Radical Views...

from the Department of Radiology

Beth Israel Deaconess Medical Center

HARVARD MEDICAL SCHOOL TEACHING HOSPITAL

Volume 9, Number 2

AUGUST 2016

FROM THE CHIEF

Jonathan B. Kruskal, MD PhD

Congratulations Jim Wu and Thank you Mary Hochman

I just wanted to share the wonderful news with you that **Jim Wu** has accepted the position as **Chief for our MSK Division**.

After many years building up a phenomenal section, garnering six section of the year awards, providing superb customer service, top class imaging education and operations, and driving diagnostic and procedure volume ever upwards, **Mary Hochman** has recently expressed her desire to step down from this role and to refocus her efforts on research.

MSK Section of the Year Award: 2000, 2004, 2006, 2007, 2009, 2013
Weekend Warrior Award 2000 - given in appreciation of a faculty member's dedication to lightening the load of resident call
Ferris Hall Teacher of the Year Award, 2014

Mary joined BIDMC in 1995 as Chief of MSK Imaging where she integrated our clinical MSK reading operation into the Orthopedics Department to facilitate direct interaction between radiologists and orthopedic clinicians. In addition to helping establish several outstanding clinical service lines, she oversaw the rapid and successful expansion of MSK to our community sites. Mary successfully introduced many clinical innovations during her tenure, including establishing a dedicated image-guided bone and soft tissue biopsy service, 3D volume rendered CT techniques for pre-op planning, and methods for reducing image artifacts arising from hardware. I am deeply appreciative of all that Mary has done as MSK chief for over 15 years, and look forward to her transformation into the research arena.

Faculty Award for Excellence in Teaching, 2006
Ferris Hall Teacher of the Year Award 2009, 2011
Triple Threat Award 2010 for excellence in Clinical, Research and Educational achievement
Certificate of Appreciation - for Residency Program contributions, 2011
Harvard Medical School Young Mentor Award, 2012
Excellence in Teaching Medical Students Award, 2013, 2016

At the same time, we are very fortunate to have **Jim Wu** on our Faculty and I cannot think of anybody more suitable than Jim to pick up the reins and to continue to steer this great section.

Jim came to BIDMC with a BS in Biology from MIT and an MD from Baylor College of Medicine, following his residency and MSK fellowship training at Yale-New Haven Hospital in 2005. The following year, he was appointed Co-Director of the MSK Fellowship program and he also served as Director of our Radiology Residency program between 2009-2011. Since 2012, he has served as Associate Editor of the Clinical Orthopaedics and Related Research (CORR) journal and as PI for six funded research projects. See below for four of his most recent publications in this month alone!

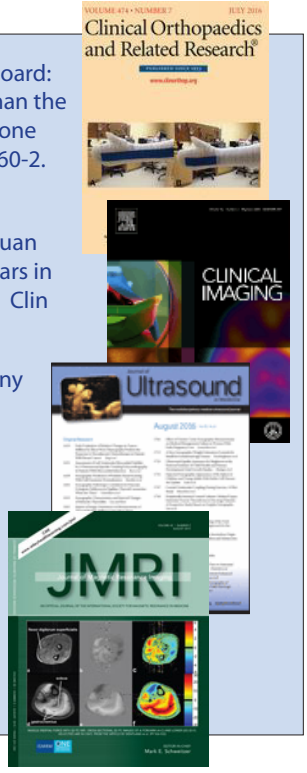
Please join me in welcoming Jim to this new role and to our leadership circle, and to thank Mary for her dedicated and outstanding service as our MSK section chief.

Anderson ME, **Wu JS**, Vargas SO. CORR (®) Tumor Board: Is Prophylactic Intervention More Cost-Effective than the Treatment of Pathologic Fractures in Metastatic Bone Disease? Clin Orthop Relat Res. 2016 Jul;474(7):1560-2. PMID: 27172817; PMCID: PMC4887383.

Hsuan HF, Lin YC, Chiu CH, **Mhuircheartaigh JN**, Juan YH, Chan YS, **Wu JS**. Posterior cruciate ligament tears in Taiwan: an analysis of 140 surgically treated cases. Clin Imag. 2016:40(5):856-860. PMID: 27179152

Koppaka S, Shklyar I, Rutkove SB, Darras BT, Anthony BW, Zaidman CM, **Wu JS**. Quantitative Ultrasound Assessment of Duchenne Muscular Dystrophy Using Edge Detection Analysis. J Ultrasound Med. 2016 Jul 14. pii: 15.04065. PMID: 27417736.

Lin YC, **Wu JS**, Baltzis D, Veves A, Greenman RL. An MRI Assessment of Regional Differences in Phosphorus-31 Oxidative Capacity and Morphological Abnormalities of the Foot muscles in Diabetes. J Magn Reson Imag. 2016 Apr 15. doi: 10.1002/jmri.25278. PMID: 27080459.



Radiology Calendar AUGUST 2016

Check for the most up-to-date schedule at: **https://apps.bidmc.org/departments/radiology/residency/conferences/displayMonth.asp**

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	*Note that as of July 2016, our 12 noon Friday Grand Rounds will now be in the **Rabkin Board Room**, Shapiro-10, East Campus *(except when noted otherwise)*
1 7:30 - 8:15 Introduction to Nuclear Medicine (Kevin Donohoe) 8:15 - 9:00 ED Nuclear Medicine (Kevin Donohoe)	2 7:30 - 9:00 In-service exam questions (Kevin Donohoe) 12:00 - 1:00 Neuro call prep session (Neuro fellows)	3 7:30 - 9:00 Neuro lecture (TBD) 12:00 - 1:00 Neuro case conference (Neuro fellows)	4 7:30 - 8:15 Bones - Benign (Gerald Kolodny) 8:15 - 9:00 Bones - Malignant (Gerald Kolodny)	5 7:30 - 9:00
8 7:30 - 8:15 Physics (TBD) 8:15 - 9:00 Physics (TBD) 12:00-1:00 MRI Meeting [Ansin 2]	9 7:30 - 8:15 Physics (TBD) 8:15 - 9:00 Physics (TBD) 10:30-11:30 NMMI meeting [GZ-103]	10 7:30 - 8:15 Physics (TBD) 8:15 - 9:00 Physics (TBD) 12:00 - 1:00 Neuro case conference (Neuro fellows) 7:15-8:00 US meeting [WCC-304A]	11 7:30 - 8:15 Physics (TBD) 8:15 - 9:00 Physics (TBD) 12:00 - 1:00 Speech/swallow intro (Speech Pathology) 3:00-4:00 West MedRads - Sr Resident, West Body CT [Clouse]	12 7:30 - 9:00
15 7:30 - 8:15 Image-Guided biopsy (Olga Brook) 8:15 - 9:00 Drainage (Olga Brook)	16 7:30 - 8:15 Venous access (Seth Berkowitz) 8:15 - 9:00 GI Bleeding (Felipe Collares) 8:00-9:00 IR Meeting [West Recovery]	17 77:30 - 9:00 Neuro lecture (TBD) 12:00 - 1:00 Neuro case conference (Neuro fellows)	18 7:30 - 8:15 Introduction to Angiography (Muneeb Ahmed) 8:15 - 9:00 Arterial Anatomy (Muneeb Ahmed)	19 7:30 - 9:00
22 7:30 - 8:15 Mammo (TBD) 8:15 - 9:00 Mammo (TBD)	23 7:30 - 8:15 Mammo (TBD) 8:15 - 9:00 Mammo (TBD) 10:30-11:30 NMMI meeting [GZ-103]	24 7:30 - 8:15 Mammo (TBD) 8:15 - 9:00 Mammo (TBD) 12:00 - 1:00 Neuro case conference (Neuro fellows)	25 7:30 - 8:15 Mammo (TBD) 8:15 - 9:00 Mammo (TBD) 3:00-4:00 West MedRads - Sr Resident, West Body CT [Clouse]	26
29 7:30 - 8:15 Body (TBD) 8:15 - 9:00 Body (TBD)	30 7:30 - 8:15 Body (TBD) 8:15 - 9:00 Body (TBD)	31 7:30 - 9:00 Neuro lecture (TBD) 12:00 - 1:00 Neuro case conference (Neuro fellows)		

The Gallery presents

A World Travel Journal by Aideen Snell, MSW

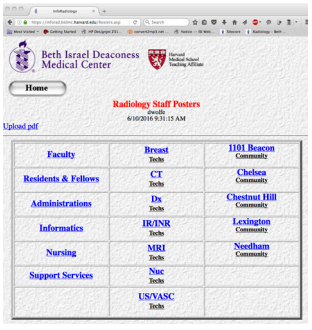
Globe Trotting Backpacker, Mom & Manager, Radiology Service Excellence Program

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

REMINDER: Updated Radiology Technologist Rosters & Staff Posters are available on InfoRadiology in pdf format for viewing, downloading, and printing

Log in to the portal: https://portal.bidmc.org/

If you don't already have InfoRadiology displayed in **My Applications**, click on the **Applications** tab and then under **Clinical**, click on **Inforadiology**. Log into Inforadiology, click on **Staff Posters Tab** to view/ download/print the most current Tech Rosters, etc.



2016-2017 Trainee posters is now available; and the Faculty poster, in early Aug 2016

Managers: Pleas contact Michael Larson at mlarson1@bidmc.harvard.edu to update rosters as needed

Aideen Snell, MSW
Manager, Service Excellence Program
x72570
asnell@bidmc.harvard.edu

AIDEEN SNELL ON THE PATIENT EXPERIENCE

Radiology Action Planning Committee's Patient Engagement August TIP of the Month:

Treat your patients as if they were your own family members coming in for an exam or procedure. Use the same body language you would use with your grandfather; use the same tone of voice you would use with your mom. Make eye contact and smile at them as if they were your best friend(s).

It's your interaction with the patients that really matters!

We have talked a lot about building rapport with patients and creating a memory. For some, this comes naturally but that's not the case for everyone. Start with your body language. Do you smile and give eye contact when interacting with each and every patient you meet? This first step is extremely important in making our patients feel welcome and at ease. It communicates that we are here and happy to help them.

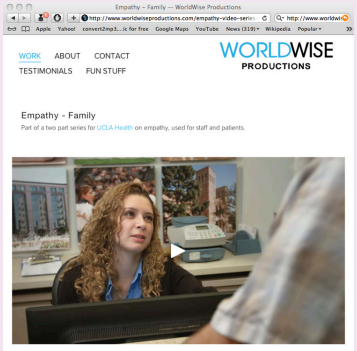
Comments from the survey:

- ***Everyone at radiology was kind and professional, and Patrick was exceptionally nice and took away any concern I had to have the xray…he was pleasant and professional…I truly appreciated his kindness. Thank you.***
- ***Karen was very kind and compassionate…she eased my anxiety. Very sweet.***

Our surveys track patient satisfaction, a very important indicator of quality of care. Satisfied patients are more likely to follow recommendations and less likely to leave the practice. In the study "What matters most to patients? Participative provider care and staff courtesy", they found that **patients derive their major source of satisfaction from participative provider care and courteous clinic staff** *[See Abstract, right]* Patients seek a relationship of respect and trust with a provider who involves them in a two-way flow of discussions, explanations, and decision-making.

Also, you can learn more about empathy in this quick video by Dr. Brene Brown: https: //www.emaze.com/@AOLCIWCI/support-staff-second-step---unit-2---empathy

Imagine treating your patients as if they are your mother, father, sister, brother or grandparent. Would you look at them differently? Would you change your tone of voice or be more patient? Perhaps you would go out of your way to show them to their next location. Remember, every patient is someone's family! Check it out at: http://www.worldwiseproductions.com/empathy-video-series-family/)

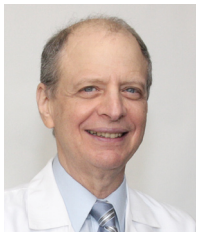


- Van de Ven, Andrew H. (2014) "What matters most to patients? Participative provider care and staff courtesy," Patient Experience Journal: Vol. 1: Iss. 1, Article 17. Available at http://pxjournal.org/journal/vol1/iss1/17/

Abstract
Although there is growing recognition of the importance of having satisfied patients, we know little about what aspects of care matter most to patients. The sources of patient satisfaction and how care delivery can influence them need more empirical study. The objective of this study was to identify which aspects of a patient's experience of care are most important to patient satisfaction, and how dimensions of care relate to clinic size, economic performance, and employee job satisfaction. To explore our question, longitudinal survey data were obtained on patients and employees over two years (1996 and 1997). Relationships between patient satisfaction and the two most critical care experience dimensions, clinic size, economic performance, and job satisfaction were examined. As of result, six major dimensions of patients' experience of care were identified: 1) participative provider care, 2) staff courtesy, 3) self-reported sickness, 4) waiting, 5) staff follow-up, and 6) medical explanations. The first two factors, participative provider care and staff courtesy, account for more than 37% of the total variance in patients' experience of care. Patient satisfaction is negatively and significantly correlated with clinic size but not correlated with job satisfaction, physician productivity, or clinic profitability. The article concludes suggesting that the personal relationships of a patient with his/her doctor and clinic staff are the strongest predictors of patient satisfaction. Patient satisfaction was found to be unrelated to the employee job satisfaction, physician productivity, and clinic economic performance.

Announcing a New Column for Improving Our Teaching In Radiology: TEACHING TIPS

Priscilla J. Slanetz, MD, MPH, Director



Ronald Eisenberg, MD JD & Anu Shenoy-Bhangle, MD, Associate Directors

Feedback

Giving effective feedback is probably one of the most challenging tasks that we all face as educators. It is all too easy to pass on an opportunity at the PACS workstation or during an image-guided procedure that would provide a trainee with concrete suggestions for improvement. All too often we tell trainees that they are doing a good job or that they should keep reading. However, these comments are not particularly useful, as they do not contain any concrete suggestions for how a trainee can improve. It is critical that we take the time to give frequent and prompt feedback and to link it to specific tasks. Formative feedback allows us to have the greatest impact on the professional development of our trainees. Although we are required to provide summative feedback at the end of every clinical rotation, it is the daily formative comments that truly help our trainees grow and become great clinical radiologists. These conversations can be especially difficult when you need to give "negative" feedback. So here is a simple tool you can use to become more adept at giving feedback (Figure 1).

The **Feedback Ladder** is an easy four-step approach. First and foremost, it is critical to create a safe environment where both faculty and trainee can have a private honest and confidential exchange. Then, it is important that you show curiosity. Start the feedback session by asking trainees to reflect on their work. Ask for clarification if you are not exactly sure what they might have said and to better understand their insight into the situation. For example, if the trainee came to a wrong diagnosis after observing certain imaging findings, you might start your conversation by saying: "I noticed that you saw the findings on the CT scan, but am curious if you could tell me how you arrive at that diagnosis."

Second, spend some time providing positive comments. Even if everything did not go as planned, there is always something that was done well.

Third, gently tell the trainee about your specific concerns. Be fair and unbiased. Use personal pronouns such as "I", "we", and "you" to your advantage. For example, you might say: "I noticed that you are have difficulty synthesizing the imaging findings with the clinical information. You are not alone, as many trainees find this a bit challenging in the beginning." Avoid being confrontational or accusatory. Focus on creating a collaborative and safe space, with the expectation that you will help the trainee improve.

Finally, offer specific ideas for improvement. Your specific recommendation will, of course, vary depending on the situation, but personal pronouns used well can help enormously. For example, you might say: "We can work on this together by having you tell me your thought process when we readout cases during the next few days" or "I used to have the same problem but don't be discouraged. I found this article to be very helpful, so I would like you to read it and we can discuss it tomorrow."

– Priscilla, Ron and Anu

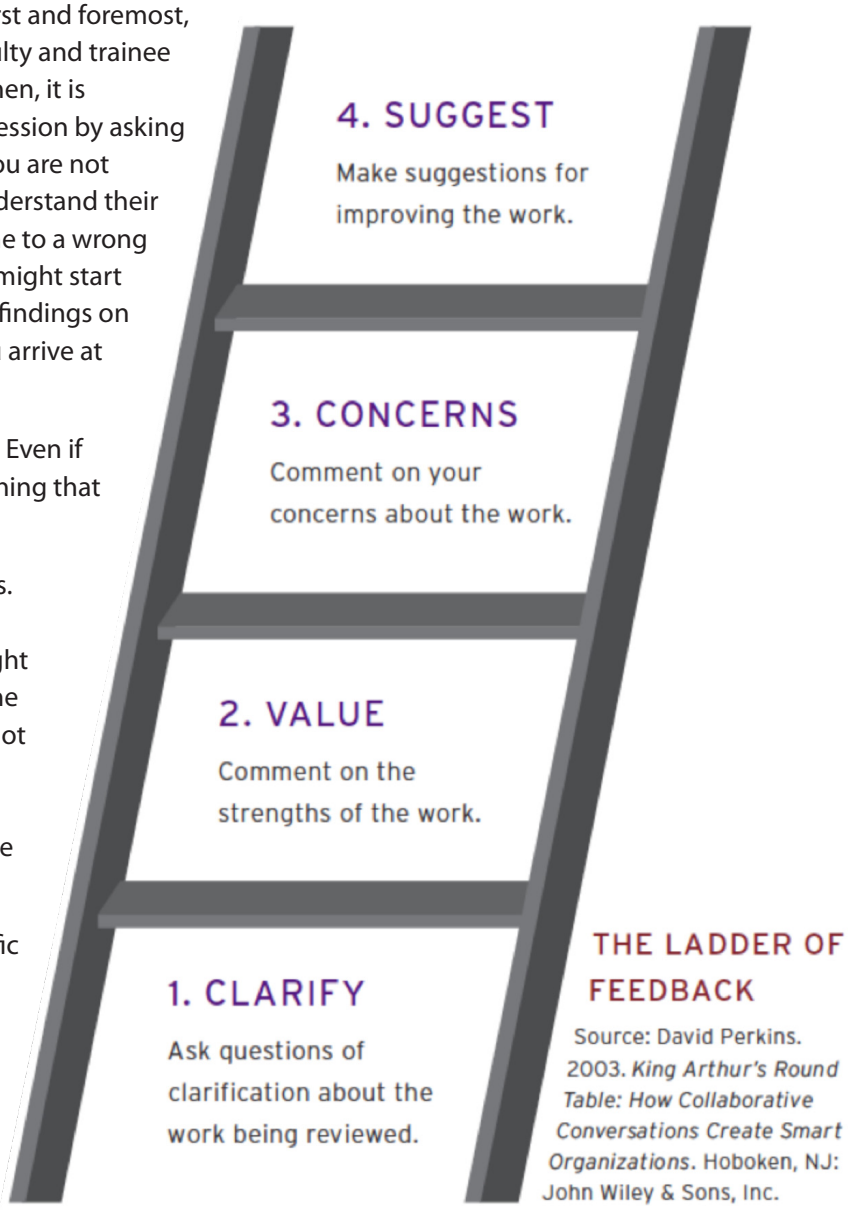


Figure 1: The Ladder of Feedback

ACADEMIC MEDICINE GOAL: TEACHING TEACHERS TO TEACH

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!

CT

Jessica Buttaro, **Brendan Fayle**, **Carlos Silva**, **Karen O'Neil**, **Cindy Sullivan-Dolphyn**, **Nan Hermanns**, **Susan MacDonald** and **Melinda Salpe** - A big round of thanks to our team working over the 4th of July. We have a number of noteworthy kudos to highlight! A number of unplanned events challenged us and our day team was down to 4: Jess at the helm, Brandon covering a procedure and Carlos and Karen covering the east. Mel helped bridge the afternoon and evening and Cindy came in to help Susan and Nan on the overnight. Oh, and the injector went down in the ED! Thank you to the entire team that made it work!

Jessica Buttaro

Brendan Fayle

Carlos Silva

Karen O'Neil

Nan Hermanns

Not shown: Susan MacDonald, Melinda Salpe, and Cindy Sullivan-Dolphyn

DX

Nicholas Bucci
CPR - Teaching excellence. Many techs have noted that Nick's instructions are clear and thorough. Nick really cares that you know what to do and wants you to feel as comfortable as possible.

Arline Mejia-Amparo
Arline is always helping us with short notice coverage!

Julie Nicholson
Julie ensures the WPU pain procedures run smoothly, and created a competency checklist.

Nursing

Ann Marie Cathcart
Problem solving with IRIS system

Diana Daley
Process improvement surrounding ED/ICU transfers; co-coordinating training sessions, facilitating educational opportunities and communication between service lines.

Karen Gardner
Creation of nursing M&M's to facilitate case review and situational learning opportunities for staff.

Hazel Malolos
Outstanding work with the cockpit gradient workgroup in following thru with staff to generate new ideas to increase effective communication and collaboration in the workplace.

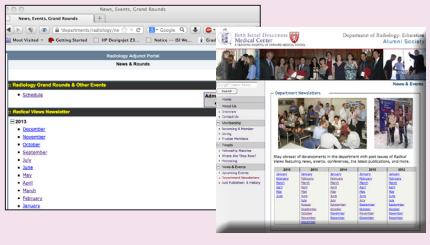
Suzanne Swedeen
Continued work in staff safety training (code silver & red) and continued follow thru with TJC recommendations

Please see page 6 for more KUDOS!

In case you missed an issue of Radical Views!

All back issues are available on the BIDMC portal under "News and Events":
https://portal.bidmc.org/Intranets/Clinical/Radiology/news.aspx

and ***we also have an outside link on the alumni site:***
http://radnet.bidmc.harvard.edu/education/newsletters.asp



The portal will always have the most current/revised versions so please keep checking as needed.

KUDOS - *(cont'd)*

Ultrasound

Joanne Picazio

This bonus is to acknowledge a patient's phone call on how wonderful the care was that she received from Joanne. The patient stated repeatedly how Joanne was very patient explaining the exam to her and made her feel very comfortable during the exam. She said she has had many exams throughout the year and this one was memorable because of Joanne's caring and concern for her. She was very grateful. Wonderful work Joanne!

Alison Savicke *(Chesnut Hill)*

Alison is always willing to go the extra mile! Alison is constantly looking at US schedules weeks out to make sure people are booked properly. Alison often catches booking errors well in advance, allowing us to make the proper adjustments before patients arrive.

Maeva Stockbridge

This bonus is to recognize the care a patient described as extraordinary care. She said Maeva could not have done anything more to assist her. She felt very well cared for during her exam and well after. She said Maeva helped her contact her ride and then brought her to the correct location to be picked up. She was full of compliments on her experience in Ultrasound. Great work Maeva!

A Special KUDOS...

We celebrated Breast Imaging Receptionist, **Alina Khudaverdyan**, on becoming an American Citizen on July 13, 2016

New Medical Student Education Coordinator: Jill Smith

Please welcome Jill Smith, our new Medical Student Education Coordinator for our three HMS Radiology Clerkship Programs under Dr. Gillian Lieberman. Currently, approximately 100 HMS students rotate each year to BIDMC Radiology for one-month clerkships. Jill's primary focus will be coordinating and supporting the HMS Student Clerkships and medical student programs, while also working on other projects involving the education of our residents, fellows and medical students.

Jill is a *cum laude* graduate in Hotel and Restaurant Management from Hesser College in Manchester, New Hampshire with years of experience in medical administration and care, including customer service and senior care. Most recently, she comes to BIDMC from New England Baptist Hospital where she served as the Administrative Coordinator for the Department of Radiology and the Pain Management Clinic. In addition to all her management skills, her experience in coordinating the rotation of fellows and residents between area hospitals (Tufts, BIDMC, BWH and MGH) means she is able to hit the ground running! When not working, she enjoys kayaking, biking, running, hiking/camping and the Red Sox. Jill is located on the 3rd floor Rosenberg Building and can be reached at 4-2520. Stop in and say hello!

Welcome also our New Faculty

(previously featured in July Radical Views):

Karina Illescas, MDCM*
Emergency Rad
pager: 31627

**Doctor of Medicine and Master of Surgery*

Vladimir Ivanovic, MD
Emergency Rad
pager: 31624

Sahil Mehta, MD
Interventional Rad
pager: 93724 *(coming Aug. 15)*

Register and view the program at
acr.org/qualitymeeting

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- Informatics

Jonathan B. Kruskal, MD, PhD

David B. Larson, MD, MBA

All-new exciting program from co-chairs: Jonathan B. Kruskal, MD, PhD and David B. Larson, MD, MBA

Join the conversation with the nation's leading specialists in quality and safety, and work one-on-one with faculty experts at interactive roundtable sessions.

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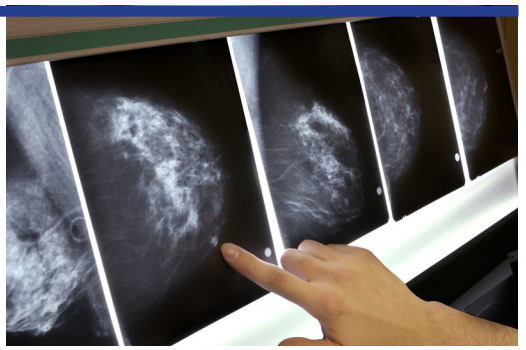
PUBLICATION CALL OUT: ***Dr. Priscilla Slanetz shares her expertise with NPR***

shots HEALTH NEWS FROM NPR



Breasts deemed "dense" in a mammogram tend to have less fatty tissue and more connective tissue, breast ducts and glands, doctors say. About 40 percent of women between the ages of 40 and 74 have dense breasts. *Lester Lefkowitz/Getty Images*

TREATMENTS

Got Dense Breasts? That Can Depend On Who Is Reading The Mammogram

July 18, 20165:01 PM ET

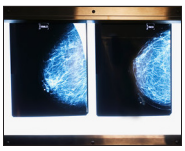
KATHERINE HOBSON

If you're a woman who gets screening mammograms, you may have received a letter telling you that your scan was clear, but that you have dense breasts, a risk factor for breast cancer. About half of U.S. states require providers to notify women if they fall into that category.

But what you may not know is that gauging breast density isn't a clear-cut process. Researchers reporting in *Annals of Internal Medicine* Monday found that density assessments varied widely from one radiologist to another. That means you shouldn't let one finding freak you out too much, nor should you assume something's wrong if your reported density changes from year to year.

"Women and providers should keep in mind that density is a subjective measure," says Brian Sprague, a cancer epidemiologist at the University of Vermont and an author of the study. And, he says, breast density is only one factor contributing to a woman's individual risk of getting breast cancer.

About 40 percent of women between 40 and 74 years old have dense breasts — meaning they have more breast tissue (that is, ducts and glands) and connective tissue and less fatty tissue than women whose breasts aren't dense. You can't know your status by how the breasts feel; it only shows up on a mammogram.



HEALTH NEWS
Letters Telling Women About Breast Density Are Often Too Darn Dense

Dense breasts make it harder for radiologists to detect possible abnormalities on a mammogram, and the presence of the tissue itself is an independent risk factor for breast cancer.

The researchers looked at 216,783 mammograms from more than 145,000 women, interpreted by 83 radiologists in Pennsylvania, Vermont, New Hampshire and Massachusetts. The average proportion of mammograms that fell into the "extremely dense" or "heterogeneously dense" categories was 38.7 percent. But the proportion of mammograms assigned to those two categories by individual radiologists ranged from 6.3 percent to 84.5 percent.

Even when adjusting for each patient's age, race and body mass index — since, after all, the patient population in Philadelphia isn't same as in rural Vermont — the variation continued, the authors say.

And among women who had consecutive mammograms read by different radiologists, 17.2 percent got different assessments of whether they fell into the dense or nondense category.

The findings aren't too surprising, says Dr. Priscilla Slanetz, a radiologist at Beth Israel Deaconess Medical Center. "There's agreement usually in the extremes, but a lot of variation in the middle," she says.

The guidelines for assessing density have also changed since the study was conducted, Slanetz points out, though it's not yet clear how that will affect the percentage of women assessed as having dense breasts.

HEALTH NEWS
Letters About Dense Breasts Can lead to More Questions Than Answers

At a policy level, the researchers say, the results mean that authors of state legislation requiring that women be notified of breast density — and in some cases, offered extra screening using other methods — need to be aware that this variation exists. If all women classified as having dense breasts are referred for an ultrasound based on that factor alone (as they are in some states), that could make for a lot of unnecessary tests and false positive results without an offsetting benefit.

Slanetz's advice for women is to use the density report as a jumping-off point for a broader discussion about their individual breast cancer risk. Authors of a large study published last year said that density alone shouldn't be the only criterion for getting extra screening. Nor should women whose breasts aren't dense assume that they have a low risk of breast cancer.

That personal discussion with a doctor or other health care provider should cover risk factors such as personal history of breast abnormalities and family history of breast cancer, as well as density, Slanetz says.

She also recommends that women with dense breasts seek out digital mammography, which improves detection of cancers.

Ultrasound, digital breast tomosynthesis and MRI have all been suggested as additional screening options for women with dense breasts. But the U.S. Preventive Services Task Force says there's not yet enough evidence to know whether they should be used for screening.

Katherine Hobson is a freelance health and science writer based in Brooklyn, N.Y. She's on Twitter: @katherinehobson

http://www.npr.org/sections/health-shots/2016/07/18/486473548/got-dense-breasts-that-can-depend-on-whos-reading-the-mammogram

"PUBLICATION" CALL OUT: *Thanks to Priscilla Slanetz for calling out four 2016 Podcasts by BIDMC Radiologists!*

Podcasts > Science & Medicine > Medicine > Radiological Society of North America (RSNA)

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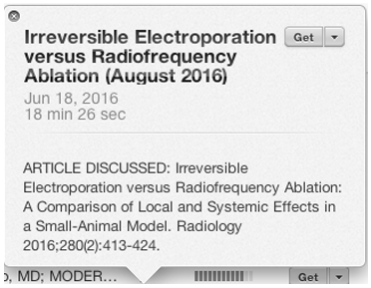
DESCRIPTION

Listen to the editor, deputy editors, and authors discuss the importance and context of selected articles from current and recent issues of Radiology. Radiology is a monthly journal devoted to clinical radiology and allied sciences, owened and published by RSNA.

Bulvik BE, Rozenblum N, Gourevich S, **Ahmed M**, Andriyanov AV, Galun E, **Goldberg SN**. Irreversible Electroporation versus Radiofrequency Ablation: A Comparison of Local and Systemic Effects in a Small-Animal Model. Radiology. 2016 Aug;280(2):413-24. Epub 2016 Jan 27. PMID: 27429143.

Podcast Jun 18 2016



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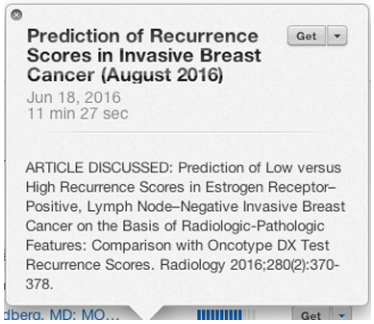

Johannes Roedl, MD (BIDMC Radiology Resident 2009-2013) went on to complete an MSK Fellowship in 2014 at Thomas Jefferson University Hospital, Philadelphia where he stayed on and is now Assistant Professor of Radiology specializing in MSK and Diagnostic Radiology. No doubt his years at BIDMC, just down from Fenway Park, helped him with the following publication:

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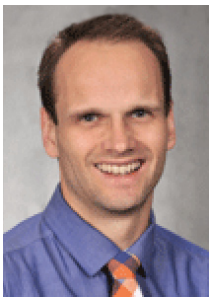

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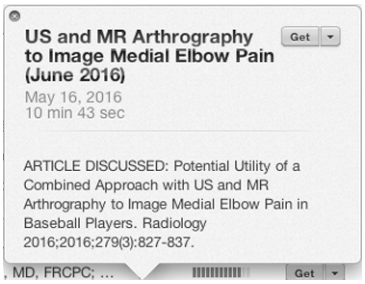

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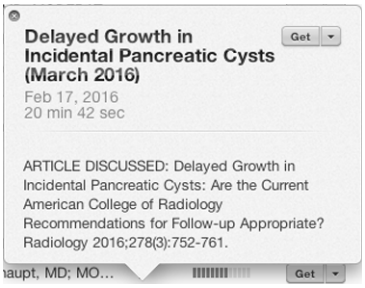

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