

# JACR: A Necessary, Valuable Resource for Residents and Fellows

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Intern year. Residency. Fellowship. Maybe a second fellowship? It is at least 6 years of training for most of us. It is a long time—or so it seems, at least.

There is a tremendous amount of material diagnostic radiology trainees must absorb during this time. (And the amount of information is growing exponentially.) It begins with learning how to dictate, navigating a PACS, finding where you can get a cup of coffee, and figuring out how to find the pager number of the surgery intern on call. Of course, residency quickly evolves into learning the physics that generate images, as well as those that create artifacts. Training concludes with a keen eye, a firm grasp of the differential diagnosis for most imaging findings, and, in many cases, an independent capability to perform many minimally invasive, image-guided interventions. The evolution of learners in radiology is impressive.

However, underlying the core clinical curriculum embraced by all training programs is a vast and often bewildering body of knowledge about vitally important, nonclinical topics that affect radiology practices and our profession. Health policy, economics, practice management, quality, and leadership are fields that are constantly driving change in radiology. To be considered competent, it is undoubtedly necessary for trainees to learn the differential diagnoses for anterior, middle, and posterior mediastinal masses. However, concurrently developing an understanding of the nonclinical aspects of our profession is also becoming a necessity for graduating trainees who want to be

value-added members of radiology departments.

Most radiology residency curricula do not include formal education about these topics. And even if they do, it often leaves trainees wanting more. Although there is an overwhelming number of books, meetings, and online resources available to learn about clinical radiology, there is a striking scarcity of resources for trainees seeking to learn about nonclinical radiology. This is where the *Journal of the American College of Radiology (JACR®)* shines. The blue journal has become a valuable, authoritative resource for trainees wanting to broaden their understanding of health policy, practice management, leadership, and issues influencing how radiology residents are trained. Below are only a few examples of how the journal provides value for residents and fellows.

## HEALTH POLICY

As trainees, I'm sure we have heard faculty members talk about “bundled payments” and the recent multiple-procedure payment reduction imposition from CMS that reduces professional reimbursement when the same radiologist interprets multiple imaging studies for the same patient during the same session. Although we know that this policy has been implemented, we likely lack an understanding of the background of the recommendation and the roles the US Government Accountability Office and the Medicare Payment Advisory Committee played in the recommendation. Fortunately, as trainees, we can refer to the September 2011 issue of *JACR* to read a thorough analysis of this policy

recommendation from Dr Bibb Allen and colleagues [1].

Another health policy topic that has made noise in recent years is utilization management, specifically the implementation of radiology benefit managers (RBMs) and real-time decision support. Have you heard of RBMs? Does your hospital use decision support software? Many people claim substantial reductions in the rate of imaging when RBMs or decision support is used. Why did these entities come to be? And what is their effect? Again, *JACR* delivers for trainees seeking an enriched understanding of utilization management. In October 2012, Drs Rich Duszak and Jonathan Berlin [2] provided a historical perspective and rationale for current utilization management resources. Lee et al [3] offered a more in-depth analysis of the actual impact of RBMs in their article in the June 2011 issue.

## EDUCATION AND TRAINING

I am confident that there is no need to provide background regarding the new ABR initial certification process and the elimination of the traditional oral boards. Trainees are acutely aware of this dramatic shift in radiology education and are certainly feeling its impact. I sympathize with chief residents who are charged with scheduling around current fourth-year residents taking the oral boards this June while planning for the ABR's first core examination, which will be given this fall. *JACR* serves as the go-to resource for many of the issues surrounding this shift in radiology education. Dr Nachiappan and colleagues [4] discussed the complexities involved with incorporating a

physics curriculum for residents preparing for the new core examination. From *JACR*, trainees are able to garner insight as to how different residency programs are preparing their residents for the new examination and access the position statement from the Association of Program Directors in Radiology regarding residents' clinical duties while studying for the new examination [5-7].

There is also a fairly new, necessary push to incorporate the fundamentals of quality improvement into radiology residency training. Quality improvement is an exploding field. But it can feel very abstract and theoretical unless the fundamentals are learned. Again, *JACR* provides instruction as to how quality improvement can be integrated into traditional residency education. Drs Loftus and Sanelli [8] recently summarized the impact quality improvement can have on our profession. And Dr Jason Itri and colleagues [9] delineated a creative way to implement a journal club that revolves around quality improvement.

### PRACTICE MANAGEMENT AND LEADERSHIP

Seemingly every month, *JACR* is packed with valuable material trainees can access to learn about practice management and leadership skills. A cultural shift is occurring in our profession that places an increased emphasis on these nonclinical skills, which are essential to the sustainability and enhancement of our profession. Some of the most respected voices in these fields are regular contributors to *JACR*. For example, Dr Larry Muroff [10] previously authored a report that details the complexities of hospital contracts with

radiology groups. All trainees will benefit from this article as they begin formulating their career paths and seeking employment.

As reimbursements continue to decline for imaging interpretation, radiologists must find new ways to create revenue. How do you plan to create additional revenue for the department or group you join after training? Dr Frank Lexa and colleagues [11] reviewed ways radiology groups can create nontraditional, alternative revenue in their white paper titled "Task Force to Evaluate the Value Add Impact on Business Models." From this article, trainees can learn more about the skills that will be necessary to contribute to these nontraditional forms of revenue.

Finally, *JACR* provides trainees with more information pertaining to leadership development than can possibly be recapped in a column of this type. Dr Lexa's "Profiles in Leadership" column is always a must-read for aspiring leaders. Dr Richard Gunderman consistently provides provocative insights into the complexities of being a leader [12]. And from *JACR*, residents can gain an appreciation of the ACR's commitment to leadership in radiology [13].

### CONCLUSIONS

We are very fortunate, as residents and fellows, to have free access to *JACR* during training. The references in this column are only a small sampling of the value the blue journal offers to its readership. Access to a journal such as this is a privilege that trainees in most other specialties do not have. We are indeed lucky. Let's celebrate the 10-year anniversary of the journal, as trainees, by committing to the enrichment of nonclinical compo-

nents of our education by realizing the value of *JACR*.

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