What it’s like to specialize in radiology: Shadowing Dr. Argy

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As a medical student, do you ever wonder what it’s like to specialize in radiology? Meet Nicolas Argy, MD (@NicolasArgy), a radiology 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 his insights to help determine whether a career in radiology 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 radiology.

"Shadowing“ Dr. Argy

Nicolas Argy, MD

Specialty: Radiology.
**Practice setting:** Hospital-based, private practice and academic medical center.

**Employment type:** Employed by a university in Boston.

**Years in practice:** 27.

**A typical day and week in my practice:** When I was in practice, I would arrive at work at 8 a.m. and check my assignments, although an efficient practice will stagger shifts. Work assignments are put in designated queues such as ultrasounds, CTs and mammography. While you may be assigned to a given queue such as ultrasounds, it is expected that you cover all queues especially those getting backed up.

Typically, there’s somebody assigned to special procedures, and very frequently there are subspecialist radiologists (body imaging, musculoskeletal, mammography, etc.) within the group. Almost every radiologist has a fellowship. Work is typically directed to them based on their training in the name of efficiency to maximize job satisfaction and quality of care. If you have a neuroradiologist in the group, she will get majority of the neuroradiology cases; if you have a pediatric radiologist in the group, he will get majority of the pediatric cases; and usually somebody is assigned to fluoroscopy, which includes upper-gastrointestinal cases, barium enemas and swallow studies for speech therapy.

If you’re in special procedures, you are interacting with patients, with nurses, with special procedures staff. Radiologists assigned to special procedures have the opportunity to interact with patients not typically seen for other assignments or other subspecialties. There’s no talking to a body CT.

Interacting with co-radiologists occurs frequently because if you have a troubling or a difficult case you can share it with them. Work typically occurs in a shared reading room with discrete working spaces.

Few practices have the luxury of assigning exclusive subspecialty work, so radiologists need to maintain general radiology skills. Which is both a plus and a minus. Continuing radiology work can be interesting but also puts you in a position to read studies in which you might have specialty training in.

I always enjoyed general radiology because I liked all the different modalities, but the reality is you’ll want to sub-specialize as much as you can because it enhances your efficiency, your accuracy and your quality.
The most challenging and rewarding aspects of radiology: If you like interacting directly with patients in person, diagnostic radiology can be a challenge. You may spend long hours in a dark room, looking at a computer screen. If you find joy in interacting with people, greeting a new patient and asking about their family, their kids and their new dog, that will not happen.

If you choose interventional radiology, you’re seeing patients all day long, and sometimes you have ongoing patients—ones who come back for repeat procedures. Subspecialization in radiology can be very satisfying. If you love kids, for instance, as a pediatric radiologist, you’ll have much more exposure to those patients. There is much flexibility within sub-specialization. Ninety percent of radiologists spend their days looking at computer screens, interpreting images.

The most rewarding aspect of radiology is discovering previously unknown diagnoses. It’s satisfying when someone presents you with an imaging study and says, “Where’s the problem?” The radiologist is the person who may find it. 80–90% of studies are normal, but the good radiologists always go into it saying, “There’s an abnormality on this film, and I’m going to look and look and look until I find it.” And then after you look and look and look and you still don’t find it, then you call it normal, which is a good thing too.

How life in radiology has been affected by the global pandemic: Almost all elective work was curtailed early on—hospitals shut down mammography and routine oncologic imaging. I’d say it cut the volume in half. At this point it has all come back.

The long-term impact the pandemic will have on radiology: I don’t think it will have a long-term impact.

Three adjectives to describe the typical radiology specialist: Intelligent, curious and self-motivated.

How my lifestyle matches, or differs from, what I had envisioned: I didn’t have a good idea of how work and lifestyle would interface in this specialty. It’s very easy to balance work and lifestyle, and the possibilities are endless for part-time work.

Some group practices are amenable to your working from home. If there was ever a career in which you absolutely don't need to be in the hospital, this is it. All of the interpretive aspects of it can be done from anywhere. Forget home—it can be done from China, or wherever. There’s enormous flexibility.

You might wonder if remote reading is terrible customer service. Well, 25 years ago, yes. People would actually come down to radiology. But now, with digital radiology, everybody just reads the X-rays or looks at them remotely outside the hospital. So nobody comes to radiology in person. And if
there’s any kind of interaction, it’s by phone. There are a handful of doctors who still come down and discuss cases, but that’s becoming the exception, not the rule.

I would strongly advise you to not go into radiology if you want to see patients every day, and especially if you want to do well care. Nobody you’re seeing is well other for screening examinations; most patients getting imaging have an issue or a problem that needs to be addressed.

**One question physicians in training should ask themselves before pursuing radiology:** How important is daily direct patient care to me?

**The online resource students interested in radiology should follow:** It’s important to stay current on medical information. I recommend subscribing to the *JAMA* and *The New England Journal of Medicine*.

**Quick insights I would give students who are considering radiology:** Go for it!

Choosing a subspecialty is one step in the journey. I am the luckiest human being alive, in spite of the fact that I’m completely disabled, and I haven’t practiced radiology for five years, because of multiple spinal surgeries. If I hadn’t become disabled, I wouldn’t have gotten the opportunity to change careers. Currently, I am teaching health policy, public health and health law at Boston University. I love teaching, which I couldn’t do previously. I currently have a website whose motto is “making a difference.” I wouldn’t be able to volunteer as much as I have for the Massachusetts Medical Society and the AMA.

**Mantra to describe life in radiology:** Living the dream.