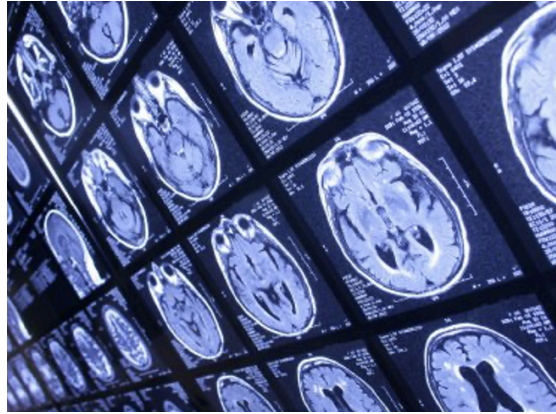


JOB SHADOW INTERVIEWS



Interview with a Radiologist:

What do you do for a living?

I'm a radiologist and I also sub-specialize in interventional radiology.

How would you describe what you do?

Radiology is using technology and a variety of imaging techniques to look at the human body and diagnose problems.

Quick Facts!

How much do radiologists make a year? According to [payscale.com](https://www.payscale.com) and others radiologist salaries range from \$50,000 to \$200,000 per year. For more accurate information see how much this doctor actually makes [Click Here](#).

How to become a radiologist? You'll need to get your high school degree, graduate medical school, and go to residency. To see how this doctor became a radiologist [Click Here](#) and [Here](#).

That includes: x-rays, fluoroscopy, which is kind of real time x-rays; CT scanning, which is using x-rays and computer reconstructions to look at the body; MRI scanning, which is using magnetic resonance, which includes radio frequency waves and a high-strength magnetic field to look at the human body; ultrasound, which uses high frequency sound waves to look at the body; Overlay and nuclear medicine, which involves injecting a very small amount of radioactive substance in a person tagged to a substance that will go to different parts of the body and show how they're functioning. We're basically Doctors' doctors because the patients don't come to us. The doctors have a patient, and then they have a problem that they can't solve without our help, and so they come to us whether it's by ordering a test or consulting us with a problem that they need help figuring out...We're problem solvers, and a lot of the time, whatever we see and say is going to determine the course of the patient's therapy.

Then interventional radiology is a sub-specialty. In interventional radiology, we use imaging techniques and minimally invasive techniques to do a lot of things that used to require surgery, including treating arterial disease with balloons and stents, being able to drain different areas of the body including the bowel ducts, the kidneys, and fluid collections or abscesses, any place in the body, and then also using the imaging guidance to do biopsies of almost any place using a skinny needle. So, a lot of imaging allows us to do things more targeted than having to actually open somebody up.

What does your work entail as a radiologist or what is a radiologists' job description?

We work from 7:30 in the morning till about 5:00 at night, and other radiologists work longer hours in some places, but that's our normal work day. And then once a week I'll be on call for general radiology, and I usually get a call about every 15 minutes. We have (T1) lines to our homes and teleradiology so we look at the images while at our homes many times while on call. The emergency rooms just keep us hopping because now they're conditioned to use imaging for almost everything. And so, about every 15 minutes, we're looking at another CT scan or some sort of examination. And then at one other time of the week I'm on the interventional call. That's not as busy, but it can be. Sometimes, I can go for an evening and not get called, but if I do get called, it means that I've got to go into the hospital, do a procedure that could last anywhere from an hour to four hours. And then once a month I'm on call for the weekend; Friday, Saturday and Sunday.

How did you get started?

I was in television before. Then at twenty-nine I decided I wanted to go to medical school. I went into medical school thinking that I would do something more standard as far as medicine, like internal medicine, or surgery, or obstetrics and gynecology. But as I went through, I realized, especially at the time I was there, that the technology was booming, and CTs had just come out, and MRIs were just coming out, and that there were all of these different types of interventions that could be performed using the imaging that saved lots of money, lots of time, lots of pain.

The consulting interaction with the physicians is very satisfying because we get to scratch our heads and think through things and talk to them. And they have information that I don't have from doing their examinations, and knowing the patient, and I have information that they don't have about what I can do and what I can see, that would help them. And so, it's a collaborative process with other physicians that's satisfying.

I could usually do the procedures as out-patients instead of a week-long hospital stay, and it was all fascinating to me. So, that's what I chose to do as a residency and then wound up in private practice.

What do you like about what you do?

We interact with almost every different aspect of medicine. We work with pediatrics, obstetrics, surgery, internal medicine, all the sub-specialties, and so there's a huge range of things that we participate in. It's hard to get bored because it's hard to keep up with everybody, they expect us to know more about them than their patients. We're basically Doctors' doctors because the patients don't come to us. The doctors have a patient, and then they have a problem that they can't solve without our help, and so they come to us whether it's by ordering a test or consulting us with a problem that they need help figuring out an answer to, or help taking care of. We're problem solvers, and a lot of the time, whatever we see and say is going to determine the course of the patient's therapy. So, even though, you don't get quite as much satisfaction from the patient contact and the patients being really grateful to you—a lot of times they don't even know that you're the one who

figured out what was wrong with them”but you do get a lot of satisfaction in knowing that what you’re doing makes a big difference in the lives of all of these patients every day.

The interventional part of it, I do have patients. I take care of them. I have patient contact and interaction as their physician; doing procedures on them, and a lot of the procedures that I do allow me to help people in ways that if it wasn’t for us they would have had to have major surgeries for. And so that’s satisfying. The consulting interaction with the physicians is very satisfying because we get to scratch our heads and think through things and talk to them, and they have information that I don’t have from doing their examinations, and knowing the patient, and I have information that they don’t have about what I can do and what I can see, that would help them. And so, it’s a collaborative process with other physicians that’s satisfying.

What do you dislike?

Well, I think all physicians, and radiologists probably as much as anybody else, are unhappy about the amount of paperwork, the number of obstacles that are placed in your way in actually just taking care of what we’re supposed to be taking care of.

How do you make money/or how are you compensated?

We only make money when we’re doing something. We’re paid fee-for-service. We bill for what we do, and the insurance companies, the government, and/or the patients pay us for our services. We don’t own any of the equipment. Something that most people don’t realize is that there are two fees for radiology: one is a technical fee and one is the professional fee. The technical fee is paid to the facility or whoever owns the equipment that the procedures are performed on. The equipment is really expensive, and reimbursement rates for that are pretty high. Our portion of the total cost of an imaging procedure is usually between 5 and 10%, whereas the technical component is between 90 and 95%.

How much money do you make as a radiologist?

I’m going around \$500,000 a year.

What education or skills are needed to be a radiologist?

Well, you have to go to medical school. You have to have a college degree to get there. So you need a four year college degree, four years in medical school, an internship, a four-year residency, and a one to two-year fellowship after that. As far as skills, they need to be problem-solvers. Some people are good at memorizing things. Some people are good at problem solving. Some people are good at both, not too many, but it’s not good enough just to know a lot. You have to be able to apply that, and in a lot of ways what we do is like extremely complex video games. I mean, we’re using images and we’re using all sorts of information to figure out the answers. And so two things that are really key are visual and spatial orientation, and analysis skills. If you are able to think three dimensionally based on two-dimensional objects”drawings, pictures”if you can think three dimensionally, you can turn things around in your mind, upside down, sideways, backwards, forwards, with limited amounts of information, then you probably have one of the major skills necessary. If you can’t do that, this may not be the field for you.

What is most rewarding?

Well, it’s obviously financially rewarding, but I guess the major reward that most of us have is that we know that what we do makes a difference in people’s lives, and that if we weren’t there for them at

the time that they needed us, things wouldn't go as well. We know we make a difference for doctors who are struggling with trying to help patients, we know we make a difference in the patients' lives, we know we make a difference in our community. Even when things are hard, you feel good about what you're doing, all of the frustrations are tolerable, because you feel like what you're doing is worthwhile.

What advice would you offer someone considering this career?

Well, that would depend on what stage of life they're in. If they're in high school then I would say, Find somebody who does this and then ask them if you could come visit and see what it's really like, and most radiologists are delighted to have people come by and spend a few hours with them and let them see what they're doing and what it's really like. Because some people might say, This is something I would go nuts doing, or, Gosh, I'm fascinated with it, and I really would like to do this. If you're in college and you want to do it, the big thing that you're going to have to do is get into medical school, and that's hard to do. You've got to get good grades and you've got to score well on the entrance examination. And so, the answer to that is, find out what it requires to get in and then figure out if you can do it, and then go for it. But that takes a lot of self-sacrifice to do that.

How much time off do you get/take?

Well, this year I might not get any. Typically, radiology practices try to have somewhere between ten and twelve weeks of vacation a year, and it's a little bit like being an air traffic controller. You concentrate so hard for so many hours, even though it doesn't look like you're working that hard because you're sitting in a chair in a dark room, and it's comfortable, and you can drink coffee and!The amount of concentration that you're having to put forth is way more than other people understand. And so, you need some periodic breaks just to let your mind rest and to be fresh. Unfortunately, there's a nationwide shortage of radiologists and, as I said, it's hard to recruit them here. So, about every four or five years, we'll go through a period of time where our vacation drops to almost nothing because of the inability to keep adequate staff on hand to manage the vacation time. Because, basically, in our practice, if we're fully staffed, we have a ten-man practice, and we're paying people to be off all the time, working eight people and having two people off at all times. So, right now we've got eight people with nobody off. This is actually my last day off, I've had four days off and this will be the last time I'll get to do that for a while until we can get somebody else in.

What is a common misconception people have about what you do?

Well, amongst the general public, I don't think they have much of a clue what we do. They get a bill from us and they don't even know who we are or what they're paying for.

A second one is that the public has not recognized, over the last 30 years, how most of the significant diagnostic effort in medicine has shifted from history and physical exam to imaging, and that imaging is now becoming the new physical examination. In fact, in the emergency rooms, when people come in, often they get a CT scan before they even see a doctor. And they want us to tell them what's wrong with them before they've even seen the patient. So, the actual significance and value of what we do, in terms of the decision-making process in medicine, I don't think is understood very well by the general public. The doctors, of course, do, but the public doesn't.

What are your goals/dreams for the future?

Well, I want to finish well. I've got another 12 years or so that I'm going to practice and I want to stay competent and do a good job and take good care of patients. But I also, as much as anything else,

want to try to help my younger partners continue to build their practice in a way that they will have as much benefit from it, and be able to continue to benefit our community as much as I feel like I have.