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About me

My name is Esther Kim, and I am a fourth year Diagnostic Radiology resident at the University of Manitoba in Winnipeg, Manitoba. I was born and raised in Winnipeg and have done all of my training here. I have a lot of interest in medical education and leadership as I feel they are important core values in medicine.

Why I chose Diagnostic Radiology

I did not have much exposure to Diagnostic Radiology during medical school. In fact, I had initially matched to Internal Medicine and switched. It was during my IM training that I learned the importance of diagnostic imaging, and the influence that imaging reports had on our clinical decision-making processes really drew me into the specialty.

Clinical Life

What does a typical day of clinical duties involve?

A Typical Day	
Weekends	On Call
Weekdays	My Monday-Friday schedule is as follows below; Wednesday afternoons (after 13:00) are Academic Half-days.
07:00	Arrive at the hospital approximately 7am to pre-dictate the overnight scans and outpatient studies from the day before.
08:30	Review morning cases with staff and read out the pre-dictated studies.
09:30	Usually have a biopsy or drainage.
11:00	Continue with the remainder of the cases throughout the day.
14:30	Afternoon review with staff.
15:30	Case rounds



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What kinds of rotations are required in your program?

The core rotations on Radiology include abdominal, thoracic, musculoskeletal (MSK), and neurological imaging. Other rotations include ultrasound, interventional radiology, pediatrics, cardiac imaging, and community rotations.

Which of your personality characteristics are particularly helpful in your field?

I believe that my keen interest in diagnosis and using imaging to help other clinicians make a clinical decision is a positive personality trait. In addition, radiology is a very busy field, as every clinical service requires imaging at some point. There are multiple interruptions in the day through phone calls, visits from clinicians, and being paged. Ability to multi-task in a high-stress environment is a crucial personality characteristic.

What are the best aspects of your residency?

The best part of my specialty is the ability to make a clinical diagnosis and change patient management. Every patient presentation is like a puzzle with different pieces. Clinical history, physical exam, and lab tests are pieces to the puzzle, as is imaging. Most times, imaging is an essential piece which can play a big role in the patient's care. For example, if a CT angiogram of the brain and the Circle of Willis (arterial junction) shows a proximal occlusion without significant ischemic changes, the patient can be considered for a thrombectomy, which is a life-altering treatment.

Imaging can provide this important confirmation, and these types of situations happen frequently.

What are the most challenging aspects of your specialty?

The most challenging aspect of my specialty is definitely the call. It is very heavy call with high demands at all hours of the day. There are frequent interruptions with imaging requests and urgent studies. A trauma scan can include up to four different studies to read, requiring immediate attention.

What is one question you're often asked about your decision to pursue your specialty?

The one question that many have asked is the role of artificial intelligence in my specialty. Of course, it is an important question that is unclear at the moment. However, it plays a role in 3D imaging currently and I am sure there will continue to be further advances to enhance imaging for patient care.

Can you describe the transition from junior to senior resident?

The PGY-1 year in Radiology is an intern year, with rotations through all different clinical specialties including surgery, Internal Medicine, Pediatrics, and Obstetrics and Gynecology. Second year is the most difficult year with transition into fully Diagnostic Radiology and also the heavy call. Interestingly, as in all specialties, the senior years do get better as you become more comfortable and familiar with radiology; thus, becoming more confident in diagnoses and imaging interpretation.

If applicable, can you describe your experience with the subspecialty matching process? What resources did you find helpful for this (e.g. choosing electives)?

As I transferred into radiology from Internal Medicine, I did not pursue this field in medical school. However, my advice is to never rule out a specialty you did not think of or be exposed to early on! I never imagined I would be a Radiologist, but I love my field and it's quite an amazing specialty to be in.

Will you be pursuing further training or looking for employment? What resources are available to you for future planning?

Yes, I hope to pursue a Cardiothoracic fellowship, which is one year of extra training in both Canada and the USA. Employment is the goal for every resident, at the end of their residency. I think it is important to be professional, hard-working, and commit yourself to your training. People will notice these abilities and will want to work with you or offer opportunities and career options. It's also important to seek out employment opportunities on your own and explore.



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Non-Clinical Life

What are your academic interests?

I have always been involved with and interested in leadership roles as I believe we can make systemic change through these avenues. I was the prior president of the Professional Association of Residents and Interns of Manitoba (PARIM) and have been involved with Resident Doctors of Canada for two years now; currently as the RDoC president. Leadership and advocacy go hand-in-hand; injustice and unfairness in training and the medical field has always led me to pursue opportunities to make a positive impact and also change. I hope to continue on these roles in my career as staff.

What is your work-life balance like, and how do you achieve this?

Work-life 'balance' per se, is difficult to achieve. However, I try to maintain some balance by focusing on my personal time with my husband and also my parents and sister. They keep me grounded so that I have enough energy for my clinical work. I also try to take some days to just focus on myself, and to do things I enjoy.

Impact of COVID-19

RDoC recognizes the ongoing impact COVID-19 has had on residency. We wish to raise awareness of its effects on residents' day-to-day lives.

How has COVID-19 impacted your required rotations (clinical, research)?

COVID-19 has forced everyone to change how we think about medical education. Unfortunately, it has decreased resident experiences in clinical and research opportunities. For our program in particular, we had adjusted to online teaching immediately including all of our rounds schedules and academic half days. I think the program highly values education and although virtual platforms are sometimes less ideal than in person, I'm glad we are able to continue on with our learning.

Due to COVID-19, what are the biggest differences you've experienced compared to previous years in residency?

Radiology is one of the fields where our work has remained the same. However, I miss out on the direct interactions with clinicians in discussing cases. That was always a highlight on call.

How has COVID-19 impacted your work-life balance?

Apart from being able to see my parents more often, it has not impacted my work-life balance too extensively. I am lucky that my family lives in the same city as myself.

Disclaimer: These specialty profiles illustrate some aspects of the lives of individual residents, and convey their personal perspectives on the challenges, opportunities, and rewards of their chosen fields. These views may not be shared by all residents, as there is tremendous diversity in lifestyle, experience, and interest among the residents in each specialty.