<td>Generalist</td>
<td>8 (2)</td>
<td>87 (23)</td>
<td>21%</td>
</tr>
<tr>
<td>Night Float</td>
<td>3 (1)</td>
<td>42 (11)</td>
<td>10%</td>
</tr>
<tr>
<td>Procedure</td>
<td>5 (1)</td>
<td>10 (3)</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>377</td>
<td>380</td>
<td>--</td>
</tr>
</tbody>
</table>

Number and percentages (in parenthesis) of electives per type by 2-year period. Percentage change in final column.
Results (cont.)

- Shift from classic DR/IR rotations
- Marked shift towards Generalist and Night Float rotations
- Small shift towards Clinical and Procedural rotations
Conclusions

• Timing of core exam frees up PGY-5 for focus on increasing productivity and development of autonomy and flexibility, reading disparate exams in a community setting.

• Post-core training can be used to train clinically and technically confident radiologists to better serve patients and clinicians.
Conclusions (cont.)

• Residency programs should strive to offer non-classic experiences to better prepare residents for transition to independent practice.

• Additional opportunities include leading interdisciplinary conferences, protocoling studies, rounding with clinicians, and fielding clinician questions.