

# Radiology education needs a revamp

Dear Sir,

Radiology as a subject has come a long way. Behind the curtains and overshadowed by their clinical colleagues, radiologists now play a significant role in patient management. And it is not just diagnostics anymore. However, sadly the training pattern of post-graduate radiology students has failed to evolve with modern times.

In good old days when radiology was synonymous with X-ray, there was a lot of emphasis on physics. It is true even today. I strongly feel that radiology students should not be burdened with too many technical details, especially when there are many more important things to learn and remember. Practically, it is not a knowledge of physics that one requires to have in day-to-day practice, but a good clinical acumen, to make the right diagnosis. The technical jargon is best left to engineers, and we should focus on medicine. An orthopedics student is never asked to write a short note on manufacturing of Austin Moore's prosthesis, neither is a surgeon asked about the physics of a laparoscope. However, a radiology student is invariably asked about a Dry View camera. Is there nothing better to ask? Radiology curriculum needs a revamp. It should be redesigned so as to give our post-graduate students a better perspective of a subject that is essentially clinical. A 6 months official posting in a surgical or medical department during post-graduation would be a good idea to start with. This will create a genre of clinically sound radiologists that

clinicians will find difficult to bully. Radiology is not mere medical photography or simple image interpretation where you just have to tell black from white. We are better than that, much better.

It is the need of the hour to make imaging more clinically relevant. We have given away too many things, including echocardiography and endosonography, simply because radiology is not considered a clinical branch. We have only ourselves to blame. Only those species that learn to adapt and evolve will ultimately survive. If we are not careful enough, the day is not far when CT scan and MRI will go the same way as X-ray and USG have,, i.e., to the clinicians. Let us wake up before it is too late.

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