

Radical Views...

from the Department of Radiology

March 2011

Mon	Tues	Wed	Thurs	Fri
3:00-4:00 ED section meeting (monthly) [ED annex, WCC] call Sheila Blalock 4-2506	1 1:00-2:00 MRI meeting (Weekly) [TCC-484] 7:30 - 9:00 Board Review (Dr. Magaram)	2 Weekly Wed Section Meetings: 11:00-12:00 MSK clinical conf 12:00-1:00 Thoracic Imaging, GI Oncology/GU Oncology 3:00-4:00 Mammo [TCC-484] 7:30 - 8:15 US postmenopausal pelvis (Dr. Levine) 8:15 - 9:00 Post-Op Abdomen (Dr. Siewert) 12:00 - 1:00 Disability Insurance Considerations (Maureen Ryan)	3 Weekly Thurs Section Meetings: 12:00 - 1:30 Abd [WCC-354] 12:00-1:00 MSK 7:30 - 8:15 MSK Procedures (Dr. Yablon) 8:15 - 9:00 Radiology of the Foot (Dr. McMahon)	4 8:00-9:00 Grand Rounds: Sonography of Multiple Gestations (Dr. Carol Benson, BWH) 12:00 - 1:00 No neuro conference
7 7:30 - 9:00 (Dr. Pedrosa)	8 7:30 - 8:15 Board Review (Dr. Reddy) 8:15 - 9:00 (Dr. Reddy) 10:30-11:30 Nuc Med meeting (GZ-103)	9 7:15 - 8:00 US meeting (WCC-304A Gallery) 7:30 - 9:00 Chest board review (Dr. Spirn)	10 7:30 - 8:15 Case Conference (Dr. Case) 8:15 - 9:00 Case Conference (Dr. Rojas)	11 8:00-9:00 Grand Rounds: Dr. Marcelo DiCarli, BWH 12:00 - 1:00 No neuro conference
14 7:30 - 9:00 (Dr. Siewert) EVENT: Mentoring Program: Searching the medical literature - Carol Mita 12:00-1:00 pm	15 7:30 - 9:00 Board Review (Dr. Gross) 8:00 - 9:00 IR meeting [West Recovery Rm]	16 7:30 - 8:15 US Cases (Dr. McArdle) 8:15 - 9:00 NM Board Review (Dr. Hill)	17 7:30 - 8:15 MSK Board Review (Dr. Hochman) 8:15 - 9:00 MSK Board Review (Dr. Wu)	18 8:00-9:00 Grand Rounds: Chief Rounds 12:00 - 1:00 Neuro (Dr. Teich)
21 7:30 - 9:00 (Dr. Bennett)	22 7:30 - 8:15 Board Review (Dr. Faintuch) 8:15 - 9:00 (Dr. Reddy) 10:30-11:30 Nuc Med meeting (GZ-103)	23 7:30 - 8:15 Chest Board Review (Dr. Bankier) 8:15-9:00 Chest Board Review (Dr. Bankier)	24 7:30 - 8:15 Case Conference (Dr. Ramachandran) 8:15 - 9:00 Case conference (Dr. Peri)	25 8:00-9:00 Grand Rounds: Neuroform Stenting of Wide- Necked Intracranial Aneurysms (Dr. Reddy) 12:00 - 1:00 Neuro (Dr. Rojas)
28 7:30 - 9:00 (Dr. Wei)	29 7:30 - 9:00 Board Review (Dr. Iuanow)	30 7:30 - 8:15 US Cases (Dr. Mehta) 8:15 - 9:00 NM Board Review (Dr. Kolodny)	31 7:30 - 8:15 MSK Board Review (Dr. Yablon) 8:15 - 9:00 MSK Quarterly QA Conference (Dr. Eisenberg & Sr. Resident)	Save the date Friday June 10 for Fleischner Graduation Day

DEPARTMENTAL NEWS, AWARDS & HONORS



FROM THE CHIEF
Jonathan B. Kruskal, MD, PhD

• **Congratulations Ivan Pedrosa, Associate Professor of Radiology**

It is with great pleasure that I announce the promotion of **Ivan Pedrosa** to Associate Professor of Radiology at Harvard Medical School. This most deserved recognition is based on Ivan's international recognition in translational research specifically focused on MRI characterization of renal masses, as well as an enviable and highly cited scholarship of impactful original scientific articles, a dedication and commitment to teaching and hospital service, a lecturer par excellence and as we all well know, a damn good allround radiologist. Please join me in congratulating Ivan on what truly is a most deserved promotion.



• **Congratulations Debbie Levine**

Dr. Levine been appointed to the Board of Directors of the American Institute for Radiologic Pathology (the ACR sponsored group that is taking over AFIP). This a great opportunity for Dr. Levine to expand her interest in improving radiology education on a national (and international) scale.

• **Congratulations Diana Litmanovich**

Doctor Litmanovich has been selected as one of the participants in the AUR- Philips Academic Faculty Development Program to be held March 26 in San Diego. The program is comprised of several presentations on such topics as: informatics in imaging; opportunities in education; how a chair can help your career; update of ABR, maintenance of certification; ethical issues and advice for publishing and peer review; funding opportunities through the RSNA; opportunities in research; and how to attain and maintain academic productivity. Participants must be nominated by their chairs and attendance is highly competitive.

• **Congratulations Caitlin Buchsteiner, BA, RT**

Diagnostic Radiology technologist **Caitlin Buchsteiner** is a recipient of a 2011 Chayet Scholarship. Donald Chayet, Eleanor Chayet's late husband, established the Chayet Scholarship Trust in 1983 in memory of his parents. Scholarships are available to any "employee who wishes to advance their skills in any way that will improve care at the Medical Center or advance medical knowledge." Caitlin used her award to help pay for her Medical Ultrasonography Certificate, an 18-month course offered by our School of Diagnostic Medical Sonography (Cory Finn, program director) here at BIDMC. On March 2, Caitlin and three others, **Emily Dockham, BS, Maureen Lewis, BSBA, and Julia Musoke, AS, RTR** will graduate from the program. *For more about the Chayet Scholarship Program visit <https://portal.bidmc.org/Default.aspx>*

• **From the Rare Sightings Archive**

I received the following from Dr. Thomas Thornhill, Orthopedist-in-Chief at Brigham & Women's Hospital, who hand-delivered to us a postcard he picked up in the Galapagos from our own Ron Eisenberg. Thank you, Dr. Thornhill!

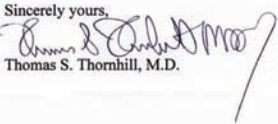
- Jonny

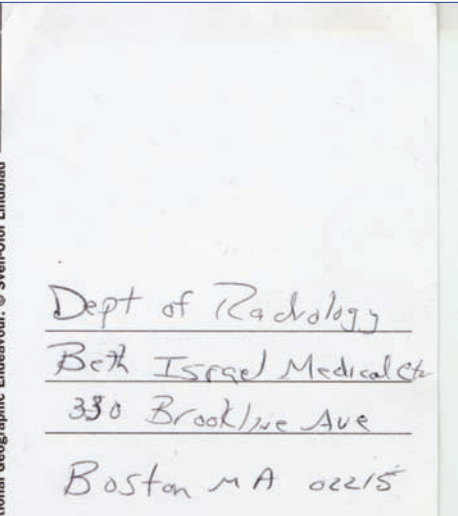
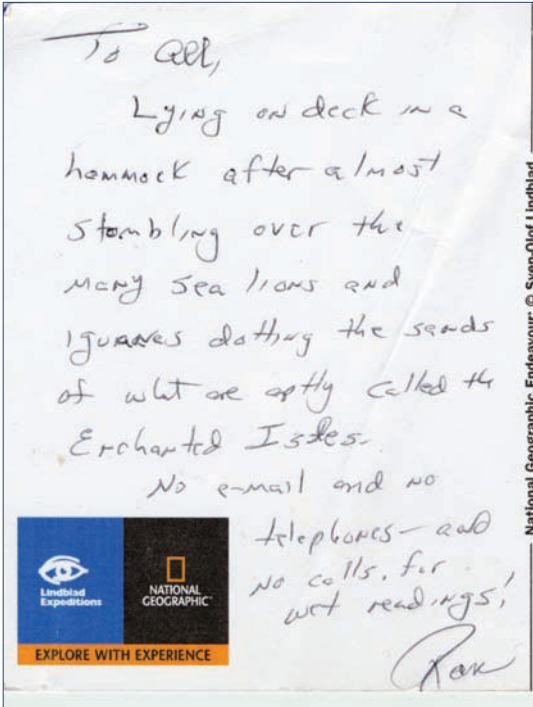
February 10, 2011

Dear Radiology Department,

We have just returned from a trip to the Galapagos Islands. In the late 1700s, British whalers would stop by the island of Floreana on their way back to England. They would gather mail from a post office barrel and hand-deliver it once they returned to England.

This has been carried on as a tradition by visitors to these enchanted islands. Tradition is that I must hand-deliver this and I will do so to you chairman's office.

Sincerely yours,

Thomas S. Thornhill, M.D.



Above and left: actual postcard (front and back) sent by **Dr. Eisenberg** from the Galapagos Islands via hand-delivery by Dr. Thomas Thornhill. Below is an artist's rendition of Dr. Eisenberg on holiday by the Media Lab's Michael Larson.



DEPARTMENTAL NEWS, AWARDS & HONORS

• **Congratulations Mai-Lan Ho**

Please join me in congratulating 2nd yr resident **Mai-Lan Ho** on being chosen as one of 35 residents from across the country to participate in the Siemens-AUR Radiology Resident Academic Development (SARRAD) Program. This is a week long course at the annual AUR meeting in April (lovely Boston this year). This program provides focused mentorship, leadership, and academic development activities to a group of high-potential second-year (PGY-3) radiology residents in order to better prepare them for their transition into successful careers as leaders in academic radiology. I am sure this will be an enriching experience for Mai-Lan and we are proud for her to represent our department. - *Jim Wu, Director Radiology Residency Program*

• **Welcome Isabella Elyse Hamilton** - 7lbs 10 oz born at 11:12pm on Friday night 2/25/2011. The proud parents, **James and Lekisha Hamilton**, and new older sister Bryana are awaiting the new arrival to come home later today. We wish them all the best. - *Jim Brophy, Radiology PACS/Informatics Manager*

• **Farewell to James Lee Wyatt**, Patient Care Transport Assistant. James Lee has retired after providing us with 7 years of devoted patient care and service as a transporter. He will be remembered for keeping things moving on the weekends and his cheerful assistance filling in during the week. Please join us in wishing James Lee all the very best as he starts a new chapter in his life, and wish him a wonderful, healthy and happy retirement. - *Betsy Grady, General Diagnostic Manager*



Celebrating the retirement of James Wyatt are (L to R): Joseph Eloi, **James Lee Wyatt**, Jeanne Eason, Fritz Honore and Rodrique Dorcil.

OUTREACH 2011 - Radiology

A few of the MSK attendings, one resident, and several Ultrasound technologists participated in the "Race Up Boston Place" stair climb event Saturday, February 5. Two teams ("LoveAtFirstFlight" and "No Ringers") from the BIDMC Radiology department ran up 41 floors (82 flights) at the Boston Place building (3rd tallest in Boston) this past Saturday as part of a charity event for the American Lung Association. This event is the tallest stair climb in Boston. The two teams raised a combine total of \$3760 for this worthy cause. **Dr. Colm McMahon** placed 4th overall out of 993 competitors, won first place in his age group, and was the named the top "healthcare worker" for the second year in a row! Way to go Colm!



One Boston Place, third tallest building in Boston



Colm with his shiny medal!



The BIDMC stair climbers: (front row) Nora Sullivan, Julie Smith, and Beth Bythrow (back row) Ammar Sarwar, Jim Wu, and Justin Kung. *Not pictured are Colm McMahon, Caitlin Buchsteiner and Vanessa Irwin.*

The Gallery

Now showing: the works of our own Maxima Baudissin. Check it out at WCC-304A!



Maxima Baudissin,
Admin Associate (CVIR) & Photographer

I've been told that I keep a lot to myself about my travels although my marching orders to friends have always been "to go and report back!" and this 'reporting back' has finally become the substance of my 2D career in photography.

Europe today, presents a context for quotidian events that has no equal in America. The tulips appeared (courtesy of my landlady) when I rented a studio at 26, rue de la Montaigne Sainte Geneviève, Paris, in 2003. I thought they were an endlessly beautiful bouquet and photographing them became an obsession.

Getting LEAN by Trimming the Fat: A Response

Last month we talked about Gemba walks (going to observe where the work takes place) and how these visits may help identify opportunities for improvement. We shared an observation in CT where an US-guided fiducial seed placement was being performed for subsequent cyberknife therapy. **Dr. Siewert, Tim Parritt** and the **CT team** used a standard root cause analysis technique (the so-called **5 WHY's approach**) to review this observation.

WHY do we do US-guided biopsies in a CT suite? Well, as it turns out, this happens for several very good reasons. US-guided liver seed insertions were historically completed using ultrasound guidance rather than under CT.

WHY were these performed under US-guidance? This occurred because US is faster, has no radiation exposure, doesn't require breathing reproducibility, and needle/seed insertion is typically achieved with a simple single stick approach. Over time these procedures have continued to be completed under US-guidance but have migrated to being completed in a CT Suite.

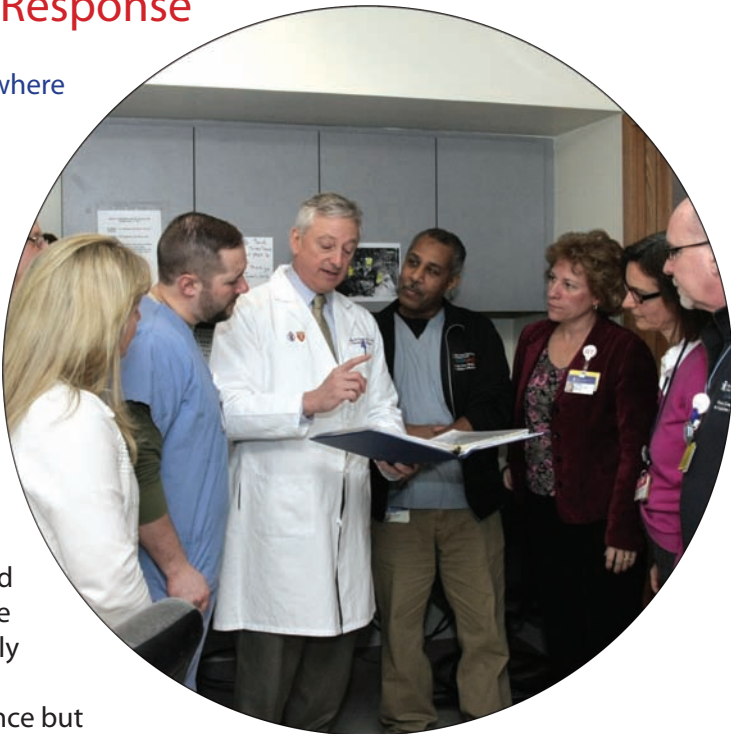
WHY have these procedures migrated to the CT suite? This practice change took place to reduce the number of hand off's between US, Transport, CT and Radiology Care Unit as the seed insertion protocol required a post procedure CT scan.

WHY is a CT scan required? A baseline scan to show the relationship/position of the CT-visible seeds to the tumor being treated is essential for radiation treatment planning. Exams are booked in a designated CT procedure slot so the existing schedule structure is not affected and the CT work flow continues to flex between the adjacent CT scanner and the ED scanner. Additionally, the current volume of these seed insertion cases has not affected the availability of CT scanning slots.

Adding Value to the patient experience: The patient experience is now more streamlined and seamless as it only requires one round trip between the Radiology Care Unit and the CT Suite where all services can be provided in one location, limiting hand offs (safer care), reducing the number of steps moving the patient from location to location, and overall reducing delays between different services (reducing time = reducing waste).

There are several types of waste and at times, there maybe a trade off. The first observation in the Gemba walk was a waste of the CT scanner (**Muri**). The process understood that and the trade off of improved safety and minimizing waste of time, movement and consistent process (**Muda** and **Mura**) was an appropriate trade off. Read more below about Waste.

– Tim Parritt
Manager, CT



More Trimming of the Fat: Getting LEANER

In this series of articles focusing on Lean applications and opportunities in our department, we have previously described **Gemba walks** where staff teams visit different work places to observe operations and processes in order to identify opportunities for improvement. **One important tool of Lean is to identify and eliminate waste.**

- There are 3 types of waste in our workplace:**
- Non value-added activities (also referred to as **muda**)
 - Waste due to variation (referred to as **mura**)
 - Waste caused by overstressing people, equipment or systems (referred to as **muri**).

It is not difficult to think of many examples that fall into these 3 types of waste. Consider our work environment and what you do each day and how many activities fall into these groups.

Muda: How often have you sat around waiting for a patient to arrive, for a room or scanner to become available, for IV lines to be inserted, for results of a blood test to be made available, for physicians to check a case, or for somebody to answer a phone or to respond to being beeped. Think of the number of studies or images that must be repeated. These can all be considered waste. Furthermore, how many activities can you think of that you perform that don't add value to the job you are doing? Some of these activities may be considered necessary (such as cleaning a piece of equipment) or taking tests to meet regulatory requirements, while others may be unnecessary and could be eliminated. For example, instead of separately assembling the many needles, syringes, soaps, meds, drapes, swabs and tubes that are required to perform a procedure, a single procedure tray can be assembled to eliminate many examples of waste. How many of you have run around searching for a catheter or tube or specific needle and how much did these activities delay a procedure? Think too of the many implications for all staff and the patient when a procedure is delayed.

Mura: Think of the many variations that exist in your work duties and how these add to inefficiency. Think of the patient who forgets to fast or to stop medications overnight prior to a procedure causing the procedure to be rescheduled? The impact here is huge for daycare, nursing and other patients. For example, think of how more efficient we could be if every symptom or sign or indication had a specific scanning protocol? How much time is spent determining exactly what the ordering doc wants, and how we should scan the patient? Think too of the variations that occur due to abnormal blood coagulation parameters; who should get FFP or platelets, and how much, and should parameters be retested? Think too of the inconsistencies that are associated with stat or urgent studies, with portable studies, with ventilated patients needing studies, and the many other patient-factors that lead to variation in our work flow.

Muri: The term Muri describes unnecessary or unreasonable overburdening of people, equipment or systems that exceed capacity. Overstressing leads to waste. This includes movements that are harmful or unnecessary. Examples include the sonographer who develops carpal tunnel syndrome and is unable to work, the angiography tech who develops back pain from wearing uncomfortable lead aprons for too long, the CT technologist who injures his back from lifting heavy patients and is then unable to work. We try to respond to this with our impressive record of ergonomic achievements. Using a piece of equipment too much or without proper maintenance may lead to equipment failure which may have a huge impact on our efficiency. We try to adhere to prescribed maintenance schedules for all pieces of equipment. Think of the impact of an MRI scanner being broken on the east campus? Think of the impact of the procedural equipment in L2 breaking down? What happens if the ED CT scanner breaks?

This categorization allows us to identify waste and to put processes in place to eliminate or at least minimize its extent. Another way to consider waste is through the acronym **DOT WIMP**.

DOT
Defects • Overproduction • Transportation

WIMP
Waiting • Inventory • Movement • Processing

In Radiology, the 7 forms of waste include the following:

Defects: is there anything that we provide that the patient or referring doc may not be satisfied with? An incomplete or lost or delayed or unhelpful report, a contrast reaction or extravasation, an unsuccessful biopsy, a missed diagnosis?

Overproduction: Do we need to acquire so many images and sequences? Must we repeat the study? Does the entire abdomen need to be scanned?

Transportation: what unnecessary movement of materials, patients, information or equipment do you experience in your workplace? Do we need to do so many portable studies? Would it not be more efficient to bring the patient down once? Do we need to e-mail, fax and mail a report?

Waiting: not just for patients or blood tests or nurses or physicians, but how often have you noticed idle scanners, PACS workstations unoccupied, offices empty, or staff sitting around and waiting?

Inventory: think of the cost of expired catheters and stents and medications. We must optimize to have the right equipment available at the right time only when needed. Think of the excess sequences and images we produce and add to PACS storage. How can these be minimized? Do we really need to have different catheters in each of our procedure areas? How can this be standardized?

Movement: How can movement of people, equipment or inventory be minimized during a procedure or study? This includes reducing the number of portable studies we perform, the time spent trying to insert a post pyloric tube (*is the tube really necessary?*), and repeating negative studies (*if there was no DVT yesterday and no new symptoms developed, why repeat the study?*). You must all experience similar examples each day.

Processing: Are you doing anything that goes beyond the expectation of the patient or ordering physician or requirements? Must we image the kidneys when investigating a jaundiced patient or imaging the lumbar spine? Should we be performing spine MRI on everybody with low back pain? Should we image every abnormal thyroid gland seen on chest CT scans?

The above categories provide a helpful framework for identifying not just examples of possible waste, but for identifying opportunities for improvement. Waste reduction is a fundamental aspect of the Lean approach, and our modalities and some clinical sections are all actively engaged in efforts to eliminate waste.



Do we really need to have so many white coats?



How much unutilized equipment and expired materials are taking up space in our store rooms?



What can we do with outdated computer equipment?

Do you know... Deborah Grophear?

Providing the highest level of quality patient care is a priority in the Radiology Department and in order to be successful we need give credit to our outstanding employees within the department. One key player I would like to put the spotlight on is **Deborah Grophear, Critical Care Coordinator**. When there is a patient with critical findings of an urgent nature our radiologists reports these results directly to the caregiver. However, often there are incidental findings that are also important and although they are NON-Urgent critical findings they require timely and direct notification to the caregiver, typically with recommended follow-up. This process is challenging and time consuming, therefore effective and efficient communication of information is imperative to the delivery of quality care. Deborah has done a stellar job at this from its inception over 3 years ago. She has received many compliments from our radiologist on her thorough and detailed approach to her responsibilities and she shares our commitment to quality care. Witness a quote from Dr. Spirn on Deborah's quality of work and professionalism, 'Every time I talk with her I am impressed with her dedication, savvy, and organization.'

- Peter Cousins, Manager, Support Services



Pattern-based Board review is a hit

4th Year Residents:
You are invited to attend
a **Pattern-based Radiology
Board Review Course**

This free 4-hour course, designed for fourth-year residents throughout the Greater Boston area who are studying for their board examinations, will be held on

Sunday afternoon, February 27, 2011
at Beth Israel Deaconess Medical Center
Leventhal Auditorium, 2nd flr, Shapiro Building*

*Access on Sunday is through BIDMC East Campus main entrance at 330 Brookline Ave. From the lobby, take the stairs on your right to the 2nd floor and turn right. Continue along the main corridor (bridge) to the Shapiro Building, the Levanthal is on your right. (There will be signs posted for your convenience)

Based on a pattern approach to radiology, the course features 7 speakers in 5 different areas of imaging. Each speaker will have 30 minutes to discuss the differential diagnosis of 1-3 patterns and provide helpful hints as to how to distinguish among them based on clinical and imaging findings.

Hope to see you there!
- Ron Eisenberg and Priscilla Slanetz

Sunday, Feb. 27, 2011



Course Schedule

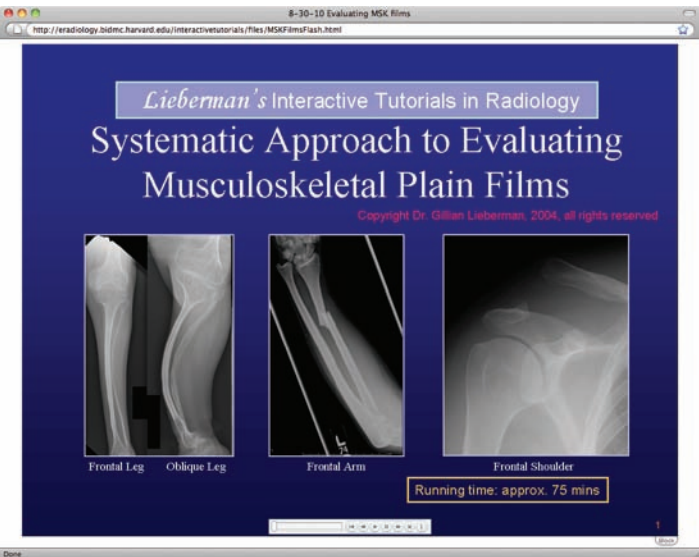
12:20-12:30	Introduction
12:30-1:00	Ronald Eisenberg (BIDMC) - Chest
1:00-1:30	Priscilla Slanetz (BIDMC) - Breast
1:30-2:00	Ravi Kamath (MGH) - MSK
2:00-2:30	Konrad Morteale (Brigham) - Abdomen
2:30-3:00	Break
3:00-3:30	Ronald Eisenberg (BIDMC) - MSK
3:30-4:00	Peter Humphrey (Lahey) - Abdomen
4:00-4:30	Edward Lee (Childrens) - Pediatrics
4:30-5:00	Phillip Boisselle (BIDMC) - Chest

Despite the snow, more than 60 fourth-year residents attended the first **Patterns-based Board Review Course**, which was held at BIDMC on Sunday afternoon, February 27. In addition to our own residents, attendees came from virtually all the programs in the Greater Boston Area, including MGH, Brigham and Women's, Boston Medical Center, Tufts, Lahey, Baystate, and Brown. More than 85% rated the course as excellent or very good. A similar number recommended that it be expanded next year, with a strong majority voting for a full day. Virtually all agreed that next year's course should take place at the same time, before the national review courses begin in March. Specially high ratings were given for the presentations of **Dr. Phillip Boisselle** from BIDMC and **Dr. Edward Lee** from Children's Hospital. The subjects that most attendees thought should be added next year were neuroradiology and interventional radiology, with support also for including talks on nuclear medicine, ultrasound, and cardiac imaging.

So the current plan is to expand this to a full-day board review course for the current third-year residents in late February of 2012.

- Ronald Eisenberg

New Interactive Tutorial now available at Lieberman's eRadiology website



Check out the newly uploaded **"Systematic approach to evaluating Musculoskeletal Images"** in the "Interactive Tutorials " of "Lieberman's eRadiology" at <http://eradiology.bidmc.harvard.edu>

<http://eradiology.bidmc.harvard.edu/interactivetutorials/files/MSKFilmsFlash.html>

KUDOS - Please join us in recognizing the following staff for outstanding patient care and service

Support Services



Verneak Robinson-Haynes is this month's recipient of the Radiology Support Services Quality Spot on for Service Excellence Initiative Program which recognized staff for outstanding customer service and quality of scheduling calls.

Breast Imaging



Elena Morozov's attention to detail and follow up is incredible. Elena job is to call back patients who need additional imaging after a screening mammogram. These patients are very anxious. She not only schedules them expeditiously but she follows up with them a few days before the scheduled day to remind the patient and confirm the time they are expected in the dept. If a patient has difficulty with an appointment time, she works diligently to get them in when it is convenient. Elena's customer service skills are excellent.

CT



Pam Roberge

Dr. Bettina Siewert called out to express her gratitude for the work **Laura O'Donnell** (not shown) and **Pam Roberge** from CTR did in setting up and assisting with a CT/US guided procedure on the off hours last week. The procedure required the coordination of multiple services during a time when there are limited resources.

Susan MacDonald (not shown) received a nice note of thanks from a patient that Sue cared for during a CT Colonography. The patient sent the note because she really wanted to make sure Sue knew how much she had appreciated the comforting care that was provided in what is a very uncomfortable exam.

DX

Jeanne Eason, Daniel Bradley, Maureen Burke, and Joanne Carmichael took advantage of the BIDMC Hilton by spending the night in order to ensure a.m. coverage during the storms of 1/26 and 2/1.

Dr. Robbins wrote, "I have found **Isaac Dube** to be a remarkably skilled and highly motivated technologist, whose work is characterized by an extremely high standard of excellence and efficiency. His quiet demeanor tends to obscure the fact that he is one of more helpful, thoughtful and generally well-informed individuals we have on our staff."



Daniel Bradley



Maureen Burke



Joanne Carmichael



Isaac Dube



Jeanne Eason

Nuclear Medicine



Jeff English for his outstanding management of the PET/CT schedule. He always manages to fit in an appointment for any patient who needs one. He will come in early or stay late to make it happen. He has enormous compassion and empathy for his patients and their needs.

Image Archive/PACS



Joseph Keegan has taken on a large portion of the responsibility for keeping up with the daily support needs of the department during a 4 month LOA of a fellow PACS technician, and has handled numerous hectic, busy days without complaining. He has come in on his days that were scheduled off, and started early and stayed late whenever I have asked him to do so.

Mary Ann Michalik, Thomas Konieczka, Walkiria Kirkconnell, Norma Estwick, and Diane Diggs should be recognized for their consistent ability to arrive in work on time during three of the most adverse weather condition days we have had over the past month. It is because of individuals like these that we are able to continue to provide patient care without "skipping a beat" so to speak. I am truly grateful to have these individuals as part of the Image Archive team.



L to R: Diane Diggs, Norma Estwick, Thomas Konieczka, Mary Ann Michalik, and Walkiria Kirkconnell.

2011 Publications from our Faculty Members [New citations in Blue]. *We do a monthly PubMed search for new BIDMC publications and may miss those in which your affiliation is not noted. If we miss your paper, please send the reference to dwolfe@bidmc.harvard.edu to be included in next month's issue. Please note that publications do not always appear in Pubmed in the same month they are acutally published.*

Ahmed M, Brace CL, Lee FT Jr, **Goldberg SN**. Principles of and Advances in Percutaneous Ablation. Radiology. 2011 Feb;258(2):351-369.

Boiselle PM, Reddy GP. Editors' recognition awards for distinction in reviewing in 2010. J Thorac Imaging. 2011 Feb;26(1):7.

Boiselle PM, Hurwitz LM, Mayo JR, Schoepf UJ, Tack D. Expert opinion: radiation dose management in cardiopulmonary imaging. J Thorac Imaging. 2011 Feb;26(1):3.

Boiselle PM. The journal of thoracic imaging welcomes the European society of thoracic imaging. J Thorac Imaging. 2011 Feb;26(1):2.

Boiselle PM. In with the new! J Thorac Imaging. 2011 Feb;26(1):1.

Brook OR, **Kane RA**, **Tyagi G**, **Siewert B**, **Kruskal JB**. Lessons Learned From Quality Assurance: Errors in the Diagnosis of Acute Cholecystitis on Ultrasound and CT. AJR Am J Roentgenol. 2011 Mar;196(3):597-604.

Brook OR, **Mendiratta-Lala M**, **Brennan D**, **Siewert B**, **Faintuch S**, **Goldberg SN**. Imaging findings after radiofrequency ablation of adrenal tumors. AJR Am J Roentgenol. 2011 Feb;196(2):382-8.

Corwin MT, **Siewert B**, **Sheiman RG**, **Kane RA**. Incidentally detected gallbladder polyps: is follow-up necessary?--Long-term clinical and US analysis of 346 patients. Radiology. 2011 Jan;258(1):277-82. Epub 2010 Aug 9.

Crema MD, Roemer FW, Marra MD, **Burstein D**, Gold GE, Eckstein F, Baum T, Mosher TJ, Carrino JA, Guermazi A. Articular Cartilage in the Knee: Current MR Imaging Techniques and Applications in Clinical Practice and Research1. Radiographics. 2011 Jan-Feb;31(1):37-61.

Dialani V, **Hines N**, Wang Y, **Slanetz P**. Breast Schwannoma. Case Report Med. 2011;2011:930841. Epub 2011 Feb 9.

Dialani V, **Litmanovich D**, **Bankier AA**, Decamp M, Gangadharan SP, **Boiselle PM**. Subcarinal collection following mediastinoscopy: a normal post-procedural CT finding. Clin Radiol. 2011 Feb 8. [Epub ahead of print]

Douglas PS, Garcia MJ, Haines DE, Lai WW, **Manning WJ**, Patel AR, Picard MH, Polk DM, Ragosta M, Ward RP, Weiner RB. ACCF/AHA/ASNC/HFSA/HRS/SCAI/SCCM/SCCT/SCMR 2011 Appropriate Use Criteria for Echocardiography A Report of the American College of Cardiology Foundation Appropriate Use Criteria Task Force, American Society of Echocardiography, American Heart Association, American Society of Nuclear Cardiology, Heart Failure Society of America, Heart Rhythm Society, Society for Cardiovascular Angiography and Interventions, Society of Critical Care Medicine, Society of Cardiovascular Computed Tomography, and Society for Cardiovascular Magnetic Resonance Endorsed by the American College of Chest Physicians. J Am Coll Cardiol. 2011 Mar 1;57(9):1126-66.

Eisenberg RL, **Yablon CM**. Career development for residents and beyond: filling in the gaps. AJR Am J Roentgenol. 2011 Jan;196(1):W6-7.

Fong TG, Inouye SK, Dai W, Press DZ, **Alsop DC**. Association cortex hypoperfusion in mild dementia with Lewy bodies: a potential indicator of cholinergic dysfunction? Brain Imaging Behav. 2011 Mar;5(1):25-35.

Gansler DA, Lee AK, Emerton BC, D'Amato C, **Bhadelia R**, Jerram M, Fulwiler C. Prefrontal regional correlates of self-control in male psychiatric patients: Impulsivity facets and aggression. Psychiatry Res. 2011 Jan 30;191(1):16-23. Epub 2010 Dec 9.

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Radiology Media Lab & Medical Editor Services

The **Radiology Media Lab** is located on the West Campus (WCC), Rm. 305. **Michael Larson** is responsible for operating and maintaining the media lab equipment: 2 wide-format poster printers, 2 flatbed scanners, a 35mm-slide scanner, a VCR/DVD player, and two loaner laptop PCs. Radiology faculty, staff and administrative assistants can request appointments for using (or learning to use) the equipment with a week's advance notice. (Note: loaner laptops require at least 2 weeks notice.) For major Radiology conferences such as RSNA, ISMRM, etc., users are expected to prepare their presentation materials as early as possible prior to making requests to use the media lab equipment.

Michael also provides, by appointment, general photography and digital image editing support, and training in the basic use of media materials in Microsoft Office, e.g., using and manipulating media files in Word documents and PowerPoint presentations.

EDITING

The services of a full-time Medical Editor are available to Radiology Faculty, Staff and Trainees. Located next to the Media Lab (WCC-304B), **Donna Wolfe**, assists in editing, writing, proofreading and preparation/assembly/ submission of:

- Manuscripts (max. 5-day turnaround) - text and figures
- Scientific presentations - text, slides, posters, e-posters
- Grant submissions / IRB applications
- Harvard Promotion materials / Harvard CV preparation

DESIGN

Combining her training in writing and editing with her experience in graphics and professional printing, the medical editor, working closely with the Radiology Media Lab, is also available to assist in the design and execution of Special Projects such as: Brochures, Booklets, Program Guides, Posters, and Banners.

EVENTS/PROJECTS

Supported by state-of-the-art equipment and the Media Lab, as well as an outside print service bureau, Donna is also responsible for many timely projects. Please contact her with updates, changes, or corrections regarding:

- Award Certificates/Graduation Diplomas
- BIDMC Web updates - Faculty Pages/Clinical Content
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- Radiology Departmental Annual Report
- Radiology Faculty and Trainee/Personnel ID Posters
- RSNA/ISMRM Program Guides (BI participation)

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Call for images: As many of you know, Mr. Otha Linton is nearing completion of our history of radiology book, commissioned by Dr. Herb Kressel. A collage of images is being considered for the cover - starting from the earliest imaging study to the cutting edge as an illustration of how far the field of Radiology has evolved. If you would like to contribute an image or two, please contact Donna Wolfe (dwolfe@bidmc.harvard.edu).

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