Taster week 18-23/6

Before coming to Plymouth for my taster week I was pretty sure I wanted to go ahead with a career in radiology. I thought of this week as a way to be even more confident of my decision and have the chance to see other aspects of the day-to-day work I was not familiar with. Also, I wanted to find out more about what it means to be trained in the academy, as I currently work in a district general hospital and did not have any interaction with academy trainees.

My arranged daily schedule was nicely mixed with clinical and interventional radiology sessions, an MDT as well as a full day spent in the academy. I had the chance to observe a consultant ultrasound list, two DFR sessions (general and neuroradiology), a half day in nuclear medicine, multiple interventional procedures (including a couple of emergencies: embolectomy for acute stroke and embolization of bleeding splenic artery aneurysm). I had also the chance to observe a discrepancy meeting during which all grades discuss about cases that were marked/flagged up as potentially discrepant, and the team discusses about the imaging findings and whether that was actually a mistake and what action should be taken, if any. It appeared to me as a learning activity where everyone discusses about the potential mistakes in a non-judgemental manner.

I also had the chance to learn about a few new areas that are now included in the radiologist’s spectrum of job. I found out that radiologists can now run clinics for the patients undergoing interventional procedures, follow up with their patients and do ward rounds. While taking to the interventional radiologists, I realised once again how minimally invasive procedures would lead to avoid more risky and time consuming surgical procedures for treatment and diagnosis (such as the procedure I observed: the venous sampling for a patient with increased testosterone and having previous imaging that did not reveal any structural lesions).

While I was in the academy, I was shown the facilities and engaged in some imaging case review with the trainee who was assigned to show me around. I saw that there are multiple facilities to support the training needs. There are areas for teaching (lectures, meetings etc), simulators for interventional procedures and ultrasounds. Training ultrasound lists are performed under consultant supervision and multiple computer rooms are available for reporting with a large selection of cases as well as a library for studying and exam preparation.

Through these 5 days, I had the chance to discuss with interventional radiologists the pros and cons of a career in interventional radiology as well as the pros and cons of training in an academy vs traditional scheme. I was given some useful advise for my application preparation and a good outline of the training process, the exams involved and the additional training opportunities. The current trainees where also very helpful in discussing with me ways to improve my portfolio and interview preparation and strategy.

Overall, everyone was friendly and keen to teach and share their knowledge and experiences. All grades in the department, from the personals assistants, registrars, nurses, consultants, approached me with a welcoming attitude. I believe that I have gained some invaluable experiences and information and, overall, my initial goals were met in many ways.