

Radical Views...

from the Department of Radiology

Volume 7, Number 7
FEBRUARY 2015



Beth Israel Deaconess
Medical Center



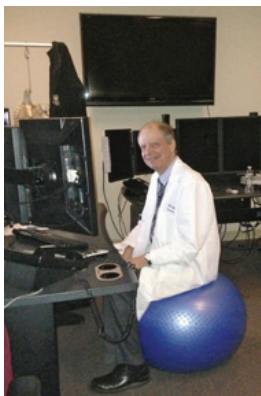
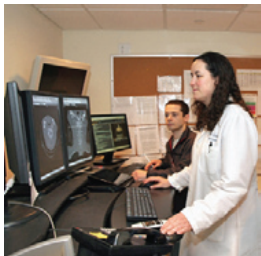
HARVARD MEDICAL SCHOOL
TEACHING HOSPITAL



FROM THE CHIEF
Jonathan B. Kruskal, MD PhD

Of note ...

Check out the articles featured in Publication Callout on how to avoid the occupational hazards of sitting too long!



➤ Thank you

Dear All: This is a heartfelt thank you to the many of you who stayed overnight or who toughed out the commute today (or even skied in) to come into work to allow us to provide care for our patients. We provided such care downtown as well as at Needham and at Harrington, and I am very grateful to you for stepping up to make a difference. I know the cots and stretchers were uncomfortable, the showers absent, the food luke warm, the rooms noisy and the snow never ending, but like previous situations you all jumped in without being asked to do so, and for this we are all deeply appreciative.

I have received wonderful feedback about how our entire team performed over the past 24 hours and I couldn't be prouder of every one of you. Hopefully the winds and snow will diminish overnight allowing the roads to be cleared, and tomorrow's commute should be easier for us all.

To those of you who stepped up, please accept this enormous thank you from your radiology family. *(Thanks also to Bernie Kennedy for providing the above image as well as those on page 3!)*



➤ Congratulations

Following up on last month's numerous kudos for our Breast Imaging staff, I would like to congratulate:

Breast Imager **Jordana Phillips** for being accepted into the 2015 AUR Academic Faculty Development Program to be held in New Orleans in April as part of the AUR 63rd Annual Meeting. This is a great opportunity to learn the ins and outs of the pursuit of academic excellence and the balance between career and life.

And did you know that our BreastCare Center co-directed by Chief of Breast Surgery Dr. Michael D. Wertheimer and our Chief of Breast Imaging Tejas S. Mehta has been reaccredited for the second time by the NAPBC (National Accreditation Program for Breast Centers) and retains the honor of being the only downtown hospital with such distinction? According to Pier Paolo Pandolfi, Director of our Cancer Center, *'The NAPBC surveyors found no deficiencies in the BreastCare Center. They commented on the BreastCare Center's "strong leadership," its "well qualified multidisciplinary and allied health staff" and the "strong support from administration.'*



Alexander Bankier

Integrated Cardiac Imaging Rotation in Honor of Sven Paulin

It is hard to believe that more than a year has gone by since Sven Paulin passed away on Jan. 10, 2014. Sven was a dedicated cardiothoracic radiologist with, as we all know, a particular interest in the interaction of heart and lung; and he was a true believer in close interdisciplinary collaboration with Cardiology.

One of our recent initiatives reflecting this legacy was the institution of an integrated Cardiac Imaging rotation for our residents. The aim of the rotation is to provide residents with a comprehensive education in all aspects of cardiac imaging, including Cardiac CT, Cardiac ultrasound, Cardiac MRI, and the diagnostic catheter lab. To achieve this aim, we teamed up with Cardiology faculty, where Drs. Warren Manning and Don Cutlip became strong advocates and supporters of this well-structured program. *(Detailed activities of a typical week in this 4-week rotation are shown on pg. 2)* In addition to modality based teaching, the residents also attend multiple interactive imaging-based clinical conferences and seminars. Finally, by the end of the rotation, residents submit a "Case-in-point" to a peer reviewed website at the North American Society of Cardiovascular Imaging, several of which have already been published.

(cont'd on pg 2)



Diana Litmanovich

After thorough preparation, the program started on July 1, 2014 and became an immediate success. Under the guidance of **Dr. Diana Litmanovich** (Radiology) and **Dr. Warren Manning** (Cardiology), the program currently represents a unique integrated teaching opportunity that does not exist in the vast majority of academic institutions in the US. We feel that this program would have pleased Sven, both as an academic radiologist and as personal advocate of the collaboration between radiology and cardiology that now benefits our residents.



Sven Paulin



Warren Manning

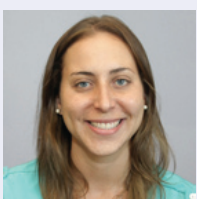
All this is echoed in Dr. Manning's assessment of the rotation: *"It has been an absolute pleasure to have the Radiology residents rotate through the Cardiovascular Division Echocardiography Laboratory. The residents have uniformly demonstrated a quick grasp of cardiac anatomy and physiology and have been active participants in the clinical case readout. They have also educated us in non-cardiac pathology – particularly in the liver. We have also enjoyed their on-site participation in our daily Cardiac MR readout where they bring a unique perspective and expertise. I think Sven is smiling as he looks down and views the increased educational cooperation between the Department of Radiology and the Non-invasive Cardiac Imaging Section."*

– **Alexander A. Bankier**
Cardiothoracic Imaging Section

The typical weekly schedule:

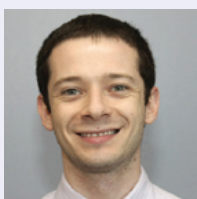
Day	Rotation	Cardiac CT**	Conferences	Cardiac MR
Monday	Echo Lab (TEE)	Upon clinical schedule	Noon: Advanced Imaging Seminar	11am: CMR readout
Tuesday	Echo Lab	Upon clinical schedule	8am Clinical conference Noon: Cath conference	11am: CMR readout
Wednesday	am: Echo Lab - Stress ECHO pm: Cath lab –	Upon clinical schedule	8am Echo conference	11am: CMR readout
Thursday	Cath Lab am/pm	Upon clinical schedule		Upon clinical schedule
Friday	2/4th Fri: Echo Lab 1/3/5th Fri: Cath Lab	Upon clinical schedule	8am: Cardiology Grand Rounds 12:30-1:30 Case-based Multimodality Cardiac Imaging Conference to present a case	11am: CMR readout

We would also like to share with you some impressions of our residents, Neda Sedora Roman and Yuri Shif:



3rd yr resident
Neda Sedora Roman

NSR: The cardiac rotation exemplifies the meaning of a truly multidisciplinary rotation, where as a resident one is in charge of monitoring and tailoring the scheduled cardiac and TAVR CTAs; one is involved in the ECHO and cardiac MRI read out with the Cardiology Department, in presenting at the monthly Cardiac conference and lastly if interested, one can participate in the ongoing catheterization procedures in the 'cath' lab with the Interventional Cardiologists. Being able to interact with our cardiac patients before, during and shortly after the performance of their CTAs in order to ensure that their heart rates were suitable for the study as well as interacting with Dr. Litmanovich and our CT techs to tailor our studies optimally, was one of the aspects of the rotation I most enjoyed.



3rd yr resident
Yuri Shif

YS: The Cardiac Imaging rotation, has been an excellent and unique opportunity for the residents of BIDMC. We perform the latest in cardiac CT imaging with our 320-slice CT scanner and receive hands-on experience through the entire process from initial study protocol to examining the patient, tailoring medications for optimal cardiac imaging, and actively working to acquire the best imaging with the technologists at the scanner console. We learn how to employ techniques to achieve exquisite detail of cardiac and coronary morphology and function while keeping the radiation dose as low as possible. Our cooperative learning program with the Cardiovascular Medicine and Surgery departments provides exposure to other imaging and interventional procedures outside of the conventional radiology department including transthoracic and transesophageal ECHO, cardiac MRI, and coronary catheterization, as well as therapeutic interventions such as Transcatheter Aortic Valve Replacement. Performing and interpreting the preoperative imaging study and then having the opportunity to see the intervention provides a high level of clinical correlation that has been incredibly valuable to the residents. This four-week experience is unique among radiology programs and has been an immense learning opportunity.

Mon	Tues	Wed	Thurs	Fri
Weekly Mon Section Meetings: 3:00-4:00 ED section meeting [ED annex, WCC]		Weekly Wed Section Meetings: 11:00-12:00 MSK clinical conference 12:00-1:00 CardioThoracic, GI/GU Oncology 3:00-4:00 Mammo [TCC-484]	Weekly Thurs Section Meetings: 12:00 - 1:30 Abd [WCC-354] 12:00-1:00 MSK	Friday Grand Rounds: 12 noon Sherman Auditorium, East Campus (unless stated otherwise)
2 7:30 - 8:15 Nontraumatic chest emergencies (Paul Spirn) 8:15 - 9:00 Chest trauma (Phillip Boiselle)	3 7:30 - 8:15 Brain emergencies I (Elisa Flower) 8:15 - 9:00 Brain emergencies II (Elisa Flower) 5:00-6:30 Mentoring Meeting* Designing a Research Study (David Alsop) [Kirstein Living Rm]	4 7:30 - 8:15 PE I (Robin Levenson) 8:15 - 9:00 PE II (Robin Levenson)	5 7:30 - 8:15 ER Cases (Senior residents) 8:15 - 9:00 Chest emergency (Diana Litmanovich)	6 7:30 - 8:15 Health Care Economics (Priscilla Slanetz) [Survey/Mark's app - Breakfast (ask Scot)] 12:00-1:00 pm Grand Rounds: Imaging 3.0 – Delivering Appropriateness, Quality, Safety, Efficiency and the Patient Experience (Giles W. Boland, MD)
9 7:30 - 8:15 Upper abdominal pain (Karen Lee) 8:15 - 9:00 Lower abdominal pain (Karen Lee) 12:00-1:00 MRI Meeting [Ansin 2]	10 7:30 - 8:15 Neck/Face emergencies I (Elisa Flower) 8:15 - 9:00 Neck/Face emergencies II (Elisa Flower) 10:30-11:30 NMMI meeting [GZ-103]	11 7:30 - 8:15 Emergency pelvic ultrasound (Deborah Levine) 8:15 - 9:00 Nontraumatic GU emergencies (Sejal Shah) 7:15-8:00 US meeting [WCC-304A]	12 7:30 - 8:15 Face/orbit trauma (Jonathan Kleeffeld) 8:15 - 9:00 Spine infections (Jonathan Kleeffeld) 2:00-3:00 West MedRads - Body Senior	13 12:00-1:00 pm No Grand Rounds
16 7:30 - 9:00 Neuro (TBD) [President's Day]	17 7:30 - 9:00 Neuro (TBD) 7:30 - 8:15 Brain Infection (Yu-Ming Chang- Fellow) 8:00-9:00 IR Meeting [West Recovery]	18 7:30 - 9:00 Physics (TBD)	19 7:30 - 8:15 Nephroureteric interventions (Olga Brook) 8:15 - 9:00 Biliary interventions (Olga Brook)	20 12:00-1:00 pm Grand Rounds: (Harprit Singh Bedi, MD)
23 7:30 - 9:00 MSK (TBD)	24 7:30 - 9:00 MSK (TBD) 10:30-11:30 NMMI meeting [GZ-103]	25 7:30 - 9:00 MSK (TBD)	26 7:30 - 9:00 MSK (TBD) 2:00-3:00 West MedRads - Body Senior	27 12:00-1:00 pm Grand Rounds: Imaging Acute Abominal Pain (Stephan Anderson, MD)

Save the date: Tues, Mar 10, 2015: Mentoring Meeting on "Promotions at HMS at the junior faculty level. What is new? What do faculty need to know?" by Dr. Carol Bates, Assistant Dean for Faculty Affairs, HMS • Kirstein Living Room 5-6:30 pm

RADIOLOGY DURING THE BLIZZARD OF 2015

Have skis, will travel!

L to R: **Dr. Colin McArdle** and sonographers **Julie Robens** (in red) **Ally Cates** (in black) prove their dedication and commitment to healthcare on Tuesday Jan 29, 2015!



FEBRUARY GRAND ROUNDS



Friday, February 6th, 2015
12 noon - 1:00 PM • Sherman Auditorium

Imaging 3.0 – Delivering Appropriateness, Quality, Safety, Efficiency and the Patient Experience

Giles W. Boland, MD - Abdominal Imaging & Interventionalist and Vice-Chairman of Business Development, MGH Cancer Center; Professor of Radiology, Harvard Medical School

Dr. Boland earned his medical degree (MBBS) from Barts and London School of Medicine and Dentistry and completed his radiology residency training at Guy's Hospital also in London, England before hopping across the pond to Boston for a fellowship in Abdominal Radiology at Massachusetts General Hospital. He joined the radiology staff at MGH and served as Vice Chair of Radiology before taking on the Vice Chairmanship of Business Development.

At RSNA 2014, he presented Imaging 3.0 topics on *Advanced Decision Support Tools for the Radiologists* and *Structured Feedback from Patients on Actual Radiology Reports: A Novel Approach to Improve Reporting Practices*; and moderated sessions in *Aligning Incentives Along the Imaging Value Chain*, *Quality and Safety 2014: Best Practices, Radiation and Contrast Media*, and *Changing Radiologist-Hospital Relationships*. We look forward to his further input on *Delivering Appropriateness, Quality, Safety, Efficiency and the Patient Experience*.



Friday, February 20th, 2015
12 noon - 1:00 PM • Sherman Auditorium

Lecturing 2.0: Innovative Tools and Techniques to Improve the Way We Teach and Learn

Harprit Singh Bedi, MD - Staff Neuroradiologist and Director, Radiology Residency Program, Tufts Medical Center; Assistant Professor of Radiology and Assistant Professor of Otolaryngology, Tufts University School of Medicine

We are happy to welcome back Dr. Harprit Singh Bedi who completed his fellowship training in Neuroradiology at BIDMC in 2009 following his radiology residency at Case Western Reserve University, Metrohealth Medical Center in Cleveland, OH. He earned his MD at Albany Medical College, Albany, NY and an MS in Physiology and Biophysics from Georgetown University, Wash. DC and is currently specializing in Neuroradiology as well as Otolaryngology (Head and neck surgery) at Tufts.

His avid interest in training has led to membership in the Global Medical Education Committee, Global Health Resident Task Force and STREAM (Sharing Technology for Research, Education, and new Media Task Force) as well as the Curriculum Committee at Tufts. On the national level he has served on the New Innovation Committee and Technology Innovations Ad-hoc Committee of Association of University Radiologists (AUR) since 2014. He has also published *iPad in Radiology Resident Education* (Korbage A MD, Bedi H. MD. J Am Coll Radiol. 2012 Oct;9(10):759-60) and *Mobile Technology in Radiology Resident Education* (Korbage A MD, Bedi H MD. J Am Coll Radiol 2012;9:426-429).



Friday, February 27th, 2015
12 noon - 1:00 PM • Sherman Auditorium

Imaging Acute Abominal Pain

Stephan W. Anderson, MD - Chief of Abdominal Imaging and Director of CT, Boston University Medical Center; Associate Professor of Radiology, Boston University School of Medicine

This month we also welcome back Dr. Stephan Anderson who completed his fellowship training in abdominal imaging at BIDMC in 2008 following his radiology residency training at Boston University Medical Center.

Dr. Anderson began his medical career with a BS in Biochemistry from the University of Delaware and an MD from the University of Maryland, Baltimore before coming to Boston. Upon completion of his abdominal imaging fellowship, he returned to Boston University School of Medicine where he is now Associate Professor of Radiology as well as Affiliated Associate Professor of Mechanical Engineering. Currently, he serves as Co-PI for a National Science Foundation study on *Micro- and Nanoengineering Novel MRI Contrast Agents for Biomedical Sensing and Imaging* and as a reviewer for Emergency Radiology and Abdominal Imaging journals as well as the Assiatant Chair of Trauma/Emergency Radiology for RadioGraphics.

DEPARTMENTAL NEWS - RADIOLOGY CARE UNIT (RCU)

Launched Friday, Dec 12, 2014 and Opened on Mon Jan 26, 2015



Chief Operating Officer Nancy Formella, RN, Radiology Nurse Manager Bridget O'Bryan and Radiology Chief Jonny Kruskal cut the ribbon officially opening the new RCU.



The RCU Design team: (L to R) Dan James*, Dave Foye (BIDMC Facilities), Tom Susko*, Rad Nurse Mgr. Bridget O'Bryan, Radiology Business Director Allen Reedy, and Bob Viola (BIDMC Facilities).
*TRO Architecture firm



Patients are warmly welcomed into this new space by practice representative Shakinah Sequea.



One-stop shopping: Known as "stretchers", these new beds allow for patient transport directly from the unit to the procedure room without having to transfer to a transport stretcher.

The Radiology Care Unit (RCU) was moved from Deaconess 1 to its permanent home on West Clinical Center 3 on Friday, Dec. 12th and officially opened Monday, January 26, one day before the blizzard of 2015!

This move was a great opportunity to redesign the space from a patient's perspective which included the IRIS dashboard, more comfortable beds (stretchers) with better ergonomics for increased safety, windows, comfortable window seats and waiting areas for families (right).





Dr. Kruskal welcomes Radiology and Interventional Neuroradiology/Surgery members into the new RCU with a speech, sandwiches, cupcakes and balloons.



New RCU patient bays with the new-fangled computerized information consoles which allow for bedside documentation!



Four Nursing staff relocate: **Jon Underhill** (IR PA) and **Devon O'Connell** (CT NP) enjoy their new window-facing office spaces in the RCU.

Administrative Assistant Claire Odom Retires after 25 Years at BIDMC



On Thursday Jan. 15th, the Department bid a fond farewell to Claire Odom, administrative assistant to Peter Gordon, Community and Emergency Radiology, and a 25-year veteran of BIDMC. While lunch was provided for her and her current administrative co-workers, a dessert round was also included for other department and hospital-wide members to come and cheer her on to a happy retirement. She will be missed! Afterwards, Claire posted the following:

Dear Friends:

Thank you for a most wonderful renaissance party, for all your good wishes and for the very generous VISA gift cards. I truly appreciate your thoughtfulness and plan on using the cards for traveling and even purchasing a long-awaited pair of snow shoes. It looks like I could use them soon!

I have very much enjoyed working with you and have deep appreciation for all you do in work and for each other. Most of us have a lot of history together. That's no small thing. Thank you for everything and I promise to visit when I come to the medical center.

As a nurse said to me when I left that department to go to Radiology, "May peace cup your heart and hold it gently."

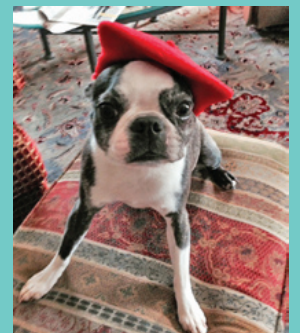
Best regards,
Claire

The Gallery at WCC-304B

Betsy Grady, Manager,
Diagnostic Radiology
& Avid Traveller

The new Gallery show features Betsy Grady's mementos of her travels to Europe, including one she brought back for her own furry friend.

*As always, please contact Donna Wolfe if you, too would like to share your photos, paintings or sculptures:
dwolfe@bidmc.harvard.edu or 4-2515*





Alumni Corner

Our department is excited to renew efforts to strengthen ties between our current residents and alumni through the Radiology Alumni Society. We have updated our alumni website (<http://radnet.bidmc.harvard.edu/education/alumni.asp>), which is now a direct and public link from our radiology department homepage.



Annie Leylek, MD
PGY-5 BIDMC Radiology Resident

We always enjoy hearing about our alumni's success! This new year we have heard from some of our extended BIDMC family and we're happy to feature them in our "Alumni Corner":

We welcome your BIDMC Radiology Alumni news! Please send your updates and photos to us at RadiologyAlumni@bidmc.harvard.edu.



Nick Telischak, MD
Resident 2010-2013

Nick Telischak (Class of 2013) is halfway through his fellowship in interventional neuroradiology at Stanford, which wraps up in 2016. He has offered to mentor anyone interested in going out to Stanford in the next two years. In personal news, Nick's daughter, Olivia, is now 3 years old, and he and his wife (an anesthesiologist) are expecting Baby #2 this May!



Omer Awan, MD
MSK Fellow 2013-2014

Omer Awan (MSK Fellow, Class of 2014) is currently Assistant Professor of Radiology at Dartmouth's Geisel School of Medicine and a staff physician in Emergency and MSK Radiology. He is also a staff physician for the radiology global health elective in Haiti through Dartmouth. Most recently, he has also become an Adjunct Assistant Professor of Radiology and Imaging Informatics at the University of Maryland School of Medicine. Omer has generously offered to mentor and give lectures at BIDMC, including his legendary board reviews.



Rich Rana, MD
Resident 2007-2011

Rich Rana (Class of 2011) is heading the IR section at Kaiser Permanente in Northern California (Redwood City), where he has been working for the past year and a half. He joined the same practice as **Kenny Lai** (Class of 2009) of breast imaging and they will be welcoming another BIDMC alumnus, neuroradiologist **James Kang** (Class of 2011). So 3 of 11 radiologists in their small group hail from BIDMC! Rich hopes to offer an IR board review the next time he is back in Boston.



Kenny Lai, MD MBA
Resident 2005-2009;
BIDMC Faculty 2010-2012



James Kang, MD
Resident 2007-2011

Also at Kaiser in Northern California (Walnut Creek) are **AC Kim** (Class of 2008), **Jay Catena** (Class of 2010), and **Aaron Hochberg** (Class of 2010) - all neuroradiologists! Finally, **Eamon Kato** (Class of 2006) is also at Kaiser Walnut Creek. It is quite a group in NorCal, which they have lovingly dubbed "BI-Far West."



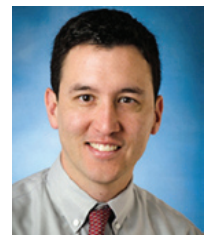
AC Kim, MD
Resident 2004-2008



Jay Catena, MD
Resident 2006-2010



Aaron Hochberg, MD
Resident 2006-2010



Eamon Kato, MD
Resident 2002-2006

Stay in touch:

Join the BIDMC Radiology Alumni Society

Alumni will receive our monthly *Radical Views* via our web link ➤

You can also contact

Radical Views Editor Donna Wolfe at 4-2515 or dwolfe@bidmc.harvard.edu with updates, especially after completion of your fellowships!



RADIOLOGY IN THE COMMUNITY - Dr. Koenraad Mortele

BENEFITING: BIDMC
ORGANIZER: BIDMC
EVENT: 2015 Boston Marathon
EVENT DATE: Apr 20, 2015
THE STORY:

Hard to believe (especially for me!) but the Boston Marathon is less than 3 months away! The last couple of months have been interesting to say the least. First, I know now for a fact that training actually improves one's performance and allows people (i.e me) to run distances that they - even last year - never thought to be possible. Last weekend, I completed the Miami half marathon, and that by itself was very encouraging for what is coming in April. The nice weather was a bonus too! Second, I learned that overtraining doesn't go unpunished; the 24k I ran a few weeks ago left me experiencing aches in body parts I didn't know existed! So after some rest we are back to a reasonable schedule that hopefully will keep me healthy and on track. Third, a special thanks to all friends, colleagues, and family who encouraged me and ran with me during these training sessions. It is sooo much more fun to do this as a team!!

Being less than 3 months away also means that my BIDMC fundraising campaign deserves my undivided attention and effort. I am glad to announce that because of the very generous donations of many of you I have surpassed the 50% mark--but still have a long way to go. With the holidays being over, and some reflection on what BIDMC does every day for us health care professionals and our patients, it may be a great time to try to give something back.... Even a small symbolic donation would be very welcome and will undoubtedly contribute to a significant boost in my motivation before and during the race. The link is attached below, and thanks in advance!!

Best
- Koenraad

Snapshots from last weekend's Miami Half Marathon that I used as a training run for the Boston Marathon in April. It was a lot of fun except for the early start (6AM!!!). Ran it with my training buddy Dr. Amin Chaoui, radiologist extraordinaire at Faulkner Hospital.

Also in the picture (to the right) is this year's runner up and 2009 winner of the Miami FULL

marathon Slimani Benazzouz from Morocco. He arrived with us at the same time we completed our half Marathon !!!

I would love to raise more money for the annual BIDMC fund and truly hope I can count on your contributions. Here is the link:

<https://www.crowdrise.com/TeamBIDMC2015/fundraiser/koenraadmortele>



An addition to his marathon training, Dr. Mortele also runs the HMS CME below. Note the reduced rate for BIDMC Radiology Alumni, Residents, & Fellows of \$600 (USD)!



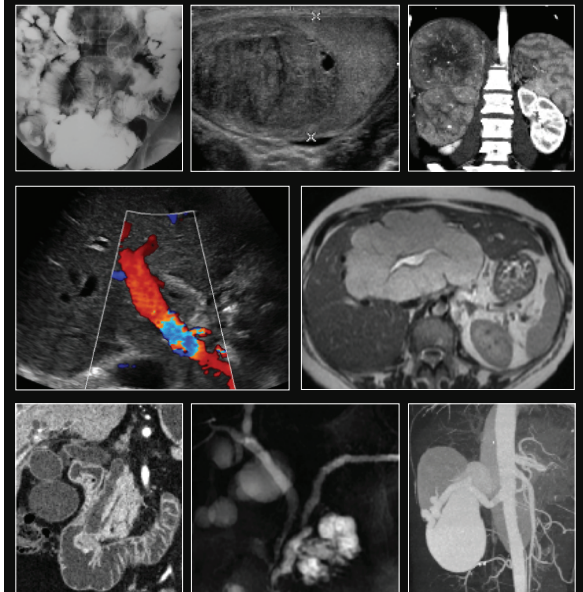
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Beth Israel Deaconess
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Department of Radiology

Abdominal & Pelvic Imaging 2015

A Practical Multi-Modality Review Course
of GI and GU Radiology



Monday - Wednesday

June 22 - 24, 2015

Boston Marriott Long Wharf
Boston, MA

Guest Faculty:

Levy • Nelson • Reinhold • Sahani

Course Director

Koenraad J Mortele MD

Earn Up To 22.5 AMA PRA Category 1 Credits

KUDOS - Each month, we share the positive feedback we receive about staff members and ask you to join us in congratulating them; as always, we are especially proud to acknowledge an unprecedented constellation of staff for providing outstanding care and service!

Chestnut Hill Square:

Sarah Alosco has done a great job out here at Chestnut Hill! She recently passed the ACR accreditation process for CT. Sarah has also adjusted her schedule to fit the needs of our department during a recent maternity leave. Great Team Player!

Nora Call is the ultimate team player! She is constantly helping out in other areas, stays late and came in today 1/15/15 to perform a few exams so patients did not have to be rescheduled. She goes above and beyond on a daily basis.

**Departmental News:
Updated Policy Notifications**



Donna Hallett, BSc
Director of Operations

As we announced in July, the following departmental policies, procedures, guidelines and directives (PPGD) have

been added, edited or reviewed with no change. To ensure that you are up to date on the newest, most current information, please click on the link below to view the specific PPGD:

<https://apps.bidmc.org/cms/dispManuals.asp>

Note that PPGDs are organized by section rather than Policy Number on this webpage

Click here →

Administration

- Cell Phone Policy
- Dress Code Policy - Radiology
- Employee Licensure/Accreditation, Certification and/or Registration
- Communication of Critical Test Results
- Unplanned ET
- Breast Feeding Patients and the Use of Contrast Agents
- Change of Shift Communication
- Room and Equipment Cleaning
- Radiology Table Weight Limits
- Inspection and Maintenance of Radiology Equipment
- Pregnant Patient Management and Consenting for Radiological Procedure
- Use of IV Contrast for CT and MR Imaging
- Off shift staff transportation between the East and West campuses
- Patient Identification Guidelines
- Transfers of Outpatients between Campuses
- Wet Road Policy
- Submission Content for the Radiology Online QA system and the Patient Safety Reporting System
- Guidelines for Chemotherapy Administration in Radiology
- CPR/BLS Certification Requirements for Imaging Technologists
- Radiology Employee Licensure Verification
- Safe Handling of Patient Valuables and Belongings while in the Radiology Department
- Care of the Patient Following IV Contrast Extravasation**
- CT/MRI Venous Injection Device Guidelines**
- Code 2 Isolation Portable X-ray Exam Infection Control Guideline

Breast Imaging

CT

- Neuro Cases Tour/Enrolled Studies
- Patients on Dialysis and receiving IV contrast injections for CT exams**
- Radiology Protocol Documentation
- CT IV Hydration Work Flow
- IV Contrast Premedication Guidelines/PMB
- Pre-imaging workup on ED patients
- Minimizing nephrotoxicity from Iodinated Contrast
- Use of Iodinated Contrast in "High Risk" patients
- CT Cardiac Gating protocoling

New Policies

Care of the Patient Following IV Contrast Extravasation

During a contrast injection, the patient is carefully monitored for risk or evidence of extravasation. Certain patients are at higher risk for extravasation, including those who cannot communicate adequately (e.g. the elderly, infants and children, and patients with altered level of consciousness), severely ill or debilitated patients, and patients with abnormal circulation in the limb to be injected. Also, patients with altered circulation including those with PVD, diabetic vascular disease, Raynaud's disease, venous thrombosis or insufficiency, or prior radiation or extensive surgery to the affected limb.

Management of Contrast Related Events in Radiology

Patient experiencing allergic/allergic-like reaction to contrast agent should have vital signs monitored prn; IV shall be maintained. Any patient with a mild allergic-like reaction should be observed for 30 minutes and re-evaluated. If not improved, observed for an additional 30 min to ensure clinical stability or recovery

CT/MRI Venous Injection Device Guidelines

This is a new policy which places existing venous access guidelines into one PPGD format for both CT and MR. It outlines the venous access devices and the manner in which they may be used for injecting IV contrast manually or via power injector. It reviews PICC line access, PIV catheter gauges and flow rates and guidelines for flushing.

Patients on Dialysis and receiving IV contrast injections for CT exams

Patients undergoing a CT exam with IV contrast are screened for any contradictions; allergies; prior reactions and renal function. In this process patients may be identified as being on varying scheduled levels of Dialysis. The guidelines below are to provide staff in the CT department with a standard set of guidelines in the determination of injecting IV contrast for the exam.



Avoiding Occupational Hazards: Tips for radiologists to stay healthy

By Dr. Stacey Funt, AuntMinnie.com contributing writer

January 12, 2015 -- If sitting is the new smoking, and stress is a significant contributor to disease, then the typical radiologist today faces significant occupational hazards. Studies have clearly demonstrated that how we live our lives on a daily basis is a major contributor to our health.

As radiology has shifted to a sedentary way of life with increasing workload and stress, there are many steps we can take to care for ourselves properly. This article provides some tips to improve your well-being at the workplace.



Dr. Stacey Funt

Exercise

- Prolonged sitting has been tied to increased mortality and multiple chronic diseases, including cancer, depression, diabetes, obesity, and back pain.^{1, 2, 3} Whether or not you reach the physical activity guidelines for adults in the U.S. of 150 minutes per week of moderate aerobic activity (or 75 minutes of vigorous exercise) and two or more days per week of strength training, excessive sitting is an independent risk factor for disease. The days of “squats” and “twists” during film hanging are long gone.
- The use of PACS workstations, coupled with increasing workload and productivity metrics, has caused many of us to limit our physical activity to a few bathroom breaks during a nine- to 10-hour shift. The following tips incorporate movement into the day to break up the metabolic changes that occur during sustained inactivity:
- Stand up as often as you can. As obvious as it may seem, many of us simply need to be more conscious of the importance of movement.
- Enlist the aid of your mobile device. There are many apps that offer desk workouts, hourly reminder alarms, and ways to track your fitness. Some are quite subtle and won't draw attention. For example, try out the free versions of “7 Minute Workout” through your app store of choice. The movements don't need to be big, just enough to wake your body out of a metabolic “slumber” during prolonged sitting.
- Consider an adjustable-height desk. These desks can be one of the best ways to build movement into your shift, and costs have come down considerably. While some hospitals may have restrictions, they are certainly ideal for home or private office use. For example, the Human Solution has a basic model of its Uplift 900 Sit-Stand desk for \$699.

- Turn your seat into a miniworkout. Ball chairs or the less-obtrusive balance disk cushions can offer you core strengthening while sitting. These can easily be found, along with reviews, on Amazon.com.
- Stand up when on the telephone. The phone ringer is a good reminder. If feasible, stand while talking to your consults.
- Take movement breaks whenever possible. While a quick Internet break to check the latest news is tempting, try to build in activities that require more than a mouse click.

Stress management

The typical demands upon the radiologist, bolstered by more recent political and economic challenges, set the stage for increased stress at work. Chronic stress is known to affect the immune system, central nervous system function, cardiovascular function, and metabolism. Headaches, high blood pressure, heart problems, diabetes, skin conditions, asthma, arthritis, depression, and anxiety have all been linked to stress.

Use the following tips to minimize your experience of stress and improve how you react to stress throughout the workday:

- Take slow, deep breaths. Deep breathing can indirectly stimulate the vagus nerve and engage the parasympathetic nervous system to help calm you down. There are many breathing techniques for stress management, which can be learned on the Internet, at a local yoga studio or meditation center, or from a book.
- Shift your emotions. If your brain tends to ruminate or you can't seem to shake a looming, dark cloud, check out information on positive psychology. Websites such as AuthenticHappiness.com from the University of Pennsylvania are excellent resources. Talk reassuringly

to yourself when you realize you are locked in a stressful frame of mind: "The work will get done" or "All will be OK" can help shift your brain away from negative pathways. Also, putting a "container" around work situations can help keep emotions from infiltrating other aspects of your life.

- Listen to calming music. Portable speakers for your mobile device are easy to find, or you can stream music from places like Amazon Prime Music or Grooveshark.com.
- Evoke the "relaxation response" on a regular basis. While stress elicits the fight-or-flight response, we can counteract the physiologic changes by intentionally triggering what Dr. Herbert Benson from Harvard University termed decades ago as the relaxation Response. 4 Ways to elicit the relaxation response include mindfulness-based stress reduction (MBSR) techniques such as meditation, tai chi, yoga, and progressive muscle relaxation, as well as repetitive prayer or other activities that include the repetition of a sound, word, or movement while passively setting aside everyday thoughts. Just 10 minutes a day can significantly affect how you feel and manage stress.
- Exercise outside of work. Regular exercise in your free time can help you manage stress better during the workday. There is also the added benefit of a reduced risk of obesity, cardiovascular disease, certain cancers, metabolic syndrome, anxiety and depression, insomnia, high blood pressure, Alzheimer's disease, and stroke.^{5,6}
- Take action if you are in an undesirable work situation. Although finding a new job may take time, start taking whatever action you can, and know that nothing lasts forever.
- Separate yourself from the gossip chain. If your group is currently in transition, continuous informal discussion of what may come to pass can be extremely stressful. If the rumors are getting to you, take a break and don't take part in the conversation.

Currently, it is estimated that approximately 80% of chronic disease is attributable to lifestyle factors.⁷ Researchers have discovered that the behavior choices we make during the workday can actually turn on or off genes (the field of epigenetics) that contribute to health or illness.

We have much more power to affect the quality of our own lives than previously thought. Although the typical work scenario of a radiologist may be less than ideal for wellness, there are many steps we can take -- right now -- to ensure our own health and vitality.

Here's to good health for the radiologist.

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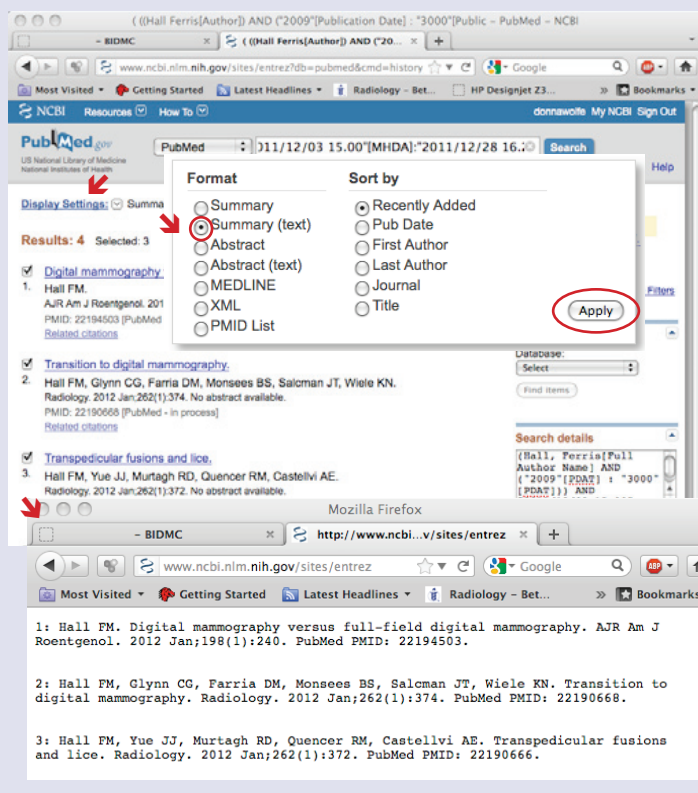
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