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Starting as a Newly Graduated Radiologist: Survival Tips From Experienced Experts

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INTRODUCTION

The actual transition from being a resident (or fellow) to being an independent radiologist is a major step. Newly graduated radiologists need to prove that they can work independently and handle clinical workloads [1]. However, these required skills are not the main focus of current radiology residency programs. Therefore, residents may not be well prepared for their first job as a radiologist [1]. Besides workloads, newly starting radiologists may also encounter many other new challenges.

We composed a top 10 list of items that may be useful to know for current residents and newly graduated radiologists. These top 10 items were based on a mixture of both firsthand experience and observations of other junior radiologists. Our purpose was to fill in some important practical knowledge gaps that are typically not addressed in traditional residency programs.

1. MATCH EXPECTATIONS

When entering the job market, it is essential to explore whether the potential new working environment matches one's competencies and interests and to be informed of internal career opportunities. Acquiring such information also demonstrates

professional maturity. The applicant should also expect similar questions from the selection board. Matching realistic expectations is the key for success and satisfaction from both sides.

2. CHECK YOUR CONTRACT

Only written contracts facilitate a proper assessment of the parties' intent and establish certainty of the contractual terms [2]. Conversely, an oral agreement may be revoked without any legal or financial repercussions [2]. During periods of job shortages and intense competition, starters may be reluctant to thoroughly check their contract, let alone to start negotiations. However, the latter two may be necessary to avoid future regrets. Contract types and negotiation techniques have been detailed elsewhere [2,3]. The interpretation of a contract and conducting negotiations may be complex, especially in private practice. In such a situation, it may be recommended to consult legal or financial advisors.

3. CHECK YOUR INSURANCES

Before getting involved in patient care, it is crucial to have medical liability insurance. The local medicolegal and compensation culture, and the risk of

becoming the defendant in a lawsuit, are important parameters that should be reflected by the contents of the insurance policy. Detailed practical guidance about malpractice insurances can be read elsewhere [4]. Besides having an appropriate medical liability insurance, newly starting radiologists should also consider occupational disability and term life insurances.

4. MANAGE YOUR FINANCES WELL

Although 76% of medical students in the United States graduate with an educational debt, financial competency traditionally is not a part of a radiology residency training program [5]. However, a financial strain can have a negative impact on young radiologists, both in terms of personal well-being and performance as a physician [5]. Therefore, it may be wise for radiology residents to pursue optional courses to increase their financial literacy. For newly starting radiologists who lack financial literacy, a financial advisor may be a good solution.

5. MENTALLY PREPARE TO BE UNDER THE MAGNIFYING GLASS

Established colleagues in the new working environment may have

personal expectations and interests. One of their central questions is if the new radiologist can carry the workload and bring something positive to the practice [1]. During the first months of employment, it is usual that the starting radiologist is being put under the magnifying glass. Meanwhile, these first few months also comprise the period in which the newly contracted radiologist either “gets it” or the group decides he or she will not make it [1]. Being under the magnifying glass may introduce additional stress, but it can be considered an inevitable process one has to go through, for which one needs to be mentally prepared. This may be mitigated by finding individual ways to cope with stressors.

6. ACHIEVE BUT BEWARE OF BURNOUT

Newly starting radiologists are generally enthusiastic and excited. Nevertheless, the initial make-or-break period can be experienced as intensive [1]. Starting radiologists may have to work overtime to fulfill expected workloads and to learn processing procedures at a sufficiently fast pace. Time management is crucial. Keeping track of hourly production may be useful to monitor if one is on schedule. Direct access to reliable reference works minimizes time loss when reading complex cases that require looking up information. It is essential to rapidly get acquainted with local protocols, workflows, and guidelines. Failure may slow down work pace and potentially compromise patient care. Importantly, because most radiologists begin with their first job in their 30s [1], it is not surprising that age <40 years is associated with burnout [6]. Newly starting radiologists should understand this risk, self-reflect, be aware of burnout symptoms, and look for solutions in a timely manner.

7. BE KNOWLEDGEABLE OF POTENTIAL SOURCES OF ERRORS

Errors in radiology are frequent [7]. Any error may be detrimental to patients, may have medicolegal and financial consequences, and may have a negative emotional impact on the radiologist. Not surprisingly, a major source of stress for many newly starting radiologists comes from learning to be the “final read” [1]. Refreshing and improving knowledge on error prevention may be beneficial [7]. Finally, one relatively underexposed potential source of error is that the inexperienced supervising radiologist may too easily go along with the resident’s interpretation, which may be erroneous. A potential solution is to perform an independent review before taking notice of the resident’s findings and interpretation.

8. DEVELOP SKILLS TO TEACH RESIDENTS

Teaching may be among the new tasks of a starting radiologist. However, most recently graduated radiologists lack knowledge and experience when it comes to teaching. Dealing with poorly performing residents may be challenging. It is highly recommended for newly starting radiologists who have a residency program in their department to pursue dedicated teaching courses early on in their career.

9. WATCH OUT FOR TOXIC COWORKERS

Newly starting radiologists should be aware of toxic coworkers who may exploit the inexperience, naivety, or unfamiliarity with the new working environment for personal gains or by asking favors that can be considered disproportionate. Giving in to unreasonable requests is frequently followed by more unreasonable requests. The

best tactic is to avoid toxic personalities and to clearly indicate boundaries, nonengagement, and intolerance to unjust behavior [8]. Unprofessional behaviors need to be reported to leadership or human resources [8].

10. TIMELY PLAN NECESSARY REACCREDITATION ACTIVITIES

In the United States and most other Western countries, there are mandatory requirements to maintain the radiologist’s license to practice. Requirements for reaccréditation usually consist of a certain number of continuing medical education credits or other activities that need to be achieved during a certain period. The time and efforts to fulfill these requirements should not be underestimated. It is necessary to take note of them and plan necessary reaccréditation activities in a timely manner.

CONCLUSION

We provided 10 survival tips that can be useful to newly starting radiologists in enhancing their patient care, professionalism, and job satisfaction. Most of these survival tips can be addressed well in advance before embarking on a new job as a radiologist, and the others can be applied on the job. Our article may also serve as valuable input for residency programs that wish to facilitate the transition from resident to radiologist and for more senior faculty to guide junior radiologists on their first job.

REFERENCES

1. Cronan JJ. My first job: the transition from residency to employment—what the employer and employee should know. *J Am Coll Radiol* 2008;5:193-6.
2. Muroff JA, Muroff LR. Contracts in radiology practices: contract types and key provisions. *J Am Coll Radiol* 2004;1:459-66.
3. Berlin JW, Lexa FJ. Negotiation techniques for health care professionals. *J Am Coll Radiol* 2007;4:487-91.

4. Malpractice insurance: what you need to know. *J Oncol Pract* 2007;3: 274-7.
5. Collins J, Yousem DM. Financial literacy: should it be a required part of the residency curriculum? *Acad Radiol* 2021;3: 589-90.
6. Giess CS, Ip IK, Cochon LR, et al. Predictors of Self-reported burnout among radiology faculty at a large academic medical center. *J Am Coll Radiol* 2020;17: 1684-91.
7. Bruno MA, Walker EA, Abujudeh HH. Understanding and confronting our mistakes: the epidemiology of error in radiology and strategies for error reduction. *Radiographics* 2015;35:1668-76.
8. Lalwani N, Shanbhogue KP, Jambhekar K, et al. New job, new challenges: life after radiology training. *AJR Am J Roentgenol* 2019;212:483-9.

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