Editorial

IR Residency: Did Anyone See This Coming?

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Semin Intervent Radiol 2017;34:85–86.

I am writing this while working... “working”... from home, waiting to pick up a friend at the airport, and once again find myself up against several deadlines. Research discussions with trainees, lectures to prepare, Seminars issue to complete, etc. So instead of standing on my feet all day, covered in lead and a hot surgical gown, missing lunch and likely one other meal, being yelled at by other services who should in actuality be on their knees and thanking me for pulling their ass out of a(nother) mess of their own creation—I am sitting at my desk, drink in hand and dog at my feet, looking out the window at the buds on the trees while Randy Travis croons to me. You can thank me later for being the editor.

We have all had days, haven't we, where there is a perfect storm at work? Too many cases on the board, many of which have been deemed emergent because of a lack of coordination by the referring service. Staff has called in sick, and the inventory hasn't been replenished. The first patient didn't go well, and inevitably in addition to the worry for his or her health comes the inevitable hit to one's self-confidence. And one can't help but to question at that point whether or not IR was really the right choice in the first place.

The funny thing is this—our worst days such as these are nothing but a typical day in other specialties, or indeed in many other professions. A friend of mine recently said that when medical students come to her to ask her opinion about which specialty to choose, her answer is to make sure that the student considers the mundane parts of the specialty, the part of the job that takes up 85% of the time. Any medical specialty can look sexy if one only looks at the cool part—but that isn't what reality looks like eventually, and one had better like (or at least be able to tolerate) the unsexy stuff as well.

Well, evidently we are perhaps much better than others at what we do in an unsexy fashion. The IR residency match just came out, and the results were staggering. There was a >3:1 ratio of applicants per residency slot. If I am reading the numbers correctly, in 2016 the specialty with the highest

number of medical students per position was vascular surgery, which came in at 1.91:1—meaning that we essentially proved to be one and a half times as competitive as our colleagues.¹ How can this possibly be if we feel so bored, frustrated, depressed, and activated during some of our work days?

I think the answer to that question is incredibly simple: the medical students saw through what we feel, or God forbid tell them, and realize what we sometimes forget. That we truly do practice in the best field of medicine, and they see that. We are the most innovative; we are the most indispensable; we are the most talented at what we do; and we are the best looking (okay—that one is a stretch) group of physicians in the country. While we get bogged down in the mud and mire, they have somehow been able look beyond that and realize that they want to practice in the field—desperately want to practice in the field—that we currently own.

These medical students, soon to be residents and eventually practicing IRs, are as excited about our field as they can be. They know what they want to be, and they want to be *us*. It is a lesson that isn't lost on me, at least for now. The public has spoken, and they have spoken with their National Resident Matching Program (NRMP) rank lists—we are (remain) the best field of medicine. I assume that, unfortunately, this lesson will be lost on me the next time I see a 3PM TIPS consult (“maybe one of my partners will pick it up”), or see PICC on a 3-week old (“I HATE those—maybe one of my partners will pick it up”), or get called in for a bleeder in the middle of the night (“where are my partners to pick this up?”). Our worst days are far less bad than our colleagues in other specialties; indeed, our worst days are probably better than most of their best.

Thank heavens for the medical students, who have spoken. Perhaps, we should take a moment to listen and once again be grateful for having chosen IR as our career choice. Now, if you'll excuse me, Randy needs to be replaced by AC/DC, the drink needs to convert from one meant for those other than adults to one meant for adults

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Issue Theme Decision Making as
a Growth Mechanism in
Interventional Oncology; Guest
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Publishers, Inc., 333 Seventh Avenue,
New York, NY 10001, USA.
Tel: +1(212) 584-4662.

DOI <https://doi.org/10.1055/s-0037-1602653>.
ISSN 0739-9529.

only, and I need to wake the dog. And you needn't even break scrub and try to get a sip of water in while you run from room to room to say "thank you" for being your editor. You are welcome.

Reference

- 1 Resident Matching Program. Available at: <http://www.nrmp.org/wp-content/uploads/2016/09/Charting-Outcomes-US-Allopathic-Seniors-2016.pdf>. Accessed March 30, 2017