

WEBVTT

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00:00:00.359 --> 00:00:02.220

Zarine Shah (Body Imaging - Moderator): i'd like to welcome you all this evening.

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00:00:04.560 --> 00:00:09.960

Zarine Shah (Body Imaging - Moderator): This meeting is being recorded, and so I wanted to remind everyone of a few things regarding the format.

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00:00:10.410 --> 00:00:22.230

Zarine Shah (Body Imaging - Moderator): We will have a Q&A portion at the end of the panel discussion so if you have questions, please do type those into the Q&A portion of this session, you will see those at the bottom of your zoom link.

4

00:00:23.490 --> 00:00:33.120

Zarine Shah (Body Imaging - Moderator): And then, once you've finished with the panel introducing and providing some perspective into their individual experiences we will move into the Q&A portion of the chat and do our best to answer

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00:00:33.480 --> 00:00:49.740

Zarine Shah (Body Imaging - Moderator): questions that have been sent to us ahead of time and then the questions that you type into the chat as we go live. So without further ado, I'd like to officially start this meeting off. This is co sponsored by IDEA-RAD Radiology Interest Group and Women In Radiology and I will

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00:00:53.310 --> 00:00:53.790

get this,

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00:00:55.050 --> 00:00:56.940

Zarine Shah (Body Imaging - Moderator): give me one second to get the

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00:01:08.760 --> 00:01:10.320

Zarine Shah (Body Imaging - Moderator): Are you able to see my screen?

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00:01:12.090 --> 00:01:13.230

Zarine Shah (Body Imaging - Moderator): Great so

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00:01:14.940 --> 00:01:23.730

Zarine Shah (Body Imaging - Moderator): this is, as I said, co sponsored by the Inclusion, Diversity and Equity Advocates in Radiology, Women in Radiology at Ohio State, and the Radiology Interest Group.

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00:01:24.000 --> 00:01:29.850

Zarine Shah (Body Imaging - Moderator): And just to give you a brief idea of each of the three groups and introduce myself i'm Zarine Shah,

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00:01:30.180 --> 00:01:37.410

Zarine Shah (Body Imaging - Moderator): associate professor in abdominal imaging at Ohio State University, and I also serve as the vice chair for Diversity, Equity and Inclusion

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00:01:37.770 --> 00:01:46.530

Zarine Shah (Body Imaging - Moderator): and I work with this fantastic team of passionate members who, and we call ourselves, IDEA-RAD, Inclusion, Diversity and Equity Advocates in Radiology.

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00:01:47.160 --> 00:01:57.360

Zarine Shah (Body Imaging - Moderator): This team came together about a year and a couple of months ago, and we have been working hard to understand what we require in our department and across our

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00:01:57.810 --> 00:02:08.970

Zarine Shah (Body Imaging - Moderator): patient population in terms of providing an equitable working environment and also making sure that our patients have an inclusive experience when they come to Ohio State radiology.

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00:02:09.990 --> 00:02:17.910

Zarine Shah (Body Imaging - Moderator): And as you can see a lot of folks working on this team, and they are divided into four subcommittees: advocacy, data, media and events.

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00:02:19.350 --> 00:02:32.010

Zarine Shah (Body Imaging - Moderator): And, OSU as a whole, takes diversity efforts very seriously and as a university, as a College of Medicine, variable to both that 50% or more of our incoming class are women, for the past eight years.

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00:02:32.460 --> 00:02:42.690

Zarine Shah (Body Imaging - Moderator): 22% of the incoming class is under represented in medicine. We have the seventh most diverse Medical School in the US by the US News and World Report.

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00:02:43.080 --> 00:02:52.500

Zarine Shah (Body Imaging - Moderator): And 32% of leaders at the College of Medicine are in fact women, so again a fantastic of institution to work at, and I am happy to be a part of this this great,

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00:02:53.820 --> 00:02:54.870

Zarine Shah (Body Imaging - Moderator): this fantastic hospital.

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00:02:59.460 --> 00:03:12.600

Rukya Masum (Neuroradiology): Hi everyone I'm Rukya, one of the neuroradiologist here and I actually work evening shifts here. I work a week on and week off, so if you guys have any specific questions about shift work, please

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00:03:13.800 --> 00:03:33.750

Rukya Masum (Neuroradiology): feel free to ask in the Q&A session. So the the Woman In Radiology, actually, need the question who was one of the the MSK panelists is the founder and co chair for Men In Radiology and then, Zarine Shah's also one of the co chairs of Women In Radiology.

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00:03:34.770 --> 00:03:42.360

Rukya Masum (Neuroradiology): as well. So the goal of Woman In Radiology is really to encourage and support each other. We want to have

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00:03:43.110 --> 00:03:54.450

Rukya Masum (Neuroradiology): a supportive environment for the residents, the fellows, the faculty and our department, you know, throughout their career to provide mentorship for professional development

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00:03:55.110 --> 00:04:08.790

Rukya Masum (Neuroradiology): for career advancement of women in leadership roles and among other things. We also do quarterly meetups, here's a picture of our last meetup that we had a few months ago, and then we have one coming up in December as well.

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00:04:17.910 --> 00:04:21.810

Zarine Shah (Body Imaging - Moderator): Melissa I don't know if you're able to unmute yourself,

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00:04:31.050 --> 00:04:31.740

Melissa Magyer: Hi!

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00:04:32.970 --> 00:04:37.770

Melissa Magyer: My name's Melissa, I am the President of the Diagnostic Radiology Interest Group.

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00:04:39.930 --> 00:04:43.380

Melissa Magyer: We do a lot throughout the year to try to get students that are interested

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00:04:44.280 --> 00:04:50.880

Melissa Magyer: in the field of radiology or just even want to learn about if you don't know what you're interested in, involved in different events and we try to work closely too

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00:04:51.390 --> 00:05:06.750

Melissa Magyer: with IR to kind of combine those and just get a good feel of on radiology in general, so if anyone has any questions at the end of this, you can definitely go ahead and send me an email or you can also send Emily or Amol and email as well and they'll

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00:05:07.830 --> 00:05:11.910

Melissa Magyer: get that email to me, and we can help you out or answer whatever questions you may have.

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00:05:17.550 --> 00:05:21.120

Zarine Shah (Body Imaging - Moderator): And we'll now go ahead and have a quick self introduction of our panelists.

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00:05:22.980 --> 00:05:31.110

Ashley Sweeney (Chief IR Resident): Good evening everyone, my name is Ashley Sweeney, I'm one of the PGY 5 radiology residents. I am the chief resident for the Interventional Radiology Program at Ohio State.

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00:05:33.900 --> 00:05:40.740

Ellen Chung (Pediatric Imaging/Nuclear Medicine): Hi, I am Ellen Chung, one of the pediatric radiologist and interim code radiologist and chief at Nationwide Children's Hospital.

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00:05:44.610 --> 00:05:54.690

Joici Job (Neuroradiology): Hi, I'm Dr. Joici Job, I'm one of the neuroradiologist at OSU and I'm section leader of Head and Neck Imaging and Intervention.

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00:05:59.940 --> 00:06:01.290

Zarine Shah (Body Imaging - Moderator): Did you want to just introduce yourself real quick?

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00:06:03.360 --> 00:06:03.930

Zarine Shah (Body Imaging - Moderator): you're muted.

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00:06:07.260 --> 00:06:08.490

Kristin Foley (Abdominal Imaging): The first time ever done a zoom.

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00:06:09.600 --> 00:06:16.200

Kristin Foley (Abdominal Imaging): I am Kristin Foley, I am the interim division chief of Abdominal Imaging and Ohio State.

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00:06:17.550 --> 00:06:28.530

Kristin Foley (Abdominal Imaging): I am so therefore involved in a sort of abdominal-pelvic imaging, all the abdominal organs, pelvic organs, women's imaging, that not excluding breasts, all kind of falls into into what I do.

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00:06:31.380 --> 00:06:31.740

Zarine Shah (Body Imaging - Moderator): Leah.

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00:06:32.490 --> 00:06:38.430

Leah Braswell (Pediatric IR): Hi I'm Leah Braswell, I'm an interventional radiologist for kids at Nationwide Children's Hospital.

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00:06:48.300 --> 00:06:51.240

Lindsay Wright (Thoracic Radiology): Hi I'm Lindsay Wright, I'm one of the chest radiologists at Ohio State.

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00:06:54.570 --> 00:07:01.260

Mitva Patel (Breast Imaging): Hi I'm Mitva Patel, I'm an associate professor in radiology, I'm a breast imaging radiologist and I'm also the fellowship director in breast imaging.

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00:07:04.650 --> 00:07:13.440

Nidhi Krishna (Musculoskeletal Imaging): Hi I'm Nidhi Krishna, I'm one of the musculoskeletal radiologists, also happy to serve as a co chair of Men In Radiology group here at Ohio State.

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00:07:15.930 --> 00:07:24.150

Zarine Shah (Body Imaging - Moderator): Great. Thank you all for the introductions and we will get started with the actual panel discussion and I will hand it over to Ashley Sweeney from IR.

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00:07:26.550 --> 00:07:32.910

Ashley Sweeney (Chief IR Resident): So our first question was just kind of looking at, why is it that you picked radiology? So for me,

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00:07:33.660 --> 00:07:41.250

Ashley Sweeney (Chief IR Resident): my MED school did PBL curriculum, so as patient based learning curriculum, it was all case based and we started that way from day one of MED school.

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00:07:41.610 --> 00:07:51.060

Ashley Sweeney (Chief IR Resident): And every week we'd get a new case and we'd work through it in a small group, and what I noticed was that almost every week we'd have the radiologist come down, and they would explain some imaging

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00:07:51.510 --> 00:07:57.750

Ashley Sweeney (Chief IR Resident): that was related to the case and it either had the diagnosis, or I had a significant clue to the diagnosis, in these cases,

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00:07:58.170 --> 00:08:06.900

Ashley Sweeney (Chief IR Resident): and so I was very interested in radiology, just as it seemed to touch all areas of medicine, you saw kids, you saw adults, you saw ortho, you saw cancer, you saw all of it.

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00:08:07.590 --> 00:08:18.270

Ashley Sweeney (Chief IR Resident): And so, in my second year we were allowed to request a clinical rotation and I asked for radiology and, apparently, they did not think that radiology is clinical and so they put me and IR,

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00:08:18.900 --> 00:08:27.780

Ashley Sweeney (Chief IR Resident): or interventional radiology. And so that is a section of radiology that does a lot of procedures under a live imaging, whether it be X-Ray, ultrasound, things like that.

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00:08:28.350 --> 00:08:39.330

Ashley Sweeney (Chief IR Resident): And so that was my first exposure as a second year in MED school, which is pretty early for most people, but I really liked the pace of those days, we did a lot of procedures, we were able to help really sick patients who

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00:08:39.660 --> 00:08:46.320

Ashley Sweeney (Chief IR Resident): maybe couldn't go to surgery, but we could help give them some sort of measure to temporize them through and maybe get them healthy enough to get there.

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00:08:46.800 --> 00:08:54.690

Ashley Sweeney (Chief IR Resident): And so, when I went to a third year I went in with an open mind. I figured if I like something more than this thing that's radiology that seem to work and

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00:08:55.200 --> 00:09:03.480

Ashley Sweeney (Chief IR Resident): touch every specialty, then I would try something else, and I obviously am here and integrated into IR, so I did not find anything in my

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00:09:03.900 --> 00:09:13.770

Ashley Sweeney (Chief IR Resident): third or fourth year that I thought was more fun than this, and then, specifically the residencies have sort of split, and so I am in the integrated IR portion.

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00:09:14.820 --> 00:09:24.450

Ashley Sweeney (Chief IR Resident): Which is, you can either choose to go diagnostic or interventional and then there's kind of a crossover pathway that's there between if you're not sure which one you want to do,

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00:09:24.840 --> 00:09:31.500

Ashley Sweeney (Chief IR Resident): because there are definitely other specialties that do procedures and hopefully people as we're going through the list we'll talk a little bit about how they do those

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00:09:31.980 --> 00:09:39.480

Ashley Sweeney (Chief IR Resident): as well, but that's how I ended up in radiology and, specifically in IR, I just really love all the procedures we do, how minimally interventional,

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00:09:40.590 --> 00:09:48.300

Ashley Sweeney (Chief IR Resident): minimally invasive we are, but we can do these interventions that can range from treating people's cancer to giving them dialysis access to

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00:09:48.690 --> 00:09:54.450

Ashley Sweeney (Chief IR Resident): you know, just everything in between and save them from having certain types of surgeries and then

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00:09:55.020 --> 00:10:04.740

Ashley Sweeney (Chief IR Resident): I really liked the patient interaction part that we have with it too, we do see them in clinic and up in the hospital still. That was something I still wanted in my practice and moved on, so that's my story.

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00:10:06.840 --> 00:10:07.740

Zarine Shah (Body Imaging - Moderator): Thank you Ashley.

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00:10:09.420 --> 00:10:10.800

Ellen Chung (Pediatric Imaging/Nuclear Medicine): Hi, I'm Ellen.

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00:10:12.240 --> 00:10:18.480

Ellen Chung (Pediatric Imaging/Nuclear Medicine): So I went to medical school when it was two years of basic science and then two years of clinical so,

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00:10:18.840 --> 00:10:28.440

Ellen Chung (Pediatric Imaging/Nuclear Medicine): when I started the clinical I wanted to do everything I had just done so, I did psych first, I want to be a psychiatrist and I did OP, I wanted to be an obstetrician then I did PEDs, I want to be a pediatrician.

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00:10:28.740 --> 00:10:36.420

Ellen Chung (Pediatric Imaging/Nuclear Medicine): And that went on for the whole third year and then I thought well, i'm just going to find out about this radiology because I met radiologists on all those rotations

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00:10:36.780 --> 00:10:45.990

Ellen Chung (Pediatric Imaging/Nuclear Medicine): and I wanted to find out more about what they did, and after that I realized, I could do, or I needed to know all those things that I had learned in those other fields, and that I could

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00:10:46.500 --> 00:10:52.380

Ellen Chung (Pediatric Imaging/Nuclear Medicine): help people in those other fields, and I also found that radiologists are really smart, they knew a lot about a lot of things and so

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00:10:52.770 --> 00:10:59.460

Ellen Chung (Pediatric Imaging/Nuclear Medicine): that's why I wanted to be one and then, once I made that decision, I never changed my mind after that, during the whole fourth year so,

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00:11:00.090 --> 00:11:07.110

Ellen Chung (Pediatric Imaging/Nuclear Medicine): that's how I chose radiology. And how did I choose pediatric radiology, so what I like about pediatric radiology is that we

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00:11:07.890 --> 00:11:15.660

Ellen Chung (Pediatric Imaging/Nuclear Medicine): have a specific patient age group, which is well actually quite quite a spectrum, but we do all modalities of imaging so,

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00:11:16.560 --> 00:11:25.380

Ellen Chung (Pediatric Imaging/Nuclear Medicine): playing films, ultrasound, fluoroscopy, CT, MR, so everything, nuclear medicine as well, which i'll talk about later. So those are all

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00:11:26.040 --> 00:11:35.550

Ellen Chung (Pediatric Imaging/Nuclear Medicine): the modalities that we have, and so we do different things on different days, so I like the variety of that and also patients at different ages are very different, and I like that.

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00:11:36.090 --> 00:11:44.460

Ellen Chung (Pediatric Imaging/Nuclear Medicine): Another thing is we interact with the patients a little bit more than some of the radiologist do, depends if you want to have more patient interaction, you can,

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00:11:45.240 --> 00:11:58.680

Ellen Chung (Pediatric Imaging/Nuclear Medicine): like with IR, but also PEDs, we do studies on patients, asking them to drink barium, and so we do those studies, we can do ultrasounds with patients as well, so we do have some patient interaction that I find that rewarding as well.

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00:12:01.170 --> 00:12:02.370

Zarine Shah (Body Imaging - Moderator): Excellent Thank you Ellen.

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00:12:05.310 --> 00:12:16.800

Joici Job (Neuroradiology): So I'm i'm Dr. Joici Job, and as the two previous speaker said, the breadth of knowledge needed to practice radiology was definitely

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00:12:18.030 --> 00:12:21.000

Joici Job (Neuroradiology): appealing and I was also a visual learner so

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00:12:22.500 --> 00:12:31.920

Joici Job (Neuroradiology): that was also in line with sort of how I kind of gathered information and I liked the working style of the radiologist where you sort of interact with other clinicians and specialists,

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00:12:32.370 --> 00:12:43.200

Joici Job (Neuroradiology): and you're this integral member of the patient care team and as Ashley mentioned, almost every patient required imaging or image guided intervention as an essential

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00:12:44.880 --> 00:12:48.870

Joici Job (Neuroradiology): step in either forming a diagnosis or planning the effective treatment.

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00:12:50.640 --> 00:12:56.820

Joici Job (Neuroradiology): And you can go to a fairly large volume of cases and potentially help many people in a single day so

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00:12:57.360 --> 00:13:06.720

Joici Job (Neuroradiology): when I was a resident in radiology, I had a great mentor, Dr. Judith Simon, who at that time was the head of the neuro division, where I did my residency.

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00:13:07.080 --> 00:13:17.250

Joici Job (Neuroradiology): I really enjoy learning neuroanatomy, geoblangeography and we worked, you know, in this critical, time sensitive service with the stroking, pretty intensively.

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00:13:18.900 --> 00:13:26.190

Joici Job (Neuroradiology): And you can also be a member of the cancer treatment team, so it was a very integrated specialty and

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00:13:27.930 --> 00:13:37.290

Joici Job (Neuroradiology): there was this expanding role for the neuroradiologist to be involved not just you know in providing the diagnosis, but also potentially doing intervention,

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00:13:38.280 --> 00:13:52.140

Joici Job (Neuroradiology): which ranged from even just providing like pain management, you could, neuroradiologist we're starting to do like managing CSF leaks and targeted epidural steroid injections for nerve impingement,

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00:13:53.400 --> 00:14:03.630

Joici Job (Neuroradiology): all the way to like actually doing ablations in patients who needed more minimally invasive treatment options, when maybe not, weren't good surgical treatment candidates.

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00:14:05.220 --> 00:14:18.210

Joici Job (Neuroradiology): So this is just an example on this first slide you know when I came to OSU, I had another great mentor, Dr. Kristin Dittmar, who at that time was the director of BIR and in conjunction with her,

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00:14:20.310 --> 00:14:31.830

Joici Job (Neuroradiology): we were able to sort of start offering some easier access to bergatini sampling of lesions under moderate sedation which previously may have been considered pretty risky.

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00:14:32.460 --> 00:14:45.780

Joici Job (Neuroradiology): These are just two examples, the one on the right side, these retro pharyngeal lesions which previously, you know, we would do under either general anesthesia and had quite a bit more and morbidity and if you could go to the next slide.

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00:14:47.520 --> 00:15:05.160

Joici Job (Neuroradiology): So yeah that was just an example of one of the first cryoablation cases that we offered on a patient who because of risk he already had vocal cord paresis on one side and he could not undergo surgery, we offered cryoablation to try to reduces tumor burden.

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00:15:06.660 --> 00:15:16.440

Joici Job (Neuroradiology): So yeah, neurobiology has a lot of appeal, it had also this huge leap in MR imaging over the last decade, so

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00:15:16.830 --> 00:15:25.650

Joici Job (Neuroradiology): that was something I found interesting, you know, functional MRI and treatment planning was also really developing over the last decade. So

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00:15:26.640 --> 00:15:33.060

Joici Job (Neuroradiology): I think just try to learn from everyone around you early on in your career and try to figure out what the institution values and

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00:15:33.360 --> 00:15:41.760

Joici Job (Neuroradiology): then reassess yourself and institutions at regular intervals, to see if they can align, but this is sort of where I ended up in this niche of like head and neck

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00:15:43.050 --> 00:15:46.080

Joici Job (Neuroradiology): intervention and imaging at OSU.

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00:15:51.150 --> 00:15:59.040

Joici Job (Neuroradiology): That was just an example of ultrasound in that same patient where we did nodal ablation, and this was a very minimal minimally invasive,

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00:15:59.880 --> 00:16:14.160

Joici Job (Neuroradiology): we botox injections, oh this is a scalene injection that we did with lidocaine just for the vascular surgeon to plan thoracic outlet syndrome, whether or not they will be good candidates for decompression, so this is one of their diagnostic steps.

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00:16:15.480 --> 00:16:18.030

Joici Job (Neuroradiology): But yeah he didn't move on to the next speaker, thank you.

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00:16:19.590 --> 00:16:28.890

Joici Job (Neuroradiology): This was in, I wasn't sure we were answering both questions on this, as far as a typical work day and personal work life balance, I also have a two year old.

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00:16:30.450 --> 00:16:48.990

Joici Job (Neuroradiology): His name is Augie and that was that I made that fire truck cake, this was one of my like crowning achievements. But it's I think, it's hard to really find, I think it is a little challenging to really optimize how much time you spend at work and trying to spend as much time as you can with your

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00:16:50.370 --> 00:16:57.990

Joici Job (Neuroradiology): young son, and I think one of the biggest advantages as a radiologist is that flexibility to be able to work from home when you're on

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00:16:57.990 --> 00:16:59.130

diagnostics.

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00:17:00.720 --> 00:17:10.170

Joici Job (Neuroradiology): And that's also one of the reasons I joined IDEA-RAD and HNI's to be see how others more senior to myself navigated this period in their life. So,

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00:17:11.640 --> 00:17:27.390

Joici Job (Neuroradiology): I think radiology definitely is very supportive to people who are mothers and returning from maternity leave and offer lactation support and all of that, I think, compared to some other specialties I think it's a very supportive environment for someone who's like a new mom.

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00:17:29.520 --> 00:17:30.300

Zarine Shah (Body Imaging - Moderator): Thank you Joici.

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00:17:34.350 --> 00:17:48.090

Kristin Foley (Abdominal Imaging): All right, I'm up again, I'm again Kristin Foley, I'm an abdominal imager and this is just a sort of summary of some of the things that we do and abdominal imaging but before we get there, I am a little bit of a non traditional

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00:17:49.590 --> 00:17:55.650

Kristin Foley (Abdominal Imaging): medical student, it was five years between when I graduate from college and when I went to MED school I didn't originally planned to go to MED school.

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00:17:55.980 --> 00:18:07.470

Kristin Foley (Abdominal Imaging): I have generally just been a person who has had trouble figuring out what she wanted to do when she grew up and in that same vein, I actually initially I went to medical School thinking, I was interested in

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00:18:08.070 --> 00:18:25.350

Kristin Foley (Abdominal Imaging): women's health and would be an OBGYN, I decided that wasn't for me and actually matched in general medicine and fairly quickly into my internship decided that I didn't really have the emotional bandwidth to sort of manage this complicated personal issues that many patients have,

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00:18:26.370 --> 00:18:31.380

Kristin Foley (Abdominal Imaging): and so I surveyed my options in terms of what I thought might be a better fit with me,

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00:18:32.160 --> 00:18:45.780

Kristin Foley (Abdominal Imaging): thought about pathology but I really don't like looking through a microscope so that wasn't terribly appealing, so I ended up being able to switch into radiology which ended up really being a great fit for me and my skill set.

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00:18:47.460 --> 00:18:52.080

Kristin Foley (Abdominal Imaging): You know, as others have said, as a radiologist I feel like I have to know a lot of things about a lot of things.

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00:18:52.590 --> 00:18:57.450

Kristin Foley (Abdominal Imaging): So it is always challenging, I always feel like i'm on the sort of steep part of the learning curve.

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00:18:57.720 --> 00:19:05.130

Kristin Foley (Abdominal Imaging): And while, certainly, I have a sense of mastery of the things I do know well, I always feel like there's more stuff for me to learn, more stuff for me to get better at

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00:19:05.730 --> 00:19:19.080

Kristin Foley (Abdominal Imaging): or even just sort of more things to to get involved in, I actually spent 10 years, well after training, I spent a year on the faculty at University of Pennsylvania, my husband's an orthopedic surgeon, and he was doing a fellowship that year at Thomas Jefferson University

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00:19:20.430 --> 00:19:26.220

Kristin Foley (Abdominal Imaging): in Philadelphia, he was doing a fellowship and spine, so I was on the faculty for a year, but then we moved to Columbus which is my hometown,

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00:19:26.760 --> 00:19:37.260

Kristin Foley (Abdominal Imaging): and I spent 10 years in private practice before in 2016-17 deciding I was ready for a change, ready for some new challenges, so I came to Ohio State.

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00:19:37.920 --> 00:19:49.080

Kristin Foley (Abdominal Imaging): Was really excited to be involved in teaching and involvement with medical students and sort of just being a little bit, you know, doing some things besides kind of sitting in a dark room reading cases all day, which is kind of what I had been doing,

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00:19:49.740 --> 00:19:54.780

Kristin Foley (Abdominal Imaging): more or less, more or less exclusively, not entirely exclusively, in my previous job.

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00:19:55.080 --> 00:20:03.990

Kristin Foley (Abdominal Imaging): And that has been, you know, it's been a really great transition for me, I get you know, became the, was asked to be the division chief a few years ago, and so that was a whole new kind of world of

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00:20:04.320 --> 00:20:08.010

Kristin Foley (Abdominal Imaging): leadership and and other kinds of responsibilities that I've ever enjoyed.

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00:20:08.640 --> 00:20:20.070

Kristin Foley (Abdominal Imaging): So anyways in terms of what we do an abdomen we have many modalities, we read X-rays, we do fluoroscopy, which is basically sort of real time X-Ray imaging of people as they drink barium or or we

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00:20:20.430 --> 00:20:27.900

Kristin Foley (Abdominal Imaging): inject contrast into some, you know, bodily orifice or structure to try to see what's going on. We use ultrasound,

130

00:20:28.740 --> 00:20:38.730

Kristin Foley (Abdominal Imaging): we image the thyroid, we image lumps and bumps all over the body, all of the abdomen, all of the pelvis, we use CT. Some of the things that are we commonly used in CT are trauma,

131

00:20:39.330 --> 00:20:47.850

Kristin Foley (Abdominal Imaging): inflammatory diseases, things like appendicitis, anybody with belly pain, and tons and tons of cancer, particularly in academic center and a cancer center like Ohio State, we use MRI

132

00:20:48.180 --> 00:21:03.300

Kristin Foley (Abdominal Imaging): and then there's a sort of sub group of abdominal imagers who do image guided procedures, often drainages of fluid collections or biopsies of masses here and there in the body. So kind of a quick overview of abdominal imaging,

133

00:21:04.620 --> 00:21:06.300

Kristin Foley (Abdominal Imaging): and then i'll show you my next slide.

134

00:21:07.770 --> 00:21:13.590

Kristin Foley (Abdominal Imaging): Also, sort of touching a little bit on the work life "balance", which I always put in quotes, because it always feels like

135

00:21:13.950 --> 00:21:20.760

Kristin Foley (Abdominal Imaging): balance, you know, with like a thing on your head and like standing on one foot and like a platter of dishes in one hand and you're on this about to

136

00:21:21.120 --> 00:21:30.570

Kristin Foley (Abdominal Imaging): topple over. So this picture is of me and my three at that time, very young children, this was the year, that year I was attending, my first year out of training

137

00:21:31.140 --> 00:21:44.490

Kristin Foley (Abdominal Imaging): at the University of Pennsylvania, and so, if you can sort of think about the math of that, what that means is that all three of those children were born when I was a radiology trainee. The older two were born during residency and then the baby, who is now 15,

138

00:21:47.670 --> 00:21:56.550

Kristin Foley (Abdominal Imaging): was born at the very end of my fellowship. So you know the the downside of having a longer gap between medical school and my undergraduate experience was that

139

00:21:57.300 --> 00:22:05.730

Kristin Foley (Abdominal Imaging): I elected to downsize good sides, hard to say elected, to start a family, while I was a resident and well, I will not tell you that it was easy,

140

00:22:06.420 --> 00:22:17.700

Kristin Foley (Abdominal Imaging): because it was not, and I had a lot of help, like my mom who was in Columbus, would drive to Pittsburgh every time I was on call and answer, and you know, I had a husband, who was helpful though he was an ortho resident, so it wasn't all that helpful.

141

00:22:18.780 --> 00:22:38.130

Kristin Foley (Abdominal Imaging): It was challenging but it is, radiology is a field that I think more than some, does allow for some level of work, work life balance, if you will, yeah so those kids are now, you know, 20, almost 18 and 15 so I also look older, but only by like, I don't know 20 minutes, I think.

142

00:22:40.560 --> 00:22:42.720

Zarine Shah (Body Imaging - Moderator): Thank you, Kristin, thank you for sharing that.

143

00:22:46.620 --> 00:22:58.620

Leah Braswell (Pediatric IR): I'm Leah Braswell at Nationwide Children's and I, I share a lot of similar experience about how I chose radiology I this, this metric is used, my kids get scored on their engagement at school,

144

00:22:59.670 --> 00:23:07.410

Leah Braswell (Pediatric IR): and I didn't know about this framework when I was a MED student, but I found that that I really liked a lot of different rotations but

145

00:23:07.830 --> 00:23:20.400



Leah Braswell (Pediatric IR): yet some of them might not be challenging or I was falling kind of all over the map in different rotations but in, when I got to radiology I really stayed in that engaged quadrant, and again I didn't know it at the time, but I think that

146

00:23:21.510 --> 00:23:30.930

Leah Braswell (Pediatric IR): it was just a perfect fit for me and I sort of wave a radiology flag all the time, I think it's the best field in medicine because you can live in that, in that quadrant.

147

00:23:32.310 --> 00:23:34.860

Leah Braswell (Pediatric IR): I chose, I chose pediatric radiology

148

00:23:36.450 --> 00:23:41.010

Leah Braswell (Pediatric IR): for a lot of reasons that, can you show my next slide, for a lot of reasons that Owen chose but

149

00:23:42.990 --> 00:23:52.080

Leah Braswell (Pediatric IR): I had mentors who really changed my life, and I think of these people every day. I don't read a film without thinking of these

150

00:23:52.920 --> 00:23:59.370

Leah Braswell (Pediatric IR): people, I trained in Arkansas, Arkansas Children's Hospital. So these are some of my undergraduate and medical school mentors and radiology mentors so,

151

00:24:00.270 --> 00:24:09.390

Leah Braswell (Pediatric IR): you know, we have a lot of fancy equipment, we spend millions of dollars in technology, every year, and we do really fancy, amazing complex work for kids but

152

00:24:10.200 --> 00:24:24.900

Leah Braswell (Pediatric IR): I, I chose PEDs because I was around some of the kindness humans I'd ever know so that was really, really impactful to me and I feel like if you can find your people that's where you should follow, that's where you should stick a claim.

153

00:24:26.670 --> 00:24:44.190

Leah Braswell (Pediatric IR): And then I chose, I have one more slide on interventional radiology very, very similar so I loved the the mentorship that I got, I had chosen PEDs and then I did an IR rotation, I was like oh no like now I'm going to have to decide, I'm going to have to make this a huge decision and

154

00:24:46.020 --> 00:24:55.980

Leah Braswell (Pediatric IR): it was a really horrible moment in medical school and and an early training and then I realized that you can do both, there's a there's a really cool worldwide network of interventional radiologists for kids.

155

00:24:56.640 --> 00:25:11.790

Leah Braswell (Pediatric IR): We really only have about 300 Members now and the whole SPIR but, but so you can, you can realize that it's a really, really niche field, not everybody does what I do but it's where I found my, my people and I love the kids I love the babies.

156

00:25:12.900 --> 00:25:21.630

Leah Braswell (Pediatric IR): I think I have one slide about sort of a day in the life too, I know no two days are the same, it's a really fast paced place to work.

157

00:25:23.100 --> 00:25:29.250

Leah Braswell (Pediatric IR): Every day, is a team day and I love that because we're always working with technologists, nurses,

158

00:25:30.900 --> 00:25:37.830

Leah Braswell (Pediatric IR): consulting physicians or nurse practitioners, there's, there's, it's like a revolving door people in and out to talk about cases.

159

00:25:39.090 --> 00:25:50.160

Leah Braswell (Pediatric IR): We do, we take care of a lot of kids every day. We have three rooms that are, that are running and some, some cases are really simple and some are really complex.

160

00:25:51.690 --> 00:26:02.790

Leah Braswell (Pediatric IR): It can be a stressful field, we do have, you know, at home call and sometimes kids are super, super sick, it can be an emotionally draining place to work.

161

00:26:03.570 --> 00:26:08.640

Leah Braswell (Pediatric IR): But it's a huge privilege, it's a huge honor and I don't, I don't really get to have bad days, because I, I think of

162

00:26:09.630 --> 00:26:16.440

Leah Braswell (Pediatric IR): families who are struggling with like, really, really sick kids and it's, to me, it's just a privilege to get to try to help. So,

163

00:26:17.400 --> 00:26:26.850

Leah Braswell (Pediatric IR): I'm happy to chat with anybody about my particular niche field of radiology but you can't go, you can't go wrong in any field of radiology I think.

164

00:26:27.690 --> 00:26:36.300

Leah Braswell (Pediatric IR): Whatever your sub specialty might be and I'm also really big on, you notice like a lot of those mentors were women I'm, I'm really

165

00:26:37.290 --> 00:26:47.490

Leah Braswell (Pediatric IR): indebted to examples of family life and and keeping that balance, so I've always had great people to look up to for how to keep, how to keep my head on straight so.

166

00:26:49.770 --> 00:26:50.880

Zarine Shah (Body Imaging - Moderator): Fantastic. Thank you Leah.

167

00:26:54.390 --> 00:27:03.510

Lindsay Wright (Thoracic Radiology): So my path radiology was also not traditional. I went to MED school thinking I would become a radiologist, my grandfather was a radiologist,

168

00:27:04.230 --> 00:27:13.380

Lindsay Wright (Thoracic Radiology): and I did my radiology rotation and hated it. It was super boring, I sat behind a resident in a dark room that was hot and I fell asleep every day.

169

00:27:13.800 --> 00:27:22.260

Lindsay Wright (Thoracic Radiology): And I thought, I don't know people can do this. So I decided I wanted to be a surgeon, and I matched into surgery for two years.

170

00:27:23.010 --> 00:27:30.240

Lindsay Wright (Thoracic Radiology): And in my second year we were at a smaller community hospital, where we had to rotate and they were very short on ER doctors

171

00:27:30.690 --> 00:27:35.820

Lindsay Wright (Thoracic Radiology): who would call us over in the middle of the night to look at their scans because they didn't have overnight reads.

172

00:27:36.510 --> 00:27:42.510

Lindsay Wright (Thoracic Radiology): And as much as I love taking out that EPI, I really loved finding it and being done, and then finding the next one.

173

00:27:43.050 --> 00:27:52.020

Lindsay Wright (Thoracic Radiology): And so I found that I enjoyed and I was good at it, you know, these ER doctors who had been out couldn't read these scans, but I could,

174

00:27:52.680 --> 00:28:00.240

Lindsay Wright (Thoracic Radiology): even though I really had not a lot of training, I could find the appendix, they were looking for and, and so I was interested in it and then

175

00:28:00.810 --> 00:28:09.840

Lindsay Wright (Thoracic Radiology): I also knew at that point had met my husband and we wanted kids and I was concerned about a work life balance with being in surgery, and having children.

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00:28:10.350 --> 00:28:17.610

Lindsay Wright (Thoracic Radiology): And so I finished my second year of surgery, and I was lucky enough that I was able to go right into my first year of radiology at the same

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00:28:18.750 --> 00:28:28.770

Lindsay Wright (Thoracic Radiology): residency location, so that worked out really well and I had two children in my last two years of residency, so they're 15 months apart and I started fellowship with

178

00:28:29.370 --> 00:28:36.960

Lindsay Wright (Thoracic Radiology): an 18 month old and a newborn and then I was fortunate enough to be able to stay on as faculty here and I'm part time faculty,

179

00:28:37.290 --> 00:28:46.680

Lindsay Wright (Thoracic Radiology): which has been really nice for me to be able to be mom two days a week, and to go volunteer at their school and to see them here and there, because they're right now they're six and five.

180

00:28:47.520 --> 00:29:00.060

Lindsay Wright (Thoracic Radiology): So that's been great for me and I absolutely love what I do I'd wanted to be a cardiothoracic surgeon, so it was a natural transition for me to go into cardiothoracic radiology, you know, I don't,

181

00:29:00.840 --> 00:29:04.740

Lindsay Wright (Thoracic Radiology): people complain about their job, sometimes you're really busy or you have a bad day but I,

182

00:29:05.160 --> 00:29:16.110

Lindsay Wright (Thoracic Radiology): I love my job, I really don't have many complaints about it, and I think switching was the best thing I've ever done, it was super scary, there were a lot of unknowns, but it was downright one of the best decisions I've ever made. That's all.

183

00:29:21.750 --> 00:29:22.110

Zarine Shah (Body Imaging - Moderator): Thanks Lindsay.

184

00:29:26.460 --> 00:29:26.790

Mitva Patel (Breast Imaging): Hi I'm Mitva Patel,

185

00:29:26.820 --> 00:29:29.340

Mitva Patel (Breast Imaging): I'm a breast imaging radiologist.

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00:29:29.820 --> 00:29:38.010

Mitva Patel (Breast Imaging): Like some of the other panelists, I chose radiology because I really liked how radiologists we're just an integral part in making the diagnosis.

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00:29:39.090 --> 00:29:45.840

Mitva Patel (Breast Imaging): You know when I was on my rotations I think as a medical student had liked all of the rotations but didn't love

188

00:29:46.320 --> 00:29:55.440

Mitva Patel (Breast Imaging): any particular rotation, but I noticed that when we were going and interpreting images that I really liked how I felt like the radiologist always had the answers and sometimes

189

00:29:56.160 --> 00:30:05.130

Mitva Patel (Breast Imaging): could, could solve the problems that we were facing while we were treating patients so that's how I chose radiology.

190

00:30:05.940 --> 00:30:15.870

Mitva Patel (Breast Imaging): I chose breast imaging because I still liked having patient and people contact and breast radiologists have a lot of patient and people contact.

191

00:30:16.500 --> 00:30:27.690

Mitva Patel (Breast Imaging): I also love that breast radiologists also do a lot of procedures, so we do a mix of image interpretation and procedures and these images that i'm sharing here

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00:30:29.160 --> 00:30:35.670

Mitva Patel (Breast Imaging): show that we also offer some longitudinal care, so this image and I don't have a point here, but if you can see

193

00:30:36.540 --> 00:30:40.950

Mitva Patel (Breast Imaging): there's a screening mammogram on there where, you know, we identified



194

00:30:41.640 --> 00:30:49.560

Mitva Patel (Breast Imaging): a cancer and we asked the patient to come back. The next image over is an ultrasound, so we worked closely with our technologists to

195

00:30:50.100 --> 00:31:00.780

Mitva Patel (Breast Imaging): find the lesion that we saw on the mammogram and we saw something suspicious on ultrasound, and then you go in and we end up talking to the patient about the need for a biopsy and the next steps.

196

00:31:01.110 --> 00:31:10.770

Mitva Patel (Breast Imaging): And we also perform the biopsy. So you can see that the patient returned and I don't know whether the image in the lower left hand corner is a needle

197

00:31:11.220 --> 00:31:20.700

Mitva Patel (Breast Imaging): going through the lesion, so we do the sampling ourselves and send it off to the lab and we get the pathology results and our team contacts the patient

198

00:31:21.630 --> 00:31:31.200

Mitva Patel (Breast Imaging): and lets them know if it's suspicious or not, and if it's suspicious we set them up, you know, to see a surgical oncologist and a radiation oncologist.

199

00:31:31.950 --> 00:31:43.350

Mitva Patel (Breast Imaging): And after the biopsy we also help surgeons for pre-operative planning, so, you know, surgeons are not able to locate a lesion within the breast so we, we place wire so they know exactly where to do

200

00:31:44.070 --> 00:31:51.480

Mitva Patel (Breast Imaging): the surgery and take out the lesion. In the last image I've shown here in the lower right hand corner, is the same patient coming back a year later,

201

00:31:52.170 --> 00:32:04.350

Mitva Patel (Breast Imaging): after the cancers removed, and we do annual surveillance to make sure that nothing has recurred. So I really love that care that we offer. We get a good mix of people and patient contact, we do some procedures,

202

00:32:05.520 --> 00:32:13.320

Mitva Patel (Breast Imaging): and we also have a lot of patient education and advocacy work in breast imaging. So that's why I chose breast imaging.

203

00:32:14.010 --> 00:32:19.680

Mitva Patel (Breast Imaging): I think I have one more slide talking about a typical day in the life of a breast radiologists.

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00:32:20.400 --> 00:32:33.180

Mitva Patel (Breast Imaging): For breast radiology we don't really have very many emergencies, the one emergency you might have as a breast radiologist is an abscess and you typically treat that with antibiotics first so we tend to,

205

00:32:33.780 --> 00:32:42.120

Mitva Patel (Breast Imaging): we are fortunate in the fact that the breast clinic in academics is, is open Monday through Friday eight to five and we

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00:32:42.540 --> 00:32:52.620

Mitva Patel (Breast Imaging): are, we're fortunate to have weekends and holidays and evenings off so that's really great for work life balance. Like other people have mentioned,

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00:32:53.490 --> 00:33:00.630

Mitva Patel (Breast Imaging): radiology is sort of shift work, you know patients are not, although we get patient contact and breast radiologists,

208

00:33:01.020 --> 00:33:12.240

Mitva Patel (Breast Imaging): breast radiology patients are not coming in specifically to see me. So if i'm not there one day, because I have to take, you know, I'm on vacation or I have to, you know, go to my kid's school or do something,

209

00:33:13.260 --> 00:33:22.860

Mitva Patel (Breast Imaging): we have partners who can cover my work and there's no, there's no issues there, so that's what makes it easier in terms of work life, work life balance.

210

00:33:24.240 --> 00:33:38.460

Mitva Patel (Breast Imaging): And like I said, every day we have some patient and people contact with our technologists and we work closely with a multidisciplinary team in this, this picture is some of the wonderful technologists that we work with, that I work with here at OSU.

211

00:33:40.500 --> 00:33:41.670

Zarine Shah (Body Imaging - Moderator): Great. Thank you, Mitva.

212

00:33:47.550 --> 00:33:57.840

Nidhi Krishna (Musculoskeletal Imaging): Hi my name is Nidhi Krishna, I'm one of the MSK radiologists like I said. So my story is somewhat similar to some of the speakers like we heard of before,

213

00:33:58.410 --> 00:34:12.420

Nidhi Krishna (Musculoskeletal Imaging): I ended up in radiology a little bit for longer path of probably you might have guessed from my name or my accent that I did not grow up here in the US, so I did grow up in India and then to MED school there in India.

214

00:34:13.410 --> 00:34:25.080

Nidhi Krishna (Musculoskeletal Imaging): And I actually did a residency after MED school in India in OBGYN, and so I didn't have any complaints at the time, I did the training, it was a three year training and I,

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00:34:26.190 --> 00:34:35.760

Nidhi Krishna (Musculoskeletal Imaging): I enjoyed the OBGYN residency but you know, I guess, I was offered another crossroads to

216

00:34:36.900 --> 00:34:50.760

Nidhi Krishna (Musculoskeletal Imaging): maybe choose another speciality and that's how I ended up in radiology, so I got married, came to the US and to practice medicine here, I had to be trained or do another residency and that's when

217

00:34:51.390 --> 00:35:09.750

Nidhi Krishna (Musculoskeletal Imaging): I gave it a thought on whether I want to pursue OBGYN, which I already had the training and experience of, or is it an opportunity to look at everything and then you know, maybe get into another speciality, which, I might enjoy and that's when

218

00:35:10.770 --> 00:35:13.140

Nidhi Krishna (Musculoskeletal Imaging): I was fortunate that I was at

219

00:35:14.310 --> 00:35:24.000

Nidhi Krishna (Musculoskeletal Imaging): Little Rock at that time and the University Hospital, the University of Arkansas for medical sciences, they gave me an opportunity to

220

00:35:24.690 --> 00:35:37.770

Nidhi Krishna (Musculoskeletal Imaging): spend several weeks as an observer in some different specialities, so I actually also tried to go into pathology, tried on the microscope, did not work for me.

221

00:35:39.060 --> 00:35:49.140

Nidhi Krishna (Musculoskeletal Imaging): Tried radiology, which I honestly did not get to see much during MED school in India, and that was a,

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00:35:49.680 --> 00:36:12.510

Nidhi Krishna (Musculoskeletal Imaging): an eye opening experience, I would say, the only experience I had with radiology was ultrasound and obstetrics and once I spend those few weeks in radiology during observership, I enjoyed the field a lot and that's what, you know, ended up me pursuing radiology as a career. As of MSK,

223

00:36:14.280 --> 00:36:26.910

Nidhi Krishna (Musculoskeletal Imaging): I did find the details and the complications during residency very intriguing and felt like I was never, I didn't know enough, and I wanted to train in it, but also

224

00:36:27.450 --> 00:36:46.860

Nidhi Krishna (Musculoskeletal Imaging): close contact with you know family, which was very much sports oriented, I understood the importance of sports injuries or that the athletes go through, and I think that was the other pusher which made me go into musculoskeletal radiology.

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00:36:48.540 --> 00:36:59.400

Nidhi Krishna (Musculoskeletal Imaging): And like Dr. Wright said earlier, work life balance was a big factor in making those decisions, as you know, knowing that radiology has a good

226

00:37:00.780 --> 00:37:11.460

Nidhi Krishna (Musculoskeletal Imaging): work hour with bed, that i'm not going to be answering too many emails from patients once I'm off of work, or I won't be answering all the phone calls from the patients once,

227

00:37:11.880 --> 00:37:22.290

Nidhi Krishna (Musculoskeletal Imaging): and i've done my shift work that was an important thing for me to maintain the work life balance and that definitely did contribute too.

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00:37:23.340 --> 00:37:25.650

Nidhi Krishna (Musculoskeletal Imaging): So as of MSK radiology,

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00:37:27.630 --> 00:37:34.230

Nidhi Krishna (Musculoskeletal Imaging): we deal with different, you know, different spectrum of pathologies, and also different spectrum of imaging.

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00:37:35.070 --> 00:37:49.890

Nidhi Krishna (Musculoskeletal Imaging): So here being at the big sports center, sports injuries are a big component of it, but of course anywhere, where you might practice and MSK radiology accident related or trauma related injuries imaging to that is

231

00:37:50.490 --> 00:38:05.070

Nidhi Krishna (Musculoskeletal Imaging): the major of, you know, role that you would have in radiology. Arthritis, any infections oncology, we have a good orthopedic oncology and surgical oncology group here at OSU that we are fortunate to be part of.

232

00:38:05.970 --> 00:38:12.660

Nidhi Krishna (Musculoskeletal Imaging): And, of course, part of the metabolic and endocrine diseases, can you move to the next slide please.

233

00:38:14.040 --> 00:38:24.060

Nidhi Krishna (Musculoskeletal Imaging): So very busy slide but basically it is a spectrum of different things that we do. X-rays, CT, MRI but also get to do little bit of interventional.

234

00:38:24.570 --> 00:38:41.700

Nidhi Krishna (Musculoskeletal Imaging): So we do joint injections, pain control, joint aspirations for diagnostic purposes, and we also do some CT procedures. So CT bone biopsies or CT soft tissue biopsies of peripheral sarcoma related tumors.

235

00:38:43.380 --> 00:38:49.290

Nidhi Krishna (Musculoskeletal Imaging): It is a one year fellowship after the five year diagnostic radiology residency.

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00:38:50.520 --> 00:38:54.570

Nidhi Krishna (Musculoskeletal Imaging): Again, the second question, which is part of, you know,

237

00:38:55.710 --> 00:39:03.990

Nidhi Krishna (Musculoskeletal Imaging): the stock, a typical day and in MSK radiology, like most of the radiology sub specialities is

238

00:39:04.470 --> 00:39:23.640

Nidhi Krishna (Musculoskeletal Imaging): typical days eight to five makes up, like I said, both diagnostic and interventional procedures of variety of pathologies from oncology, to injury, to arthritis, to just, you know, osteoarthritis related changes. Great work life balance. Thank you.

239

00:39:27.750 --> 00:39:29.670

Zarine Shah (Body Imaging - Moderator): Thank you, Nidhi.

240

00:39:31.920 --> 00:39:39.000

Rukya Masum (Neuroradiology): Alright, so I'm gonna go over take home points and but first I wanted to thank you all our panelists, Melissa,

241

00:39:39.570 --> 00:39:50.610



Rukya Masum (Neuroradiology): Zarine Shah, Nidhi Krishna, especially Zarine Shah and Nidhi Krishna because they did immense work sort of behind the scenes to make this happen, as when I was a medical student

242

00:39:51.120 --> 00:39:59.430

Rukya Masum (Neuroradiology): at the University of Pittsburgh, I didn't have a lot of exposure to radiology and I didn't really choose radiology until much later towards my

243

00:39:59.880 --> 00:40:09.660

Rukya Masum (Neuroradiology): application process, so I think this is, this is an awesome venue for medical students to find out about radiology. So there's this

244

00:40:10.350 --> 00:40:20.760

Rukya Masum (Neuroradiology): guy that I follow on Twitter and he has this code that something like, you know, there's no such thing as the best school or the best job, but there is

245

00:40:21.030 --> 00:40:29.100

Rukya Masum (Neuroradiology): the best school, the best job that fits your values and your goals. So I think radiology is similar in that you know radiology might not be the

246

00:40:29.550 --> 00:40:39.780

Rukya Masum (Neuroradiology): best specialty for everyone, but radiology, you know, was the best specialty for me and for a lot of us that are speaking over here today and I like, and I think a lot of the other panelists

247

00:40:40.950 --> 00:40:52.110

Rukya Masum (Neuroradiology): alluded to, as well that radiology is also really great specialty for a women too, there we have a drone called American College of Radiology, which is one of our top journals and they surveyed

248

00:40:53.730 --> 00:40:58.650

Rukya Masum (Neuroradiology): women radiologists and they saw that the top reasons that they chose

249

00:40:59.880 --> 00:41:01.140

Rukya Masum (Neuroradiology): radiology was

250

00:41:02.520 --> 00:41:15.120

Rukya Masum (Neuroradiology): the intellectual challenge that they get, mentorship, which, you know, a lot of the other, Leah Blaswell will talk about as well, and then really impact on patient care and then interestingly overwhelming,

251

00:41:16.650 --> 00:41:22.950

Rukya Masum (Neuroradiology): women radiologists, more than 91% said they will choose radiology again, so there's great satisfaction.

252

00:41:23.880 --> 00:41:30.150

Rukya Masum (Neuroradiology): And the feel and, as you know, we talked a lot about work life balance, too, the opportunities to work from home, you know.

253

00:41:30.480 --> 00:41:49.710

Rukya Masum (Neuroradiology): A reasonable call or no call for some specialties, and then opportunities to work have patient attractions as well and we're really excited about our new chair they'll be joining us in the Department of Radiology in December, Dr. Pandharipande from Harvard.

254

00:41:50.820 --> 00:42:01.560

Rukya Masum (Neuroradiology): And then, what I alluded to was and what everyone talked about was, you know, radiology sub-specialties again provide patient interactions at different levels and interventional radiology and

255

00:42:02.280 --> 00:42:12.750

Rukya Masum (Neuroradiology): breast imaging you can get a lot of patient interactions, but they also have to do like really cool biopsies, minimally invasive procedures to really sort of help guide,

256

00:42:13.200 --> 00:42:18.870

Rukya Masum (Neuroradiology): you know, help guide, diagnose and manage patients as well, and help with pain,

257

00:42:19.380 --> 00:42:26.190

Rukya Masum (Neuroradiology): pain interactions as well. And lastly, you know, you might have heard that oftentimes with radiologists are called

258

00:42:26.640 --> 00:42:44.550

Rukya Masum (Neuroradiology): doctor's doctor. We feel fortunate and honored to be sort of part of this team, we work in close collaboration in tumor boards and epilepsy conferences, all kinds of conferences with surgeons, with radiation oncologists, with other oncologists to sort of help with patient care to diagnose,

259

00:42:45.840 --> 00:42:51.900

Rukya Masum (Neuroradiology): diagnose diseases, to help with prognosis as well, so again, we feel fortunate to be part of this team.

260

00:42:53.940 --> 00:42:55.140

Zarine Shah (Body Imaging - Moderator): Excellent Thank you, Rukya.

261

00:42:56.790 --> 00:43:07.140

Zarine Shah (Body Imaging - Moderator): We have provided our contact information here for anyone who wishes to send us questions or wishes to stay in touch with us, please feel free to send us emails, follow us on Twitter,

262

00:43:07.440 --> 00:43:09.210

Zarine Shah (Body Imaging - Moderator): some of us have our Twitter handles here.

263

00:43:09.810 --> 00:43:16.380

Zarine Shah (Body Imaging - Moderator): I am going to give you a full disclosure, I am not great at Twitter, but I will try my best to answer if someone does send me a tweet.

264

00:43:17.160 --> 00:43:26.220

Zarine Shah (Body Imaging - Moderator): So I just wanted to say thank you to all of our panelists, I think we've done a wonderful job overall of covering what radiology is to all of us, what it means to us and how we landed up

265

00:43:27.090 --> 00:43:39.960

Zarine Shah (Body Imaging - Moderator): doing what we're doing today, and you know again just to highlight what everyone said, we have the opportunity for work life balance, the best we can achieve of that, and I think radiology gives us a great opportunity to pursue that.

266

00:43:40.620 --> 00:43:50.190

Zarine Shah (Body Imaging - Moderator): I do want to definitely highlight that, in this department, specifically, we have some very strong women radiologists and I'm, I'm privileged to work with

267

00:43:50.520 --> 00:43:57.570

Zarine Shah (Body Imaging - Moderator): such a fantastic group and a team of of colleagues that I can be proud to say are incredibly good position,

268

00:43:57.990 --> 00:44:05.730

Zarine Shah (Body Imaging - Moderator): and I know for a fact from hearing from other clinical colleagues that they are often the first point of contact for a lot of different patient care issues that

269

00:44:06.180 --> 00:44:17.640

Zarine Shah (Body Imaging - Moderator): our, our patient care team space and we are central to patient care in many, many different ways. So I am going to go over some questions that we had received from,

270

00:44:18.150 --> 00:44:26.220

Zarine Shah (Body Imaging - Moderator): from Melissa and from some of the students that had shared some questions with us and I'm going to maybe ask our panelists to sort of try to take these,

271

00:44:26.940 --> 00:44:43.260

Zarine Shah (Body Imaging - Moderator): giving us their perspective. So Dr. Chung, Ellen Chung, one of the questions that came up was specifically looking at a day in nuclear radiology and kind of what extent of patient interaction do you typically see in your work day as a nuclear radiology specialist.

272

00:44:44.460 --> 00:44:47.880

Ellen Chung (Pediatric Imaging/Nuclear Medicine): So it's been a long time since i've done adult nuclear medicine,

273

00:44:48.180 --> 00:45:00.540

Ellen Chung (Pediatric Imaging/Nuclear Medicine): So I do pediatric nuclear medicine and I don't really see the patients, very often, but when I did adult, there was a lot more interactions with the patients, there's a wider range of studies that are done in adults, a compared to pediatrics

274

00:45:01.050 --> 00:45:11.100

Ellen Chung (Pediatric Imaging/Nuclear Medicine): because the medications we're giving are radioactive they start decaying right away, so the timing is really important, and this is why these studies are not available all the time.

275

00:45:11.970 --> 00:45:16.530

Ellen Chung (Pediatric Imaging/Nuclear Medicine): Which means, as somebody who reads the studies it's very defined when you're going to be reading them.

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00:45:17.070 --> 00:45:22.260

Ellen Chung (Pediatric Imaging/Nuclear Medicine): So our clinic opens at for the technologists at seven and then close it up four.

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00:45:22.590 --> 00:45:32.550

Ellen Chung (Pediatric Imaging/Nuclear Medicine): And then usually the studies, they have questions for me in the morning but generally they're not done until the end of the day, some of them take quite a while, so starting about 11 o'clock till five o'clock or

278

00:45:33.000 --> 00:45:38.430

Ellen Chung (Pediatric Imaging/Nuclear Medicine): When I finish here i'll go back and do some more that's when I read them so it's fairly well defined

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00:45:38.850 --> 00:45:47.400

Ellen Chung (Pediatric Imaging/Nuclear Medicine): when you have these studies, of course in between, I also have to read other kinds of studies, so there's radiographs or X-rays that are done all day long.

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00:45:47.760 --> 00:45:56.430

Ellen Chung (Pediatric Imaging/Nuclear Medicine): And so, when i'm not reading into nuclear medicine study I will read those, I also read CTs and MRs on the patients who have the nuclear medicine studies as well.

281

00:45:56.940 --> 00:46:11.550

Ellen Chung (Pediatric Imaging/Nuclear Medicine): So, I'm also doing those things as well, but it's, what I like about radiology is it's, it's a defined to shift in general, well, we do cover 24/7, which means sometimes your shift is later, but it's defined when you're, when you're at work so that's that's a nice thing to have.

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00:46:13.500 --> 00:46:24.990

Zarine Shah (Body Imaging - Moderator): Great and I, I did a fellowship in nuclear medicine many, many years ago, before I moved over to just solely doing body imaging and so you know, just as I do have some glimpse of the adults nuclear medicine world.

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00:46:25.560 --> 00:46:33.480

Zarine Shah (Body Imaging - Moderator): There is a lot more therapy options and, in fact, a lot of that is developing now so actual treatment of cancer using nuclear medicine and nuclear

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00:46:34.140 --> 00:46:38.970

Zarine Shah (Body Imaging - Moderator): pharmaceuticals for treatment, so there is clearly a role in patient care, direct patient care

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00:46:39.630 --> 00:46:47.940

Zarine Shah (Body Imaging - Moderator): that nuclear medicine also can provide. So that's another kind of aspect of the career that nuclear medicine definitely has. Thank you Dr. Chung.

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00:46:48.660 --> 00:46:58.650

Zarine Shah (Body Imaging - Moderator): So one of the questions I wanted to specifically ask Dr. Foley, Kristin you mentioned the new transition from private factors into academics and so would you be able to give us a sense of

287

00:46:59.400 --> 00:47:12.450

Zarine Shah (Body Imaging - Moderator): what, what other, I guess, good and bad aspects of both parts of the career, of the spectrum, you know, working in, in perhaps a community based setting and then into academia, what would you say your experience has been with that?

288



00:47:14.550 --> 00:47:23.340

Kristin Foley (Abdominal Imaging): I would say the main difference in my experience, just having worked in Columbus in a large private practice,

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00:47:23.910 --> 00:47:35.190

Kristin Foley (Abdominal Imaging): and then working at Ohio State is the amount of teaching and resident and medical student involvement that I have at Ohio State which I just really did not have in the private practice setting where I worked. Now,

290

00:47:36.150 --> 00:47:49.350

Kristin Foley (Abdominal Imaging): you know, I think, and I was also I was part time in the private practice, I wasn't a shareholder or partner in the group, and so my experience might have been somewhat different there in that regard, because I was not a partner, but,

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00:47:51.450 --> 00:48:05.070

Kristin Foley (Abdominal Imaging): there's also, I think a little bit of a difference in kind of a sense of mission, that Ohio State is sort of a mission driven organization in one of the sort of three part mission of research teaching and patient care.

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00:48:06.330 --> 00:48:19.110

Kristin Foley (Abdominal Imaging): And not really, I'm not saying there aren't economic concerns, because obviously the University, the medical center has to stay solvent but that's not really the primary focus and I think sometimes in the community setting or in a private practice setting,

293

00:48:21.060 --> 00:48:32.580

Kristin Foley (Abdominal Imaging): you know, because you know some of the radiologists are have more of a tendency to view what they're doing as a business. Now that's, not to say that they don't care about doing good patient care, I don't mean to suggest they don't, but there's that sort of other element of

294

00:48:33.120 --> 00:48:36.300

Kristin Foley (Abdominal Imaging): a financial concern that I feel is less than the forefront, and in

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00:48:36.810 --> 00:48:48.120

Kristin Foley (Abdominal Imaging): our thinking at a place like Ohio State University, then at a private practice where you have to worry about paying your employees and keeping the lights on and as well as you know your own salary and what have you.

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00:48:49.200 --> 00:48:54.840

Kristin Foley (Abdominal Imaging): I think, you know, Columbus is a relatively big city, so at, in the practice where it was a big practice so

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00:48:55.470 --> 00:49:02.970

Kristin Foley (Abdominal Imaging): the radiologist were fairly sub-specialized but not completely sub-specialized, so I would still sometimes even as an abdominal imager

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00:49:03.300 --> 00:49:14.460

Kristin Foley (Abdominal Imaging): or body imager was reading a wider breadth of imaging studies, I would read head CTs, I would read chest CTs, which I wasn't, you know, which I don't really do now as an abdominal imager at Ohio State. Now, every,

299

00:49:14.850 --> 00:49:28.620

Kristin Foley (Abdominal Imaging): you know, radiology department's a little bit different in terms of how much, sort of cross coverage, they'll do. I wouldn't, I wasn't reading any like neuro MRI, but I would read had CTs and X-rays of kind of every and all body parts.

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00:49:29.910 --> 00:49:36.330

Kristin Foley (Abdominal Imaging): So there is, I think, in an academic setting you're much, you are more likely to have a narrower scope of practice.

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00:49:36.660 --> 00:49:47.760

Kristin Foley (Abdominal Imaging): And then I think if you go beyond sort of a big city private practice and you get out into a smaller town private practice that becomes even more of an issue again, just because you have fewer radiologists and so

302

00:49:48.150 --> 00:49:57.810

Kristin Foley (Abdominal Imaging): more people, you're going to have a much wider scope of practice and not necessarily be limited to oh, you just do breast or oh, you just do abdomen or oh, you just do chest.

303

00:49:58.200 --> 00:50:06.930

Kristin Foley (Abdominal Imaging): You're more likely to be able to do, to be doing a lot of those things and for some people that's very appealing to be able to do a lot of things and maintain skills in a lot of different areas and have

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00:50:07.350 --> 00:50:12.660

Kristin Foley (Abdominal Imaging): some days when they're doing interventional radiology, sometimes when they're doing breasts, and some days when they're doing something else.

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00:50:13.290 --> 00:50:20.760

Kristin Foley (Abdominal Imaging): Some people feel like that's that's too much, it's too hard to sort of maintain and feel comfortable in that wide range of practice.

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00:50:21.240 --> 00:50:30.120

Kristin Foley (Abdominal Imaging): But I think in a smaller community setting, smaller town that is more likely to be the type of practice sort of an expectation that you'll be able to do a lot of different things.

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00:50:31.950 --> 00:50:35.460

Kristin Foley (Abdominal Imaging): So that's, that is probably one of the major differences.

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00:50:37.050 --> 00:50:49.290

Zarine Shah (Body Imaging - Moderator): Thank you, Kristin. I think that, you know, that speaks of the options available again, you know, coming out of a radiology residency you've all heard us here today, but, you know, keeping, the keeping that in perspective, we are all working at a large academic medical center. So also,

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00:50:49.740 --> 00:51:03.840

Zarine Shah (Body Imaging - Moderator): knowing that there are opportunities, besides being a sub-specialized radiologist, if you were to choose to practice in a community setting like Kristin said, you can certainly continue to maintain that as an option and still provide care to your patients.

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00:51:04.920 --> 00:51:10.170

Zarine Shah (Body Imaging - Moderator): You know, using the breadth of experience you've had through your residency training, so thank you for that Kristin.

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00:51:10.800 --> 00:51:20.250

Zarine Shah (Body Imaging - Moderator): So we have one question which essentially talks about the match, and it seems that there are two separate radiology categories. One for PGY-1 and the other for PGY-2.

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00:51:20.970 --> 00:51:34.650

Zarine Shah (Body Imaging - Moderator): Can someone speak to the difference between these two? And do some radiology residency only begin after an intern year? So this, I suspect, is related to the prelim year, but I would leave and let Ashley perhaps, do you think you may be able to answer this question?

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00:51:35.520 --> 00:51:44.370

Ashley Sweeney (Chief IR Resident): I can answer this, the vast majority of radiology programs in the country matches a PGI-2 year and you match your intern separately.

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00:51:45.060 --> 00:51:53.190

Ashley Sweeney (Chief IR Resident): It's your choice where you match the intern year and so basically you interview for an intern years and interview for radiology programs, and you make this combined match list

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00:51:53.580 --> 00:52:02.850

Ashley Sweeney (Chief IR Resident): where you list radiology program and then you list your intern years in order under that and you'll match to those. There are a few programs that do have an integrated intern year

316

00:52:03.480 --> 00:52:16.140

Ashley Sweeney (Chief IR Resident): but like I said, those are fairly few and far between, so in general, most people will match. You do both matches at the same time, and you match your intern year and your radiology residency as a PGY-2 spot.

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00:52:17.340 --> 00:52:17.970

Ashley Sweeney (Chief IR Resident): Does that make sense?

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00:52:18.300 --> 00:52:29.130

Zarine Shah (Body Imaging - Moderator): Yep. Thank you Ashley and actually i'm going to follow that up with another questions related to the residency application process. What, in your opinion, are the key components of a successful radiology application?

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00:52:33.120 --> 00:52:35.430

Ashley Sweeney (Chief IR Resident): So, radiology application,

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00:52:36.000 --> 00:52:40.560

Ashley Sweeney (Chief IR Resident): I think that the probably the biggest thing for the residency side is.

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00:52:40.920 --> 00:52:42.030

Ashley Sweeney (Chief IR Resident): side is just, your really,

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00:52:43.350 --> 00:52:48.150

Ashley Sweeney (Chief IR Resident): like your personal statement of why you're choosing radiology is probably one of the biggest things.

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00:52:48.720 --> 00:53:04.500

Ashley Sweeney (Chief IR Resident): Especially now that the steps are switching. The first step is pass/fail nail, and so that used to be like a marker that we would use to kind of judge, like you know, we want to be above a certain score now that we don't have that anymore, I think we're going to be looking a lot more at,

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00:53:05.880 --> 00:53:11.190

Ashley Sweeney (Chief IR Resident): you know, why is it that you want to do radiology. Does it seem like you actually have the experience that you need to.

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00:53:12.030 --> 00:53:22.230

Ashley Sweeney (Chief IR Resident): There, if you are interested in research, then having research on your application is always helpful, but it's not necessarily a necessity to be able to get a radiology residency.

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00:53:23.280 --> 00:53:32.550

Ashley Sweeney (Chief IR Resident): If you aren't doing research though, I would do other things. Do some sort of leadership or some sort of community service just to show that you're a well rounded person and,

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00:53:33.000 --> 00:53:43.380

Ashley Sweeney (Chief IR Resident): you know, radiologists, you have probably figured out from our discussion actually have a decent amount of time outside of work, and so a lot of us have hobbies and things we like to do and families and,

328

00:53:43.830 --> 00:53:49.680

Ashley Sweeney (Chief IR Resident): you know, will actually talk about that a lot of times in our interviews because it's not like we just need to focus on

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00:53:50.070 --> 00:54:00.930

Ashley Sweeney (Chief IR Resident): did you pass, you know, your OBGYN rotation? And did you get five stars from them? And so on and so forth. So to me, I think the biggest things are your personal statement for like why you want to do radiology residency.

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00:54:02.760 --> 00:54:09.960

Ashley Sweeney (Chief IR Resident): And they just kind of those little extra things like are you a good leader, do you like the community service aspect, do you want to do research,

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00:54:11.220 --> 00:54:16.770

Ashley Sweeney (Chief IR Resident): to help guide you for that. I don't know if Dr. Wright wants to add anything, I know you're doing a little bit more with the

332

00:54:18.690 --> 00:54:19.830

Ashley Sweeney (Chief IR Resident): residency interviews this year.

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00:54:20.730 --> 00:54:23.460

Lindsay Wright (Thoracic Radiology): Amade is doing residency interviews, I am not.

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00:54:23.940 --> 00:54:24.960

Ashley Sweeney (Chief IR Resident): Oh sorry Amade is.

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00:54:25.590 --> 00:54:31.140



Lindsay Wright (Thoracic Radiology): No you're fine. So I, and I did not apply for a radiology residency so I feel kind of a loss for that one.

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00:54:32.010 --> 00:54:33.180

Ashley Sweeney (Chief IR Resident): No worries sorry my bad.

337

00:54:36.090 --> 00:54:42.690

Zarine Shah (Body Imaging - Moderator): So I guess I'm gonna have, I'm gonna have Dr. Wright maybe take this question we have received. What is the

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00:54:43.230 --> 00:54:49.110

Zarine Shah (Body Imaging - Moderator): fellowship and developing a career in radiology? Kind of how do you because, especially now going into residency,

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00:54:49.920 --> 00:54:58.230

Zarine Shah (Body Imaging - Moderator): residents are often put required on all things required to select the fellowship within the second year, which in my opinion is very early and I often feel like,

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00:54:59.160 --> 00:55:07.740

Zarine Shah (Body Imaging - Moderator): you know, you've got four years of residency, but you made having to make a decision about the rest of your career within a year or two, so what what are your thoughts on that?

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00:55:09.060 --> 00:55:13.170

Lindsay Wright (Thoracic Radiology): It's so early and that was really difficult because when I was doing residency,

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00:55:13.170 --> 00:55:15.570

Lindsay Wright (Thoracic Radiology): we didn't even have breast imaging till our third year.

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00:55:16.650 --> 00:55:26.820

Lindsay Wright (Thoracic Radiology): So there were modalities that we weren't necessarily exposed to or had a lot of experience in before we were deciding and applying for what we want to do for our fellowship.

344

00:55:27.360 --> 00:55:34.410

Lindsay Wright (Thoracic Radiology): For me, the importance of my fellowship was getting that focused year and dedicated training in cardiothoracic radiology.

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00:55:35.520 --> 00:55:42.270

Lindsay Wright (Thoracic Radiology): I think it really helped to coming to an academic center and sitting with people just looking at chest radiology day in and day out,

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00:55:42.960 --> 00:55:50.670

Lindsay Wright (Thoracic Radiology): and seeing pathology that you don't always see through residency. For example, in Kentucky where I was, we saw some

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00:55:51.180 --> 00:55:59.700

Lindsay Wright (Thoracic Radiology): co-workers pneumoconiosis but there was, there weren't a lot of lung transplants, they perform there, so we didn't see a lot of post transplant complications.

348

00:56:00.690 --> 00:56:11.010

Lindsay Wright (Thoracic Radiology): Some other ILGs that we didn't see there that then I was exposed to in fellowship, so when you do pick a fellowship you want to go to a larger center where you can expose yourself to a breath of pathologies, I think that's really important.

349

00:56:12.810 --> 00:56:22.200

Lindsay Wright (Thoracic Radiology): And then, it just I think it really helps you learn your art and your specialty and really be prepared, then, to go out and read on your own.

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00:56:25.140 --> 00:56:39.720

Zarine Shah (Body Imaging - Moderator): Yep. Thank you, Lindsay. So we have another question that I would Leah Braswell if she would take that, what is the future of interventional radiology and do you see interventional cardiology or neurology encroaching on IR procedures?

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00:56:41.610 --> 00:56:50.220

Leah Braswell (Pediatric IR): Yeah, I think that's actually fairly common question and people talk a little bit about about turf so these these questions, all fall into who's performing which procedures.

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00:56:50.820 --> 00:57:00.540

Leah Braswell (Pediatric IR): A lot has actually been been written on this and I, I I'm pretty biased, I'll probably sound probably more pollyanna the most

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00:57:01.500 --> 00:57:15.360

Leah Braswell (Pediatric IR): because I've been around enough to see that, when one thing sort of evolves into another field, then another skill sets sort of evolves under our umbrella and IR. So, right now I'm shopping for endoscopes

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00:57:16.050 --> 00:57:20.100

Leah Braswell (Pediatric IR): to help broaden my practice in the GU system and in the GI tract.

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00:57:22.080 --> 00:57:29.370

Leah Braswell (Pediatric IR): You know, and those are long term projects, these changes are really slow, but when one amoeba sort of spreads into one field, I feel that,

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00:57:29.550 --> 00:57:36.090

Leah Braswell (Pediatric IR): they all sort of, it evens out in the wash and that's, that's probably a little optimistic, it doesn't mean that we aren't careful but,

357

00:57:36.960 --> 00:57:46.350

Leah Braswell (Pediatric IR): you know, we want to make sure that we provide the best care for the patients and I, I my take on that is, is whoever's doing the very best service for the patient gets to do the case and,

358

00:57:47.730 --> 00:57:55.530

Leah Braswell (Pediatric IR): you know, some of our cerebral angiograms are now done by neurosurgeons and neurologists and I, you know, you have to keep yourself really good at that, but if you put

359

00:57:56.400 --> 00:58:07.320

Leah Braswell (Pediatric IR): patient care first and are really good at what you do, then the turf works itself out. That's my, that's my opinion on that I'm sure you'd find varying opinions but that's how I approached turf.

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00:58:08.880 --> 00:58:15.210

Zarine Shah (Body Imaging - Moderator): I think you know that is very true and I feel like, as you said, this is an, it's always evolving right, new developments in medicine that

361

00:58:15.600 --> 00:58:25.170

Zarine Shah (Body Imaging - Moderator): are ongoing all the time and radiology, is probably the leading specialty in development right, new things are coming in in our sub-specialties and sub-specialties all the time, so,

362

00:58:25.530 --> 00:58:32.130

Zarine Shah (Body Imaging - Moderator): we should probably not consider this as threat, but more of an opportunity like you put it, if, if someone wants to do something that we are good at,

363

00:58:32.700 --> 00:58:41.070

Zarine Shah (Body Imaging - Moderator): as long as they're doing it well, I think that and the patient is not the one suffering, perhaps that's that's a great way to look at it, so thank you for that that perspective.

364

00:58:41.850 --> 00:58:51.150

Zarine Shah (Body Imaging - Moderator): So on the similar lines, there was a question that was sent to us ahead of time, what is our insight as to how diagnostic radiology will evolve in the next 10 years related to patient care?

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00:58:51.630 --> 00:59:02.820

Zarine Shah (Body Imaging - Moderator): And how do we see sort of artificial intelligence, that is now coming into medicine and into radiology? How do we see that sort of in our, in our careers going forward?

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00:59:04.770 --> 00:59:06.630

Zarine Shah (Body Imaging - Moderator): Rukya, do you want to maybe take that?

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00:59:09.030 --> 00:59:14.520

Rukya Masum (Neuroradiology): Yeah sure, so I can talk a little bit about AI and I think

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00:59:15.900 --> 00:59:27.780

Rukya Masum (Neuroradiology): AI and radiology are really sort of perfect complement each other, like sort of cheese and wine, if you, if you will, just because technology, radiology so technology,

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00:59:28.830 --> 00:59:39.690

Rukya Masum (Neuroradiology): intertwined with technology itself and the use of AI and radiology has really over the last few years, has gone up by 30%, yeah really helps with

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00:59:40.320 --> 00:59:53.460

Rukya Masum (Neuroradiology): enhancing clinical outcomes, improving efficiency and enhancing patient focus care, helps in tech to see disease, identified disease progression and localized of normality then, also automate the process. So,

371

00:59:54.360 --> 01:00:14.610

Rukya Masum (Neuroradiology): as you, the human eye has limitation and so does, you know, human sort of experience and knowledge itself and yeah, it really sort of helps with that, figuring that out so there's so many different applications of AI in radiology including detecting lung nodules, detecting metastatic disease.

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01:00:16.230 --> 01:00:29.520

Rukya Masum (Neuroradiology): In brain, detecting, figuring out what kind of tumors is it. Is it a high weight tumor or a low weight tumor in the brain? And then on chest X-rays, is there a pneumothorax? But also helping with

373

01:00:30.780 --> 01:00:39.690

Rukya Masum (Neuroradiology): sort of workflow as well, so we at, with increasing volumes and we can have like hundred, hundred

374

01:00:40.830 --> 01:00:58.050

Rukya Masum (Neuroradiology): cases on the list, and what AI will do is if there's a huge bleed and mass effect on CT it can sort of put that, put that specific case up on the list, so the radiologist will be notified to read that neck, so it really helps with patient care.

375

01:00:59.940 --> 01:01:08.910

Rukya Masum (Neuroradiology): In terms of that there's also many, many more applications, including detecting all slammers in terms of volume loss early on as well, and then,

376

01:01:09.330 --> 01:01:21.390

Rukya Masum (Neuroradiology): do second multiple sclerosis as well, so it really makes our work more efficient and then so, there's well always sort of this talk about AI sort of, what if it replaces radiology just because,

377

01:01:21.990 --> 01:01:29.520

Rukya Masum (Neuroradiology): you know, and that's a talk about a lot of other specialties as well, and a lot of other work as well, but at the top

378

01:01:30.570 --> 01:01:49.470

Rukya Masum (Neuroradiology): people in radiology will tell you that it's, you know, in the next 200 300 years and the AI is not going to replace radiology it will help us with our, it will help us with our workflow, it will make us more efficient, but it and it will help ultimately with patient care as well.

379

01:01:50.580 --> 01:02:00.900

Zarine Shah (Body Imaging - Moderator): Great. Thanks, Rukya. Dr. Patel, Mitva, do you have something to add, I know that there is breast imaging also has AI sort of in their face.

380

01:02:01.530 --> 01:02:04.170

Mitva Patel (Breast Imaging): Yeah, I mean, I think Rukya kind of did an excellent job

381

01:02:05.430 --> 01:02:17.370

Mitva Patel (Breast Imaging): of answering that question. I mean, I agree, I don't think that AI will replace humans, I don't think it will replace radiologist, I think it will just be assistive and it will make us more efficient

382

01:02:18.690 --> 01:02:26.910

Mitva Patel (Breast Imaging): And more accurate as well. And as the breast radiologist, you know, a really important part of my job is, you know, we're also proceduralists, so you know, our



383

01:02:27.300 --> 01:02:32.580

Mitva Patel (Breast Imaging): interaction with patients is really some of the most important things that we do and that's not going to be,

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01:02:33.240 --> 01:02:41.250

Mitva Patel (Breast Imaging): that's not going to be replaced by AI in the future, so I think that it will make our jobs, better. I'm certainly looking forward to

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01:02:41.880 --> 01:02:55.770

Mitva Patel (Breast Imaging): improved accuracy, so that we can be very, you know, decrease any any false positives, false negatives, that we have, so I don't think that it's going to replace radiologists in the future.

386

01:02:57.270 --> 01:02:57.750

Zarine Shah (Body Imaging - Moderator): I agree.

387

01:02:57.810 --> 01:02:58.320

Mitva Patel (Breast Imaging): Thank you.

388

01:02:58.380 --> 01:03:09.870

Zarine Shah (Body Imaging - Moderator): Thanks both of you. So we have one little final comment from Joici about fellowship and she actually wanted to provide some input and insight into that and before we close the, close the meeting.

389

01:03:10.890 --> 01:03:17.910

Joici Job (Neuroradiology): I just wanted to see that as far as getting exposure during fellowship it's also a good

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01:03:19.020 --> 01:03:29.640

Joici Job (Neuroradiology): way to be strategic about potentially skill sets that you might want to bring into whatever you start working. For instance, the, I did one fellowship at

391

01:03:30.840 --> 01:03:39.300

Joici Job (Neuroradiology): Duke, where they get a lot of imaging, of functional MRI as part of, you know, with the neurosurgeon,

392

01:03:39.780 --> 01:03:47.430

Joici Job (Neuroradiology): for tumor treatment planning, so if you can bring something like that do whatever you're starting to work if they don't have it already that's a huge,

393

01:03:48.270 --> 01:03:54.480

Joici Job (Neuroradiology): you know, bonus that you're bringing as a selling point to yourself, you know, for yourself when you're applying.

394

01:03:55.200 --> 01:04:07.710

Joici Job (Neuroradiology): Do vertebroplasties and CSIs and CSF lead management and then the other thing to consider also is, they have the certifying exam now after

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01:04:08.130 --> 01:04:16.290

Joici Job (Neuroradiology): 15 months, after you complete your radiology residency and some folks, you know, instead of having to do that, during their work,

396

01:04:16.710 --> 01:04:21.030

Joici Job (Neuroradiology): at work then working full time. Sometimes consider doing a two year fellowship

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01:04:21.450 --> 01:04:32.160

Joici Job (Neuroradiology): and just kind of do that during their training time. So I had done a second year at UPMC with skull base and head and neck exposure, but in part that was also motivated by wanting to

398

01:04:32.670 --> 01:04:48.510

Joici Job (Neuroradiology): maybe take that certifying exam, while I was in the training capacity as opposed to an attending. So they're just a couple of things to consider as far as, you know, doing fellowships after your training, as opposed to going directly into private practice or something like that.

399

01:04:49.800 --> 01:04:59.880

Zarine Shah (Body Imaging - Moderator): That's a great point and I think developing a niche for yourself if you have found your space, that is a very good point and it's kind of another take home message also so thank you for that Joici.

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01:05:00.810 --> 01:05:10.290

Zarine Shah (Body Imaging - Moderator): So with that, I would like to thank all of our panelists, thank you for spending your evening, I know we talked about work life balance, and then we get to after hours so thanks a lot for, for

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01:05:10.740 --> 01:05:16.260

Zarine Shah (Body Imaging - Moderator): giving the time of day for for us to be able to help our MED students and hopefully we've provided you with a good,

402

01:05:17.070 --> 01:05:28.950

Zarine Shah (Body Imaging - Moderator): good overview of what options are available in radiology. Again, please stay in touch if you have any questions, feel free to reach out to any one of us on the call and we'd be happy to answer that for you. Have a good evening thanks everyone.