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Chairman's Letter: Planning for the (Digital) Future

THE SOCIETY FOR Computer Applications in Radiology (SCAR) has many experts who teach digital applications for radiologic diagnosis and medical management. The annual SCAR University educational program, headed by Drs Siegel and Reiner, successfully demonstrates their competence and ability to transfer this knowledge in the traditional teaching mode. Four days of SCAR U (May 2 through 5 in Cleveland) are enhanced by written and audio-visual materials that we can take back to our home institutions for future reference and for further education of our colleagues.

We also have been successful in attracting residents and fellows to our annual meeting and encourage their continued participation. There is regular attendance by a resident representative of the American Association of Academic Chief Residents in Radiology (A³CR²), as well as a resident physician section with special programming.

Radiology residents are among the brightest of all medical graduates. Their 4-year training program develops competence in diagnostic skills and interventional procedures as well as expertise in consultation with their clinical colleagues. Most residency programs teach in a digital environment with workstations rapidly replacing film alternators and viewboxes. With the exception of mammography, the American Board of Radiology oral examination is totally digitized, utilizing computer screens instead of viewboxes. SCAR needs to assist residency training programs in the educational transition to a digital imaging format with the development of appropriate curriculum guidelines. We

are in an excellent position to extend our present educational programs in this regard.

Radiology graduates who wish to concentrate their future practice in recognized subspecialties, pursue additional 1- to 2-year fellowships. These might be in angiography and interventional radiology, neuroradiology, nuclear medicine, musculoskeletal radiology, and pediatric radiology (my favorite). The training programs are certified by the Residency Review Committee of the ACGME, and there are special competence examinations in many. Another type of fellowship also has been popular. This went by several names such as *body imaging*, *cross-sectional imaging*, *abdominal radiology* and *special imaging*. Concentration of experience and education is in the newer technologies of computed tomography, ultrasound, and magnetic resonance imaging. Because there is no special competence certification (and not likely to be any), and much of this training is now incorporated into the residency program, body imaging fellowships recently have lost popularity.

SCAR can be instrumental in enhancing these programs by organizing educational opportunities in digital imaging and computer applications. Time would need to be allocated for formal instruction and laboratory or clinical

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investigation. For example, the Masters in Public Health program at the University of Rochester has a clinical investigator track with participants from Cardiology, Pediatrics, Neurology, Emergency Medicine, as well as Radiology. There is even a special Radiology training grant for residents and fellows. I am pursuing this curriculum on my sabbatical year and find my association with these young people most stimulating and enjoyable. Many of my fellow students will serve leadership roles in medical education and administration as economic principals of technology advancements continue to affect the practice of medicine.

The new SCAR Research and Education Program being presented by Drs Andriole and Williamson will introduce the concept of Informatics fellowships. These can be combined readily with clinical disciplines and are most appropriate for enhancement of present imaging fellowships. Sponsorship of these programs

(as well as training grants) will allow protected time for the academic requirement of the curriculum. In this manner, the next generation of imaging scientists/clinicians will be able to provide cost effectiveness research from the point of view of imaging specialists, paving the way for successful universal application of enhanced imaging in medicine. This mechanism could be used for clinical investigators in digital imaging. Other institutions might be better equipped to offer a true laboratory research component.

SCAR has an excellent opportunity to assist our colleagues in these new endeavors. We are looking forward to the introduction of new educational programs at our upcoming annual meeting. I hope to see you there.

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Chair, SCAR 2001-2002