



Editorial

Revamping Resident Education: A Step toward “Amrit Kaal” in Indian Radiology

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The previous issue of our journal featured a commentary about clinical radiology by Prof. Kapilamoorthy, who is a senior and mentor to several of us in the Indian Radiology fraternity.¹ He identifies several major challenges affecting the growth of radiology in the “Indian” context, including the nonuniform training standards, our inertia to play an active role in patient management, and, turf wars with other specialists. This commentary gets us thinking about the current curriculum for resident education and its adequacy to suit contemporary practice in the real-world scenario. While radiology has come a long way from being just a service-provider to becoming a full-fledged clinical specialty, the change in resident education curriculum has been disproportionately minimal.

The whole focus of clinical medicine has shifted toward patient- and disease-centric approaches (inflammatory bowel disease, hepatocellular carcinoma, mesenteric ischemia, epilepsy, etc.), rather than just being organ-specific (liver, bowel, pancreas, colorectal, pituitary, and so on), and at this juncture, the role of a clinical radiologist cannot be emphasized much more. A good clinical radiologist offers much more information other than the diagnosis (including several qualitative and semiquantitative metrics which decide the suitability of a chosen treatment, and help in prognosticating the patient) and is a vital member of the multidisciplinary team. This requires keeping updated to the domain advances by regular appraisal of literature and constant communication within the multidisciplinary team. Interventional radiology (IR) has undergone exponential progress and transformed the way several diseases are being treated. All radiology residents need to be aware of IR treatment options for different diseases and need to be exposed to how IR procedures are performed. The mindset of residents who are opting for radiology, needs to be tuned in line with this thought process, at an early stage.

Training and education regarding radiation protection and magnetic resonance safety needs should be offered and tested

during assessment, so that a safe radiological practice could be ensured. Several patient-related soft skills such as communication and bioethics should be taught during the course of residency, so that the main concepts of interaction with patients (first as a physician, then as a clinical radiologist) are imbibed and could be adopted life-long. Prof. Kapilamoorthy has rightly recognized one of our major strengths which is innovation and creativity in developing new techniques and procedures.¹ Knowledge on patent filing by collaborating with local industry should be a part of training at the start of career. Regular journal clubs should be a part of the teaching program to inculcate a research and innovation mindset, not only confined to clinical research, but also transdisciplinary research along with biomedical engineers. Several premier scientific institutes (like Indian Institute of Science, Indian Institutes of Technology [IIT] Delhi, IIT Jodhpur) have identified the need for such transdisciplinary research and the potential within India. Radiology residents should be made aware of such options to pursue a research career and potential advantages of taking combined MD-PhD/DM-PhD courses which are currently being offered by institutes like Sree Chitra Tirunal Institute for Medical Sciences and Technology (SCTIMST) and All India Institute of Medical Sciences (AIIMS) Jodhpur.

It is up to us senior radiologists and radiology teachers, to guide our young fraternity to the right paths. Will we initiate this step of “*yahi samay hai sahi samay hai*” so that it is “Amrit Kaal” for our junior fraternity?

Conflict of Interest

None declared.

Reference

- 1 Kapilamoorthy TR. Clinical radiology: past, present, and future—whither are we going? Indian J Radiol Imaging 2024;34(02):361–364

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