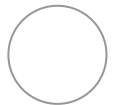


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India's Iconic Doctor - Dr. Arjun Kalyanpur

The Daily Rounds team is starting a series titled “India’s Iconic Doctors”. The attempt is to bring focus to path breaking and innovative doctors who have revolutionized the medical field. They put a new spin on treatment, patient care and delivery of medical solutions while never forgetting their core focus as doctors! We begin our journey on “India’s Iconic Doctors” with an exclusive interview with the Entrepreneur and Radiologist Dr. Arjun Kalyanpur, CEO of Teleradiology Solutions. Dr.Kalyanpur started Teleradiology Solutions back in 2002 but before that he had a journey that led him to where he is today. Here's a brief look at his timeline -

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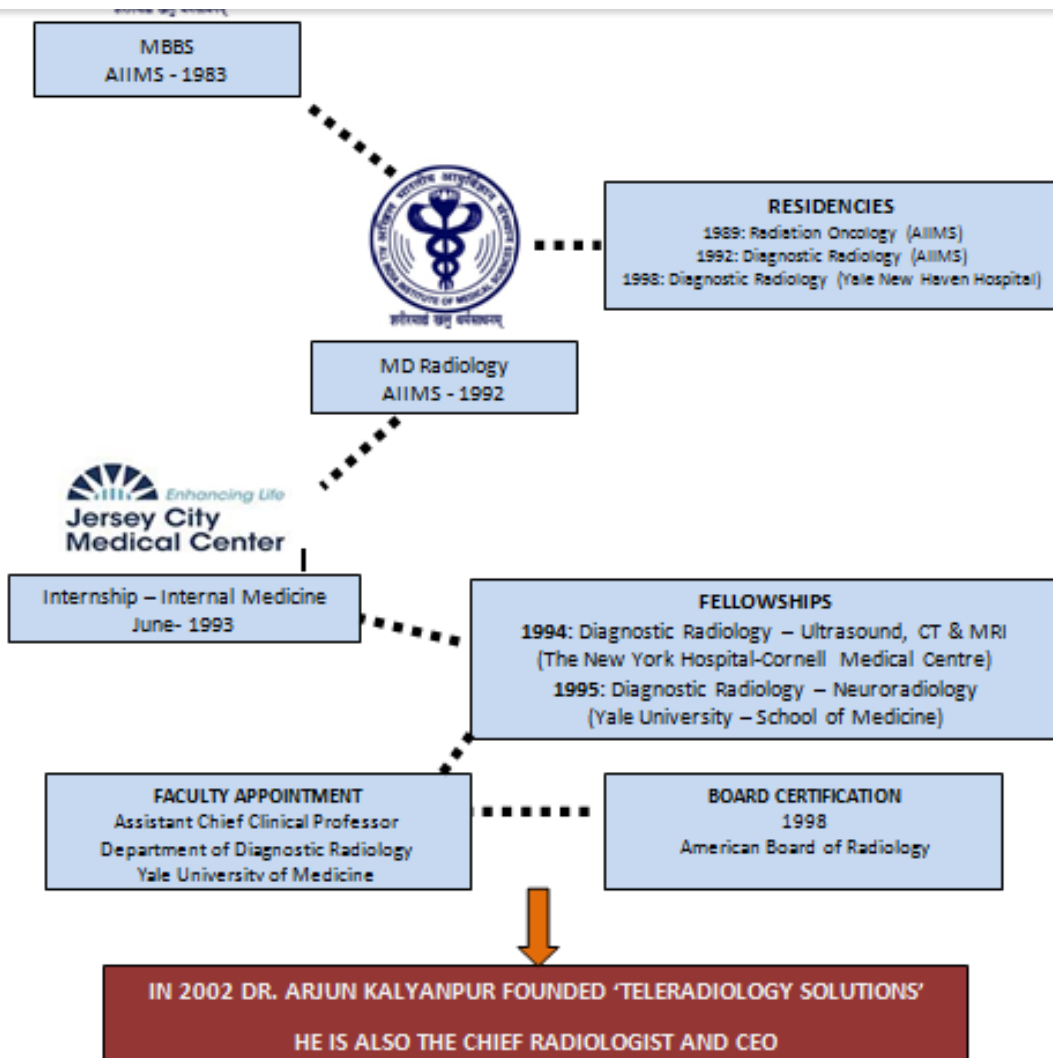
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the United States by KLAS in 2011, was founded in 2002 by two Yale University trained physicians. It provides teleradiology services to over 100 hospitals in the United States. Teleradiology Solutions was among the first teleradiology companies in the U.S. to be accredited by the U.S. Joint Commission (JC) accreditation for healthcare organizations. Teleradiology Solutions has an academically inclined group with over 200 publications and presentations by the group that includes exceptionally high quality Radiologists trained at top universities. Through its innovative teaching portal Radguru.net it provides valuable online teaching resources to radiologists globally.

The company has joint research partnerships with major technology vendors and with biotechnology majors for clinical trials radiology via its specialized Image Core Lab . Its subsidiary company Telerad Tech , a technology company has developed a cutting edge radiology workflow platform RADSpa TM , which optimizes the efficiency and productivity of radiologists by delivering images anywhere at any time. Through Telerad Foundation , the company provides high quality tele-diagnostics to remote parts of Asia and Africa to the poor sections where there are patients and scanners but no doctor to interpret the images. Teleradiology Solutions leverages technology for the various services it provides from e-teaching to teleradiology to telemedicine, making it a company with a difference.

Dr. Kalyanpur spoke with Daily Rounds in an exclusive interview and candidly answered our questions.

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I joined AIIMS in 1983 and through my five years of med school I was not very sure about my choice of specialization. Initially I thought of taking Internal Medicine because of the analysis involved and differential diagnosis appealed to me. Then as the time to decide on a specialty came, I became more and more uncertain about medicine since I would have to take a sub specialty after MD which means 3 years of MD and then another 3 years of DM did not charm me.

So, during my internship I did an elective in Radiology and realized that there were certain things in the field that I really liked. For instance I liked the anatomy perspective Radiology gave me along with all the analytics involved. Also, for me expressing myself concisely and accurately is very important and Radiology requires just that. So, I would say these things helped me decide on Radiology.

After you finished your internship you did six months of Radiotherapy before you chose Radiology. Could you walk us through this short transition phase?

Yes, I did do Radiotherapy but it was a six month house job at the Rotary Cancer Hospital. Basically, it was a stop gap arrangement I had made so that while I worked I'd have enough time to study for my USMLE, AIPGMEE etc.

What was the competition for Radiology like when you were preparing for your entrance exams? Was it as 'hot' in terms of demand as it is today?

be the first post graduate from AIIMS to have a thesis on MRI.

“ I had the opportunity to be the first PG from AIIMS to have a thesis on MRI. ”

What drove you to pursue a fellowship in the US?

Well, there was a bit of conflict regarding my going to the US and studying there because I always wanted to live in India and there seemed to be no point in leaving the country, defocusing myself and then coming back again. When I was finishing Post grad, my professor, Dr. Sukhbal Sani, who was my thesis guide at AIIMS advised me to go to the U.S and get trained there. She told me it would completely change the way one thinks about Radiology. Today I believe she gave me excellent advice because my experience in the US was truly transformational. In fact, I did my fellowship in body imaging at Cornell University first after which I did my residency in Radiology at Yale Medical University.

You said your time and experience with the medical system in the US was transformational – how so?

If I could compare a Radiologist trained here versus those trained in the US, theoretical knowledge is very good among Indian doctors and we're also very good at identifying findings. Now, where the US system has added value is the analytics i.e. the processing

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Radiologists must be able to effectively communicate certainties in a diagnosis as well as uncertainties!

“ I think we lack in the aspect of analytics & communication right now. Radiologists must be able to effectively communicate certainties in diagnosis as well as uncertainties!

”

Did you consider Interventional Radiology as an option at any point in your career?

Yes, I did play with the idea of pursuing interventional radiology in the US but I decided against it because I was sure I wanted to come back home to India. Interventional Radiology had not taken off in India back then and there was the possibility of being over qualified for jobs which could have been problematic.

When did you realize the commercial viability for Teleradiology?

After I published a paper on the concept of ‘Tele’ radiology I did a clinical project with Yale which showed promising response so I continued working as a faculty for Yale after I returned to India, reporting scans while sitting here in Bangalore. This gave me confidence to take it from a simple concept to actual clinical operations which went on for six months but unfortunately the project ended abruptly because of various issues. It

In your opinion, what traits would you say students who choose Radiology as a specialty should have?

Well, there are two things to this. One being traits that will attract you to radiology and the other being, what traits could make you a good Radiologist. For the former, most students choosing radiology should enjoy anatomy, technology and physics as a science. For the latter, adding clinical dimension to your reports would add great value and good communication skill I think is a must.

“ Most students choosing radiology should enjoy anatomy, technology & physics as a science ”

How large do you believe is the demand supply gap in Radiologists today from an Indian perspective? How do you think this gap can be reduced or closed in the future?

In India the shortage in supply of Radiologists is particularly severe. In terms of numbers, we have 10,000 Radiologists catering to a population of 1 Billion. Our ratio is severely skewed! So Teleradiology is going to continue to be a necessity. What needs to be done is- increase the number of training spots in the country! Funnily, the National Board has in fact reduced the number of seats. They also state they will not recognize free standing diagnostic centers, such as us, to provide Radiology training for doctors.

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In your set up, considering it's not like a hospital with patients flowing in and out, do you face the problem of doctors finding the work too monotonous?

When we first set up we did have that concern but in fact we find that Radiologists like working in this environment. In general radiologists prefer not having too much patient interaction and enjoy working with technology as they find it more intellectually stimulating. Our work station focused environment seems to agree with Radiologists, fortunately.

Tell us about the academic work Teleradiology is involved in?

In our organization we actually have a very strong focus on academics even though it may seem otherwise. We have a daily teaching conference, a teaching website, a research assistant, we publish papers regularly, and we have frequent visiting doctors from overseas who deliver talks and lectures. We also have an e-lecture every Wednesday afternoon which is live and interactive – open to anyone who'd like to attend.

For doctors who have the option, do you think they would benefit more by pursuing their studies abroad rather than in India?

Getting admitted into a Radiology program is difficult both in India and in the US so if a student can perform well enough in both exams to be able to choose then yes, I would

Would you say that Radiology can help those who are slightly soft hearted to sort of 'escape' from the emotional burden of handling seriously ill patients?

Yes, in many ways I guess that is true but I can think of three situations where you will have to handle tough patient doctor conversations. The first scenario that comes to mind is when you're doing an ultrasound because you will have to talk to your patient about what you have identified and many patients will ask you questions while you're doing the scan. Second would be when you're doing a mammography. Mammographers have to counsel their patients quite a bit when doing the procedure because most patients will be anxious and you will have to talk them through it and then explain what you visualize. Finally interventional Radiologists can't escape educating their patient's about their illness because they will be doing therapeutic procedures on them personally for challenging conditions.

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