

## Commentary

Now for something completely different. One important responsibility of the Journal is to stimulate new ideas and thoughts among the readers. In the pursuance of this responsibility this issue's highlights focus on various academic aspects of Radiological practice and education.

The first selection is an extremely thought provoking piece by Richard Gunderman from Indiana University, USA. Gundermantouches upon a topic that is central to a large number of issue with Radiology education in Pakistan. People use education and educational encounters not to benefit the students at large but to enhance their own prestige and dominance of the encounter. He argues and I fully agree with him that Radiology "does not need leaders whose primary motivation is prestige or dominance" rather we need "leaders whose first priority is to advance the missions of the people and organizations they serve." Come to think of it this is true not just for Radiology but for all walks of life including our political leaders.

We formally teach and test our trainees all aspects of Radiology. The one area that is regularly neglected is the final communication of all our efforts; the report. The reports are written in English which is not our first language. Very often we think in our mother tongue and do a literal translation into English. This sometimes changes the meaning of what we are trying to communicate and more often changes the emphasis and weightage of our findings and our opinions. To top it all off the trainees are expected to "imbibe" good reporting practices by symbiosis without any active effort by the trainers. Collard et al find that (not unsurprisingly) that even in English speaking countries formally teaching how to report helps. We should pay more attention to this aspect of our teaching and practice.

As we get busier the time we devote to teaching gets increasingly squeezed, Gunderman et al point out that to deliver effective teaching the time spent in the encounter can be very short and yet meaningful. It needs thought and consideration on our part. Things for which it seems we have less and less time.

And lastly our old friend Dr. Gunderman points out some more facts that really should not need to be stated but do. Fact: Just because something can be measured does not make it important. Fact: If things are measured and not acted upon they loose their meaning. Fact: Humans loose interest in activities that they perceive as meaningless. It will bode well if we remember these facts not just when it comes to radiology education evaluations but also in other arenas of life.

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## Academic Radiology, 2014; 21(1): 111-2

Richard Gunderman

### The Pitfalls of Prestige and Dominance in Leadership Education

The key lesson of this discussion for radiology educators and learners is that radiology does not need leaders whose primary motivation is prestige or dominance. It needs leaders whose first priority is to advance the missions of the people and organizations they serve. Admittedly, individuals who have no motivation toward prestige or dominance may never be in a position to

contend for leadership, but in the final analysis, such traits are beneficial only to the extent that they get leaders focused on the real challenges at hand, which extend far beyond their own self-interest. The goal of a real leader is not to garner more accolades or to lord authority over others but to serve a larger mission.

## Academic Radiology 2014; 21(1): 126-33

Michael D. Collard, MA, Jacob Tellier, MD, A. S. M. IftiarChowdhury, MD, Lisa H. Lowe, MD

### Improvement in Reporting Skills of Radiology Residents with a Structured Reporting Curriculum

**RATIONALE AND OBJECTIVES:** Radiology residents must acquire dictation and reporting skills to meet Accreditation Council for Graduate Medical Examination requirements and provide optimal patient care. Historically, these skills have been taught informally and vary between institutions and among radiologists. A structured curriculum improves resident report quality when using a quantitative grading scheme. This study describes the implementation of such a curriculum and evaluates its utility in tracking resident progress.

**MATERIALS AND METHODS:** We implemented a three-stage reporting curriculum in our diagnostic radiology residency program in 2009. Stages 1 and 2 involve instruction and formative feedback composed of suggestions for improvement in a 360 format from faculty, peers, and others within the resident's sphere of influence. The third stage involves individual, biannual, written feedback with scored reports specifically assessing four categories: succinctness, spelling/grammar, clarity, and responsible referral.

Biannual scores were collected from 2009 to 2013, sorted by year of residency training (R1 to R4), and average training level scores were statistically compared.

**RESULTS:** Review of 1500 reports over a 4-year period yielded a total of 153 scores: 54, 36, 29, and 34 from R1, R2, R3, and R4 residents, respectively. The mean (standard deviation) scores for R1, R2, R3, and R4 residents were 10.20 (1.06), 10.25 (0.81), 10.5 (0.74), and 10.75 (0.69), respectively. Post hoc analysis identified significant differences between R1 and R4 residents ( $P = .012$ ) and R2 and R4 residents ( $P = .009$ ).

**CONCLUSIONS:** Resident's reporting scores showed significant improvement over the course of their residency training. This indicates that there may be a benefit in using an organized reporting curriculum to track resident progress in producing reports that may improve patient care.

## Academic Radiology 2013; 20(12): 1610-2

Richard B. Gunderman and Harprit S. Bedi

### The Two-Minute Teacher

**CONCLUSION:** The purpose of 2-minute teaching is not to supplant more lengthy and in-depth teaching opportunities. Instead it is meant to function as an aid to making the most of educational opportunities as they arise on the fly at the point of care.

With this repertoire of seven brief educational interactions in mind, educators can do a better job of recognizing such opportunities when they arise, seizing

them briefly but effectively, and ensuring that both student and educator time on busy clinical radiology services is put to best use.

Furthermore, learning how to teach effectively in a few minutes also provides insights into how to get more out of longer educational interactions, including those that last an hour or more.

## Academic Radiology 2014; 21(3): 424-5

Jared H. Bailey, Jennifer L. Steele and Richard B. Gunderman

### Monotonic Responses in Radiology Education Evaluations

A total of 2046 ROF electronic evaluation forms were sent out over the course of the year, whereas the number of FOR forms was 1944. A total of 1859 ROF forms were completed (90.86% response rate), whereas the number for FOR forms was 1524 (78.4%). The ROF monotonic response rate was 52.5%, whereas the FOR rate was 48.9%. Most evaluators did not complete the free-text portion of the evaluation form. Specifically, 70.1% of completed ROF forms included no free-text response and 61.7% of FOR forms did not.

There were strong correlations between monotonic responses and failure to complete the free-text portion of the evaluation. In the FOR group, the Pearson correlation coefficient between monotonic responses and absence of free-text response was 0.69 (0.549–0.793, 95%CI), whereas for the ROF group it was 0.65 (0.49–0.76, 95% CI).

In fact, individuals and organizations mandating data collection should feel obliged to demonstrate on a

regular basis how the data collected are being put to good use. The burden of providing the data should be no less than the burden of showing the benefits the use of the data is producing.

The fact that we can measure something does not establish that we should measure it. If data-driven educational evaluation is to prove itself worthy of the time and effort devoted to it, it requires considerable forethought and imagination. The purposes to which data are going to be put should always be clearly articulated before data collection begins.

We should not assume that evaluators providing monotonic responses are lazy or uncommitted. Quite the reverse, they may be behaving quite rationally, at least to the extent that the benefits of their efforts are unclear to them. If we want residents and faculty members to devote more attention to educational evaluation, we need to make sure they see its benefits in action.