



# Implementation of a structured observership program for improving recruitment of radiology trainees: A novel analysis

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# Introduction

Diagnostic and Interventional Radiology continue to increase in demand, but faces workforce shortages across Europe and the UK (vacancy rate 10%). Recruitment essential to secure future of the specialty

Factors influencing career choice include;

- **Exposure to the field**
- **Work Life Balance**
- **Diversity of the field**

Early exposure KEY but remains low in medical school and intern level (20-30 out of 8000 rotations).

Observerships as a postgraduate/foundation doctor are a critical point where interns gain exposure to radiology prior to making residency applications .



## Process

Our department ran an observership programme over the course of 1 year

Fixed timetable of activities implemented:

- Maximise exposure to subspecialties
- Insight into activities of residency/fellowship programs
- Opportunity to discuss career with Radiology residents

Post-observership feedback form was distributed to all participants



## Methods

1. A feedback form was distributed to all the participants.
2. These included a mix of questions, including a Likert scale with free text responses.

A total of 25 feedback forms were analysed.

This is the first study to our knowledge that has specifically undertaken analysis of observerships, which is the primary way pre-radiology doctors get exposure.



## Results

- 100% of participants met their aims
- Free text analysis and responses identified three principal aims that were shared among respondents.
  - i) Observe the activities of the Radiology Department
  - II) Gain insight into Radiology as a career
  - III) Improve their CV prior to residency application
- 88% of respondents felt that the observership positively influenced the likelihood of applying to radiology



## Who came out on top?

### Aspects of Radiology Observership which were well received

- Interventional Radiology, Hot CT and Duty sessions scored the highest in terms of satisfaction.
- Ultrasound and Fluoroscopy also scored highly.

It was clear that one-to-one sessions and sessions with ability to engage with patients were better appreciated.

	Very dissatisfied	Dissatisfied	Neither (%)	Satisfied (%)	Very satisfied (%)
Hot CT	0	0	5	26	69
Duty Radiologist	0	0	10	15	75
Ultrasound	0	0	13	26	61
Fluoroscopy	0	0	9	29	62
MDT	0	0	10	38	52
IR	0	0	0	17	83
MSK	0	0	6	47	47
Paeds	0	0	0	52	48
Neuro	0	0	8	28	56
Thoracic	0	0	6	38	56



## Importance of a 'named' individual

Participants appreciated one to one time with a named Radiologist. They felt that this interaction was more personal and they had opportunities to.

The importance and influence of positive mentorship has been extensively described and we feel that this element should be a crucial aspect of the Radiology observership.



## What did not work so well

MDT/Tumor Board were less well enjoyed (52% highly satisfied). Participants found the MDT experience hard to engage with. MDTs however form a crucial part of the Radiologists' workload and value to patient clinical care.

Future work should identify specific educational tools which would promote engagement with MDT/Tumor Board.

Proposed ideas include

- Mock MDTs with Radiology Residents consisting of 3-5 cases
- Preparing the cases with the Radiology Resident
- Attending smaller MDTs





## Conclusion

- 100% of participants met their aims, indicating that the Radiology Observership was a positive experience overall.
- Components with high engagement potential should be prioritised
- Radiology Departments should offer a bespoke timetable for observerships with substantial one to one interaction where possible.
- A named individual , who would act as the mentor, throughout the observership is desirable



## References

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