What it’s like in diagnostic radiology: Shadowing Dr. Ma

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As a medical student, do you ever wonder what it's like to specialize in diagnostic radiology and nuclear medicine? Meet Loralie Ma, MD, a diagnostic radiologist and nuclear medicine specialist and a featured physician in the AMA's “Shadow Me” Specialty Series, which offers advice directly from physicians about life in their specialties. Check out her insights to help determine whether a career in diagnostic radiology and nuclear medicine might be a good fit for you.

The AMA's Specialty Guide simplifies medical students' specialty selection process by highlighting major specialties, detailing training information and providing access to related association information. It is produced by FREIDA™, the AMA Residency & Fellowship Database®.

Learn more with the AMA about the medical specialty of diagnostic radiology and nuclear medicine.

"Shadowing" Dr. Ma

**Specialty:** Diagnostic radiology and nuclear medicine.

**Practice setting:** Private practice.

**Employment type:** Employed by a group practice in Baltimore and surrounding counties.

**Years in practice:** 24.

**A typical day and week in my practice:** I mostly work in offices. I usually drive to an outpatient office, where I work from 8 a.m. to 4:30 p.m. reading studies in my specialty from many of our practice sites. One night every other week, I do an evening shift, 2–10 p.m., from home. I do seven or eight weekends of call per year, currently from home, from 8 a.m. to 6 p.m. Overnights are covered by our own teleradiology.

**The most challenging and rewarding aspects of diagnostic radiology and nuclear medicine:** As
a radiologist, getting a complete history can be difficult, although when reading inpatient studies, we have Epic.

I really love being a radiologist. Imaging is such an important part of patient care, being able to see the patient from the inside out, so to speak. In the emergency setting, we help make the difficult first diagnoses. In the outpatient setting, we are key in determining the patient's diagnosis and excluding diagnoses as well.

How life in diagnostic radiology/nuclear medicine has been affected by the global pandemic:
During the initial phase of the pandemic, we were almost completely shut down. About 70% of our offices closed and our hospital volumes greatly decreased. We even worried for our practice’s survival. However, soon we were back to 95% of our initial volumes.

We worried when the second surge came, but our volumes have not been severely affected. We did have some radiologists and other team members who became infected with SARS-CoV-2, and we were very fortunate that everyone recovered. I was heartened by our group’s ability to work through the doctors’ illnesses and schedule changes.

The long-term impact the pandemic will have on diagnostic radiology and nuclear medicine:
Radiology is a specialty that can largely be performed off-site, with the exceptions of interventional radiology and women’s imaging. Nonetheless, historically, most radiology has still been performed on-site. This has changed markedly during the pandemic. It remains to be seen to what extent it bounces back to being on-site. This is part of a larger trend, however, especially given the growth of national teleradiology companies. There is something nice about being in the offices and talking to the technologists and patients when appropriate, but a lot can be done off-site very effectively.

Three adjectives to describe the typical diagnostic radiology and nuclear medicine specialist:
Collegial, smart and hardworking. We believe in working as a team and supporting one another.

How my lifestyle matches, or differs from, what I had envisioned: I have a better lifestyle than I had envisioned in medical school. I had thought I would stay in academics but decided early on to go into private practice. This was a great decision. As I was able to do the clinical work, I realized I really liked and got much better compensation than I had expected. Private practice worked better for my family as well—we had two young children at the time—due to set work schedules. In addition, in a large group, if a schedule change is needed, it is usually not too difficult to find a switch.
Skills every physician in training should have for diagnostic radiology and nuclear medicine but won’t be tested for on the board exam: A radiologist needs to constantly be updating their knowledge, as imaging modalities advance and clinical entities that were not previously seen or well evaluated are able to be evaluated. A radiologist needs to be very focused on their tasks because of the large volume of images they are evaluating.

One question physicians in training should ask themselves before pursuing diagnostic radiology and nuclear medicine: Can I spend large amounts of time working relatively on my own? I still interact on the phone with clinicians, my radiology technologists and my partners. However, especially as I’m a diagnostic radiologist and not a procedure-heavy radiologist, I am often in my office alone. I love it. I have plenty of interaction by phone and with my techs in the offices, and I am happy with that. Otherwise, I might have gone into interventional radiology or women’s imaging.

Books every medical student interested in diagnostic radiology and nuclear medicine should be reading: So hard to say nowadays. In the days before online resources, these were my go-to texts:

Musculoskeletal: Top 100 Diagnoses, by David W. Stoller, MD, Phillip F. Tirman, MD, and Miriam A. Bredella, MD.
Atlas of Neuroradiology, by Steven J. Willing, MD.

The online resource students interested in diagnostic radiology and nuclear medicine should follow:

Stat Dx, e-Anatomy and Radiopaedia, which have great anatomical illustrations in all modalities and reference articles as well. Radsource is another great website.

Quick insights I would give students who are considering diagnostic radiology and nuclear medicine: Don’t think of radiology as just looking at pictures. We evaluate patients, and I always try to remember that. I am looking into a patient and helping evaluate their problem. When I think of radiology that way, it really seems very primary. Also, don’t be afraid to reach out to your colleagues. The physicians in my practice are always consulting with each other on cases, and we are a better practice for it.

Mantra or song to describe life in diagnostic radiology and nuclear medicine: “Take it Easy,” by the Eagles. It’s easy to get caught up in everything going on around you. Sometimes you have to step back, or sit back, and take a breath.