



## Radiology EDUCATION



**Muneeb Ahmed, MD**  
Vice Chair, Interventional Radiology  
Chief, Vascular & Interventional Radiology  
Director, VIR Fellowship Program

### ACGME accredited Interventional Radiology-Diagnostic Radiology (IR-DR) Residency Program at BIDMC

I am pleased to announce that our application for a new integrated IR-DR Residency program was approved by the ACGME in Jan 2016. BIDMC is one of 20 programs currently approved for this new training pathway in Interventional Radiology.

In 2012, the American Board of Medical Specialties (ABMS) approved Interventional Radiology as a primary specialty in medicine. With the designation as a new, distinct medical specialty came the requirement for trainees to have a separate residency training pathway in place of the present pathway requiring a fellowship after a diagnostic radiology residency. In 2013, the American Board of Radiology (ABR) announced that it would certify Interventional Radiologists in Interventional Radiology (IR) and Diagnostic Radiology (DR), reflecting that the essential components of competency include both IR and DR. Later that year, the Accreditation Council for Graduate Medical Education (ACGME) approved the formation of a new residency training program in Interventional Radiology. **This “Integrated” program entails three years focused on diagnostic radiology and two years with a focus on interventional radiology and related training (Intensive Care Unit, Vascular Surgery, etc.).** Residents in this program will be expected to complete an internship as they had in the past and graduates will be able to sit for the ABR IR/DR certificate exams.

As a result of the new pathway, all Interventional Radiology fellowships will end in 2020, requiring programs that wish to continue to train Interventional Radiologists to transition their fellowship to a residency. BIDMC was among the first institutions to submit an application for this new program, which was a collaborative effort between administration and members of the Diagnostic and Interventional Radiology sections. **Having this ACGME approval means BIDMC will be eligible to recruit medical students to participate in the first IR-DR Integrated residency match in 2017.** We are presently planning on recruiting two residents per year to this new program and will continue to train IR fellows until the 2020 fellowship end date.

**We have also applied for a two year “Independent program” that will train individuals that have completed a diagnostic residency.** While this is a two-year “residency” it will be separate from the diagnostic residency and will come into effect after IR fellowships have ended. The ACGME will review these applications for approval some time next year.

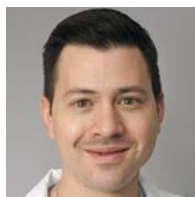
We feel fortunate to be an early adopter of this new Integrated program and are confident it will be a successful addition to the educational programs at BIDMC. Thanks to Katie, Priscilla, Jeff, Karen and all the others who helped make this happen.



**Katie Armstrong**  
Manager, Medical  
Education Programs



**Priscilla J. Slanetz**  
Director, Radiology  
Residency Program



**Jeff Weinstein**  
Associate Director,  
VIR Fellowship



**Karen Lee**  
Director, Radiology  
Fellowships Program

#### **GRAND ROUNDS, Friday, March 4:**

Also, I am particularly pleased to have Dr. John Kaufman speak on the new IR residency, **“The IR Residency: Why, What and What if?”** at Grand Rounds this week. Dr. Kaufman served as Chair of the ABR/SIR task force on the IR/DR pathway (2007-2012) and is currently Chair of the New IR Exam Committee and a member of the VIR Maintenance of Certification Committee at ABR.

# Radiology Calendar MARCH 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	Friday Grand Rounds: 12 noon Sherman Auditorium, East Campus (unless stated otherwise)
	<b>1</b> 7:30 - 9:00 Head/Neck/Face Emergencies (Elisa Flower)	<b>2</b> 7:30 - 9:00 Pulmonary Embolism (Robin Levenson)	<b>3</b> 7:30 - 8:15 Blunt Abdominal Trauma (Robin Levenson) 8:15 - 9:00 Blunt Abdominal Trauma 2 (Sejal Shah)	<b>4</b> 7:30 - 8:15 Risk Management (Stacey Lunetta, BIDMC Risk Mangement)  <b>12:00-1:00 Grand Rounds: The IR Residency: Why, What, and What if? (John Kaufman)</b>
<b>7</b> 7:30 - 9:00 Aortic Emergencies (Diana Litmanovich)	<b>8</b> 7:30 - 8:15 Lower Extremity Trauma (Mary Hochman)  8:15 - 9:00 Upper Extremity Trauma (Colm McMahon)  10:30-11:30 NMMI meeting [GZ-103]	<b>9</b> 7:30 - 9:00 Pelvic Trauma (Robin Levenson)  7:15-8:00 US meeting [WCC-304A]	<b>10</b> 7:30 - 9:00 Face/Orbit Trauma (Jonathan Kleefield)	<b>11</b> 7:30 - 8:15 CRICO Malpractice presentation (CRICO)  12:00-1:00 Chief Rounds: Hannah Perry, Sara Esaa, Chris Maxwell, Alexei Kudia
<b>14</b> 7:30 - 9:00 PET-CT (J. Anthony Parker)  12:00-1:00 MRI Meeting [Ansin 2]	<b>15</b> 7:30 - 9:00 Hepatobiliary + cases (Kevin Donohoe)  8:00-9:00 IR Meeting [West Recovery]	<b>16</b> 7:30 - 9:00 Endocrine (Gerald Kolodny)	<b>17</b> 7:30 - 9:00 Radiography (Da Zhang)	<b>18</b>  12:00-1:00 NERRS NO Grand Rounds
<b>21</b> 7:30 - 8:15 MRI of the Uterus (Karen Lee)  8:15 - 9:00 The Mesentery, Omentum, Peritoneum, and Retroperitoneum (Jesse Wei)	<b>22</b> 7:30 - 9:00 MSK (Jim Wu)  10:30-11:30 NMMI meeting [GZ-103]	<b>23</b> 7:30 - 8:15 Temporal Bone Anatomy (Yu-Ming Chang)  8:15 - 9:00 Orbit (Rohini)	<b>24</b> 7:30 - 8:15 Lower GI Tract Fluoroscopy (Jonathan Kruskal)  8:15 - 9:00 Defecography (Jonathan Kruskal)	<b>25</b> 7:30 - 8:15 Resident Case Conference (Chiefs)  <b>12:00 PM - 1:00 PM Grand Rounds: TBA</b>
<b>28</b> 7:30 - 9:00 Mammo (TBD)	<b>29</b> 7:30 - 9:00 Mammo (TBD)	<b>30</b> 7:30 - 9:00 Mammo (TBD)	<b>31</b> 7:30 - 9:00 Mammo (TBD)	

## MARCH 2016 GRAND ROUNDS: The IR Residency: Why, What and What if?

Friday, March 4, 2016: 12 noon - 1:00 PM • Sherman Auditorium

**John A. Kaufman, MD, MS, FSIR, FAHA, FCIIRSE** is professor and Frederick S Keller endowed chair of interventional radiology at Dotter Interventional Institute and professor of radiology, professor of surgery and professor of medicine at Oregon Health and Sciences University, Portland, USA. He is also currently chief of vascular and interventional radiology (VIR) and associate director of the Dotter Interventional Institute. Dr. Kaufman is a co-author of *Vascular and Interventional Radiology*, part of the popular *Requisites in Radiology* series published by Elsevier.



After earning his medical degree at Boston University School of Medicine, Dr. Kaufman was a radiology resident (and chief resident) at Boston City Hospital/The University Hospital. He completed a VIR fellowship and joined the vascular radiology section at Massachusetts General Hospital, until he became a member of the Dotter Institute in 2000. Dr. Kaufman was awarded a Figley Fellowship in Radiologic Journalism by AJR in 1996 and in 2012 he was named the Dr. Charles T. Dotter Lecturer, an honor extended to accomplished and exceptional interventional radiologists for extraordinary career achievement and contributions to the specialty. Dr. Kaufman is a thought leader in interventional radiology and was the Chair of the ABR/SIR task force on the IR/DR pathway from 2007-2012. We are very pleased to have Dr. Kaufman speak on the new IR Residency Program as he is currently Chair of the New IR Exam Committee as well as a member of the VIR Maintenance of Certification Committee at the ABR.



## FEBRUARY 2016 GRAND ROUNDS: TEAM SPORT JEOPARDY for TJC PREPARATION



*Based on your responses, it is clear we are ready for the Joint Commission to come.*  
- Suzanne



Friday, February 26, 2016  
12-1pm • Sherman Auditorium

As part of Radiology's Preparation for the TJC's unannounced triennial survey of BIDMC's Quality and Safety expected this spring, Dr. Bettina Siewert, Suzanne Swedeen and Bridget O'Bryan hosted a Jeopardy Contest to help us all prepare!

Thanks so much to all who participated in our Joint Commission Jeopardy game. Bettina, Bridget and I had a lot of fun and we hope you did as well. Based on your responses it is clear we are ready for the Joint Commission to come.

- Suzanne Swedeen, RN  
Quality Improvement Specialist

### 1st place

Nicole Ford (Nucs)  
Meaghan Fox (MRI)  
Michael Jones (CT)  
Matt McMahon (Nucs)



### 2nd place



### 2nd place

Michelle Baar-Daley (RN)  
Dana Bordenave (RN)  
Jenelle Colantuoni (RN)  
Michael T. Johnson  
(Resident)



### 3rd place tie

### 3rd place (tie)

Megan Connolly (US)  
Jonathan Kim (Resident)  
Agnes Regis (Br)  
Dorothy Sands (Br)

### 3rd place tie



### 3rd place (tie)

Geunwon Kim (Resident)  
Nancy Littlehale (Br)  
Elena Shimonov (Br)  
Jenessa Tutela (US student)

Link to our Radiology TJC reference manual:

<https://portal.bidmc.org/~media/Files/Intranets/Radiology/QA/referencesheets.ashx>

(Also, see pg 14-15 for the newest TJC Tip#6 on Clinical Documentation)

# Radiology RESEARCH



Etta Pisano, MD



David Alsop, PhD



Elodia Cole, MS

## RADIOLOGY RESEARCH STRATEGIC PLANNING LISTENING SESSIONS

In order to develop a new research strategic plan for the department, the Research Strategic Planning Committee is seeking input from all faculty, residents, and fellows. We will be hosting listening sessions for these groups over the course of March and April, both during regularly scheduled section meetings and at other scheduled sessions for specific stakeholder groups. All faculty, residents and fellows will soon receive email invitations to listening sessions that are applicable to you based on your role(s) within the department. Please come to one or more listening sessions if you would like to contribute to the discussion.

In preparation for your participation in these meetings, please consider the following questions:

- 1) What are the unique characteristics of this environment and how might the department build upon its strengths through research investments?
- 2) What research areas would you recommend investing in over the next 5-10 years so that we can achieve your vision of the ideal future for the department?
- 3) What are your own passionate research interests and how can the department help you achieve those goals?
- 4) What will be the most important topics in radiology research over the next 5-10 years?
- 5) Are there research programs in other departments or institutions that you are aware of that have features you would like our department to emulate?

Thanks in advance for your input into the research strategic plan. We look forward to hearing from many of you!

Anyone else who wishes to give input into the department's research strategic plan should contact either one of us by email to schedule an individual meeting. All input is welcome!

**Etta Pisano, MD and David Alsop, PhD**  
Radiology Research Strategic Planning Committee Co-Chairs



## RADIOLOGY RESEARCH SUPPORT SERVICES

We are pleased to announce new services that are now available in the Department of Radiology in support of research efforts through the office of the Vice Chair of Research.

1. Budget Development Assistance
2. IRB preparation Assistance
3. Grant Research Plan Reviews/Assistance/Editing

To schedule an appointment to discuss the use of any of these services for your upcoming project, please contact Elodia Cole at [ecole1@bidmc.harvard.edu](mailto:ecole1@bidmc.harvard.edu) at least one month in advance of your grant submission deadline.

Starting this spring, we will be sending out blast email announcements to all departmental faculty and trainees about upcoming grant opportunities sponsored by the large radiology societies (e.g. RSNA, GERRAF, etc). In addition, for those department members who are interested in being notified of funding opportunities relevant to their areas of interest, we will be helping you receive such notification.

Please email Elodia Cole at [ecole1@bidmc.harvard.edu](mailto:ecole1@bidmc.harvard.edu) and let her know you wish to have this service. In that email, include key terms that describe your research interests (e.g. breast cancer or health services research). She will enroll you in relevant listserves, if they are available in your area of interest.

Please let us know if you have any questions or suggestions about these new departmental services.

**Etta Pisano, MD**  
Vice Chair of Research

**Elodia Cole, MS**  
Radiology Research Program  
Manager



# Radiology CLINICAL INFRASTRUCTURE

## INTRODUCING 3 NEW INFORMATICS COMMITTEES TO IMPROVE WORKFLOW

The flow of electronic information is a critically important core to our function as a modern radiology department. As we constantly strive to improve our workflow to care for our patients, all of us must be more engaged in the technology we use daily. In order to facilitate the interface between users and our technology, three committees have been formed to provide guidance to departmental radiology informatics. The goal is for Informatics to enable more effective operations.



McKesson Enterprise Image Workspace Intelligence™

Patient Name	Age	Accession Number	Exam Description	Modality	PACS	Performed On
MR Rule out AAA	42y	000675676	MR Rule out AAA	MR	McKesson 1	06/12/2014 00:00
CR Small Bowel	80y	0006777	CR Small Bowel	CR	McKesson 1	06/12/2014 00:00
US Pelvis	41y	00075676	US Pelvis	US	McKesson 1	06/12/2014 00:00
US Thorax	20y	000675643	US Thorax	US	McKesson 1	06/12/2014 00:00
CT Upper GI	54y	000A75676	CT Upper GI	CT	McKesson 1	06/12/2014 00:00
CT Abdomen	36y	CC000675	CT Abdomen	CT	McKesson 1	06/12/2014 00:00
CT AP w	85y	00011301	CT AP w	CT	McKesson 1	06/12/2014 00:00
MR Left			MR Left	MR	McKesson 2	10/01/2013 00:00
MR Right			MR Right	MR	GE	10/01/2013 00:00
CT Abdomen			CT Abdomen	CT	McKesson 1	10/01/2013 00:00
MR Pelvis	55y	SLA0000006	MR Pelvis	MR	GE	10/01/2013 00:00
MR Abdomen	3y	SPM0000002	MR Abdomen	MR	GE	10/01/2013 00:00

A representative sample of the new cockpit - note the integrated work lists



### OPERATIONS

Led by Vice Chair for Community Network Services **Dr. Peter Gordon**, this committee oversees aspects of daily operations. A major current focus is the implementation of the PACS replacement project. This will involve configuration, training, workflow optimization, data migration, and quality/business

intelligence. Faculty as well as trainee engagement will be very important. Other current tasks include optimization of front-end voice recognition, improved IT support process, and maintenance/improvement of the radiology information system (RIS).



### INNOVATION

Led by **Dr. Seth Berkowitz**, the mission of the group is to be the central focus for software development within the department. The think tank will serve the needs of radiologists, referring providers, patients and radiology operations. Anyone with an idea for new software is invited to submit a

proposal at <https://portal.bidmc.org/Intranets/Clinical/Radiology/PACS.aspx>. The group will serve as the central forum to vet proposals, triage priorities, and delegate resources. The work of the Think Tank will aim to improve the daily function of the Radiology department and advance the state of the art.



### DATA

This work group, led by **Dr. Jesse Wei**, supervises the utilization of the various data repositories maintained by the department. This will serve as a central clearing house for data query and access requests pertaining to clinical operations, research, education, as well as process improvement. The purpose of the committee is both to guide the acquisition, storage, and utilization of "big data" as well as to ensure that the extraction of information from these data repositories remains compliant with local policy as well as governmental regulations.

## PLEASE WELCOME:

### New Breast Imager Michael D. Fishman, MD



We are pleased to welcome Dr. Michael D. Fishman to the Breast Imaging section and their newly renovated space on Shapiro-4. Dr. Fishman earned a BA in Music from Columbia College, New York and his

MD from George Washington University School of Medicine in Washington DC. Following his radiology residency at Albert Einstein Medical Center in Philadelphia and fellowship in breast imaging at Massachusetts General Hospital Cancer Center's Avon Foundation Comprehensive Breast Evaluation Center in Boston, he joined Commonwealth Radiology Associates at North Shore Medical Center in Salem, MA serving as an MGH affiliate in breast imaging. Dr. Fishman comes to BIDMC with over seven years' clinical and research experience in digital breast tomosynthesis (DBT). Coupled with his achievements in practice quality improvement (PQI) and medical informatics, and his interest in more opportunities to continue his research in DBT that are available in academic medicine, we are delighted to welcome him to BIDMC. When not working, Michael enjoys running with his wife Shira, spending time with his three daughters (Orly, Yael and Meital) and volunteering for local Jewish communal organizations.



It is with great pleasure to announce that on January 3rd, **Peggy Carr** accepted the role of **Senior RIS Analyst** in the PACS department. Peggy previously worked as a Senior Technologist in Nuclear Medicine

and has been with us since 2001. During this time Peggy was exposed to many of the systems within the department expressing interest in learning more about the technical aspects of imaging. Please join me in congratulating Peggy in this new role.

- Phil Purvis  
Director, Informatics

## PROGRESS REPORT: Felipe Collares Abroad



Dr. Collares participates in a procedure with Dr. Zierau at the Saphenion vein center in Berlin

In August 2015, we announced that Dr. Felipe Collares received the de Groot Award from the American College of Phlebology. This award reflects his extensive interest in the treatment of lower extremity venous disease, and supports travel of the recipient to another center to learn specific and advanced techniques in venous disease treatment.

Felipe used the opportunity to learn more about VenaSeal: a procedure that uses glue to treat venous insufficiency and varicose veins. This procedure has been performed in Europe for a few years and recently (last November) was FDA approved in the US. This technique has advantages over the current thermal ablation options: no need of tumescent anesthesia during the procedure or post-procedure use of compression stockings.

As Medical Director of Mass Vein Care, HMFP and most recently, Co-Director of the Vascular Lab at BIDMC, Felipe was pleased to use his de Groot award to visit Berlin, Germany and Bergen, Norway where he was able to participate in several procedures using this technique, hosted by Dr. Ulf Zierau in Berlin and by Dr. Carl Schelp in Bergen.



Dr. Carl Schelp and Dr. Felipe Collares, Volvat Medisinske Senter AS, Bergen



Dr. Ulf Zierau and Dr. Felipe Collares, Saphenion Praxisklinik, Berlin, Germany



Volvat Medisinske Senter AS, Bergen



Saphenion Praxisklinik, Berlin



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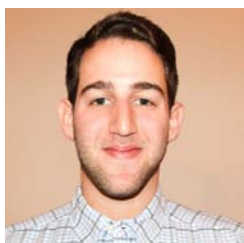
**PLEASE WELCOME: New Research Fellows** *(by order of arrival)*



**Shima Roknsharifi, MD** - Breast Imaging (January 25, 2016)

Dr. Roknsharifi earned her MD (with honors) from Hamadan University of Medical Sciences in Iran in 2011 and served as a research project coordinator and collaborator at Tehran University of Medical Sciences and Shahid Beheshti University of Medical Sciences, Iran. In 2013, she joined Dr. Pisano's breast imaging lab at the Medical University of South Carolina serving as PI for "Non-contrast enhanced 3D Koning breast CT role in differentiating benign vs malignant features of breast masses"; also, as team coordinator for "The impact of reconstruction resolution of dedicated breast CT on the detectability and characterization of microcalcifications". In January 2016, she joined Dr. Pisano at BIDMC and she looks forward to working on

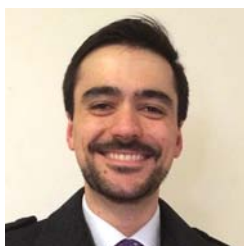
the role of reconstructive resolution of cone beam breast CT on detectability and description of breast mass features; and to collaborate on projects related to the breast arterial microcalcifications. When not working, she enjoys socializing with friends and family, volunteer activities, dancing, walking and discovering new places, swimming, cooking, and she plans to learn to ice skate and play the piano! Shima can be found in Ansin 2.



**Kevin Beker, MD** - Body MRI (Coming March 1, 2016)

Dr. Beker comes to BIDMC through an International Research Initiative in Principles and Practice of Clinical Research. He earned his MD from the University of Central Venezuela's Dr. Luis Razetti School of Medicine in Caracas and received internship training in internal medicine, pediatrics and surgery as well as Ob/Gyn in underserved areas of Nueva Esparta, Venezuela. (In 2014, he was given an Honorary Distinction Award by the Venezuelan government for his volunteer service in Nueva Esparta.) As a medical student, he enjoyed spending two months as an observer in interventional radiology and diagnostic radiology at

the University Hospital of Caracas. Previously, he had also visited the US as an observer in 1) minimally invasive surgery at the Cleveland Clinic in Weston, FL and 2) colon and rectal surgery at the Baptist Hospital of Miami. At BIDMC, he hopes to work on pancreatic and hepatobiliary imaging, and is extremely enthused to work with Dr. Morteale and his group. When not working, he enjoys photography, snowboarding and all water sports, particularly water polo, and has served as a member of the Jewish Pan-American Maccabi games (2007). Kevin can be found in Ansin 2.



**Alejandro Garces, MD** - Body MRI (Coming April 2016)

Dr. Garces earned his MD with a minor in Public Health after he completed a one year internship in surgery and medicine at the University of La Sabana near Bogotá, Colombia. As a medical student he did a clinical clerkship in the radiology department of the Montreal General Hospital with McGill University in Canada for three months. After his graduation he was Head Coordinator of many Health Brigades with a non-profit organization called "League Against Cancer – Sectional Meta", an organization affiliated with the American

Cancer Society based in Villavicencio, Colombia. He served as an Assistant Professor of Internal Medicine at the Pontificia Xavierian University in Bogotá for a year before coming to Boston as a research fellow at BIDMC's Institute for Hepatobiliary and Pancreatic Surgery in 2015. At the same time he completed the course Principles and Practice of Clinical Research at Harvard Medical School where he learned the foundations and clinical applications for clinical research. Dr. Garces is pleased to serve as a research fellow in radiology under the mentorship of Dr. Koenraad Morteale and looks forward to continuing his research on pancreatic imaging. When not working, he is a bike enthusiast, likes hiking, plays soccer and enjoys running as well. Like Kevin Beker and Shima Roknsharifi, Alejandro can be found in Ansin 2.



**Ching-Di Chang, MD** - MSK (Coming April 2016)

Dr. Chang is a visiting research fellow who will be mentored by Dr. Jim Wu in MSK Imaging. Dr. Chang earned his MD at China Medical University in Taichung, Taiwan. He completed his radiology residency at Kaohsiung Chang-Gung Medical Hospital (also in Taiwan), and came on board in 2014 as an attending radiologist at the same hospital following his training. His interest in research earned him a Young Investigator Award from the International Liver Transplantation Society in 2012 and he looks forward to working with Dr. Wu on developing non-invasive methods to study muscle disorders. Not surprisingly,

Ching-Di will most likely be found in the MRI research offices of Ansin-2.

## RADIOLOGY COMMUNITY NEWS: The Radiology Family welcomes a new member!

In January, the administrative staff gathered to hold a Baby Shower for abdominal imaging administrative assistant **Tara Bun** and after 41 weeks and 6 days, Asher Ponleu Lokai Rachana Kong was born on February 6, weighing in at 7 lbs 15 oz. As you can see, Tara and Asher are doing fine! Note that his cambodian name means "moon light art or artistry".



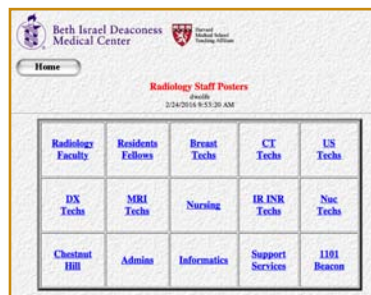
Asher at 16 days! ↗



Special thanks to Lois Gilden for the centerpiece and Maxima Baudissin for the amazing cupcakes!



## SPEAKING OF NEWCOMERS:



### Updated Radiology Staff, Trainee & Technologist Posters

are available on InfoRadiology in pdf format for viewing, downloading, and printing. New this year are **Informatics, Administrative, Support Staff & Community Site** posters!

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

Click on InfoRadiology → Staff Posters

### Help us stay up-to-date:

Please contact Michael Larson ([mlarson1@bidmc.harvard.edu](mailto:mlarson1@bidmc.harvard.edu)) to update your staff (or any other information) on these posters



**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!

## Breast Imaging



By being in tune with the patients' heightened level of anxiety, associated with her coupled imaging procedure and f/u nuclear medicine study, **Rose Stanley's** personal connection was able to provide the patient with some solace to the day, adding to that Rose personally transported the patient from imaging to the next apt as well as making herself available to collect her when that apt had been completed, transporting her back to the operating room holding area. This act of extra kindness was the "Right Thing to Do" and demonstrated excellent customer service. Kudos Rose.

## Support Services



**Chriselle Calixto** and **Sheldene Hope-Spencer**, Patient Service Reps, were recently called upon to assist the Managed Care Unit in meeting the demands of our patients and customers due to staffing challenges. The team was able to meet the challenge with

efficient, timely and great service excellence during this period for which we are truly grateful.



**Alba Chang** has been a model team player in the Managed Care Unit she has consistently gone above and beyond the call of duty to ensure the expectations of our referring customers and the department is met.

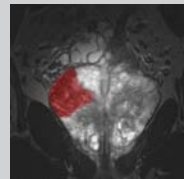


**Maria Andrade** is this month's recipient of the Radiology Support Services Quality Spot on for Service Excellence Initiative Program

Mon **June 6 - June 8, 2016** Wed

## ABDOMINAL & PELVIC MRI 2016

*Imaging Review of GI and GU Tracts*

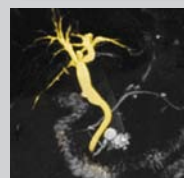


### Guest Speakers:

**Scott Reeder, MD**  
University of Wisconsin  
Hospital & Clinics

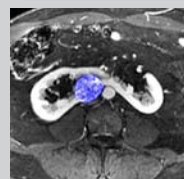
**Evis Sala, MD, PhD**  
Weill Cornell Medical College

**Claude Sirlin, MD**  
University of California  
San Diego



### Course Director:

**Koenraad J. Mortele, MD**



**Earn Up To 23.75 AMA  
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Joseph B. Martin Conference Center,  
Harvard Medical School, Boston, MA



**FREE LUNCH & Wi-Fi**  
**will be provided**

To register or view activity information online, visit:  
<https://www.hmscmeregistration.org/732241-1602>

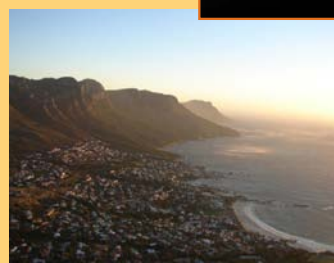
## The Gallery presents My Africa by Katie Armstrong



*Photographer & Manager,  
Medical Education Programs in Radiology*

*Katie presents an encore of her photography, this time sharing her favorite photos from the 6 months she spent in Cape Town for an internship program in public relations in 2008.*

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



## New Policy at BIDMC: Consulting, Speaking, and Other Outside Activities

On January 5, BIDMC approved a new policy that applies to all BIDMC employees, professional staff, and faculty members. The Policy on Consulting, Speaking, and Other Outside Activities has been posted on the **BIDMC policy manual** (ADM-62), and we encourage all of you to familiarize yourselves with the details of this new policy.

As you know, BIDMC allows its Harvard faculty to use up to 20% of their time for activities outside of their academic duties with appropriate approval. Consulting activities have become subject to increased scrutiny by Congress, by federal agencies and by the general public. The intention of the policy is not to limit your outside activities, but rather to ensure that faculty members and the Medical Center are not assuming unnecessary risk when entering into such activities.

- This policy sets standards for when an employee, staff member, or faculty member engages in outside activities, especially with biomedical companies.
- Certain types of activities require the prior approval of your supervisor.
- If you are going to enter into a written consulting or advisory board service agreement, BIDMC provides an addendum to be attached to the agreement, to protect academic and IP rights.

Contact your supervisor or Chief of Service if you have any questions about the policy. You can also bring questions to the Conflicts and Industry Interactions team by calling (617) 667-2008, or email [COIquestions@bidmc.harvard.edu](mailto:COIquestions@bidmc.harvard.edu). Thank you.

Melissa Anderson, JD  
Director, Conflicts and Industry Interactions  
Office of Compliance and Business Conduct  
109 Brookline Avenue,  
Boston, MA 02215  
Phone 617-667-2008  
[mwanders@bidmc.harvard.edu](mailto:mwanders@bidmc.harvard.edu)

Type of Outside Activity	Who Policy Applies To	Policy
1. Endorsements and Company-Sponsored Marketing Activities	Covered Individuals	Prohibited
2. Speaker's Bureaus	Covered Individuals	Prohibited
3. Ghostwriting	Covered Individuals	Prohibited
4. Executive Position <sup>a</sup> at for-profit biomedical company	BIDMC Institutional Officials, and Full-Time Harvard Faculty	Prohibited for Institutional Officials and Full-Time Harvard Faculty
5. Board of Directors at a for-profit biomedical company	BIDMC Institutional Officials, and Full-Time Harvard Faculty	Supervisor and COI Committee Pre-Approval Required
6. Board of Directors position, other organizations (but excluding non-profit academic societies)	BIDMC Institutional Officials, and Full-Time Harvard Faculty	Supervisor Pre-Approval Required
7. Financial Consulting, e.g., the individual intends to provide information, analysis, or advice to companies or individuals who are involved in the investment or financial services industries, including "expert networks."	BIDMC Institutional Officials, and Full-Time Harvard Faculty	Supervisor Pre-Approval Required
8. The individual intends to deliver medical opinions or medical advice online (publicly) to improve the health status of specific patients.	BIDMC Institutional Officials, and Full-Time Harvard Faculty	Supervisor Pre-Approval Required
9. Expert Witness Activity, e.g., the individual intends to serve as an expert witness (at a trial or a deposition) in a legal or administrative proceeding, and expects to earn in excess of \$30,000 in any one calendar year.	BIDMC Institutional Officials, and Full-Time Harvard Faculty	Supervisor Pre-Approval Required
10. Any single Outside Activity for which the individual expects to receive personal remuneration that exceeds \$30,000 in any one calendar year.	BIDMC Institutional Officials, and Full-Time Harvard Faculty	Supervisor Pre-Approval Required

<sup>a</sup>An "Executive Position" is any position that is responsible for a material part of the operation or management of an Organization. This term specifically includes, but is not limited to, the following positions: Chief Executive Officer, Chief Operations Officer, Chief Scientific Officer, Chief Medical Officer, Scientific Director, and Medical Director.

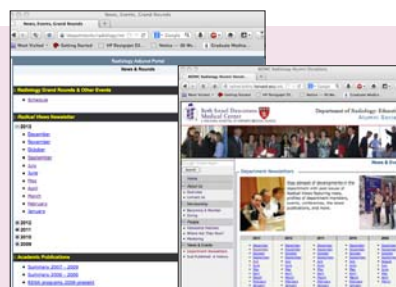
### In case you missed an issue of Radical Views!

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.



## BECAUSE WE SHARE THE AIR: Spring calls for a Scent-free reminder in the Radiology community

Personnel policies by their nature are constantly under review as they are affected by changes in applicable laws, economic conditions and the Medical Center's business. While the Medical Center believes in its policies, they are not conditions of employment and the Medical Center reserves the right to revise or terminate policies at any time, and diverge from existing policies when it deems appropriate. Nothing in this Policy is intended to constitute a contract between the Medical Center and any employee, or create a promise by the Medical Center of any kind, regardless of what this Policy states. Either the Medical Center or an employee may terminate the employment relationship with or without cause. Only the Senior Vice President of Human Resources has authority to enter into an agreement for employment other than at-will and then only in writing. Unless you have a written agreement for continued employment signed by you or your authorized representative and the Senior Vice President of Human Resources of the Medical Center, you are an at-will employee.



### Title: Fragrance Controlled Workplace

#### Policy: PM-30

**Purpose:** To maintain a fragrance/scent controlled workplace.

#### Policy Statement:

**It is the policy of Beth Israel Deaconess Medical Center to strive to be a fragrance-controlled institution.** The Medical Center's philosophy supports a healthful environment for patients, employees, physicians, volunteers and visitors. The Medical Center recognizes that exposure to strong scents and fragrances in the environment can cause discomfort as well as directly impact the health of sensitive individuals. Therefore, for the comfort and health of all, use of scents and fragrant products, other than minimally scented personal care products, by BIDMC employees and staff, is discouraged, particularly in clinical areas.

#### Definition:

Fragrances: any product which produces a scent, strong enough to be perceived by others including but not limited to colognes, perfumes, after shave products, lotions, powders, deodorants, hair sprays and other hair products, and other personal products.

#### Procedure for Implementation:

Fragrances and scented products that are perceived by others in addition to the user are not to be worn in the Medical Center, particularly in the clinical areas.

Any employee with concerns about scents or other odors associated with products used while performing job duties should contact his/her manager. Any employee with concerns about potential symptoms caused by exposure to fragrances should be referred to the Employee Occupational Health Services for evaluation.

#### Responsibility:

Department heads and managers/supervisors are responsible for encouraging staff to comply with this policy.

**Vice President Sponsor: Lisa Zankman, Senior Vice President, Human Resources**

#### Approved By:

**Operations Council: 4/1/13 Nancy Formella, Chief Operating Officer**

**Requestor Name: Judith Bieber, Director of Employee and Labor Relations**

**Original Date Approved: 10/2009**

**Next Review Date: 4/1/16**

**Revised: 3/13**

**Eliminated:**

**References:**





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

*I love hearing directly from our patients! We are fortunate to have a group of patient advisors who openly and honestly share their experiences in Radiology with us. Listen to what they shared:*

**SS:** It has always been of the utmost importance to me that all health care providers introduce themselves to me by name and explain their role before they interact with me. It is very unsettling to have a health care provider in general, and certainly in radiology start a procedure even if it is something as simple as a weight or blood pressure without this initial introduction.

**KB:** When someone looks me in the eye and focuses exclusively on me I'm more inclined to trust them, listen to what they have to say and feel more comfortable most quickly. I work in an industry where I also have to develop trust quickly. I try to remind myself to treat customers **as if they were my grandma.**

**DP:** We have had many positive experiences with the Radiology group. I'm always impressed at how efficient the visits are with Radiology (we are "frequent flyers"). The check in process is quick and being escorted to the pre-test room is a nice approach. The medical staff who perform the tests are very pleasant, professional, knowledgeable and helpful. We had a mini-crisis in October following a test where the medical staff went above and beyond to assist us and make us both comfortable and less traumatized.

While our overall Radiology experience is positive, some fine tuning at the check in desk would deliver a huge improvement to the patient experience while not slowing down the process. Making eye contact, greeting patients/families pleasantly and patiently while being present/engaged (not looking at computer/phone) would dramatically improve the tone/overall feeling of the check in process without impacting efficiency/timeliness of visit – a win for the patient and staff.

## SPRING IS JUST AROUND THE CORNER, LOOK WHAT'S IN BLOOM



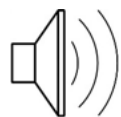
We all had a little spring in our step the last few days compared to this time last year. With the mild weather we are all eager for Spring to arrive a little early this year! Well as mentioned in last month's newsletter our Action planning Committee has been working hard on our goal to develop service standards in the Radiology Department so we can provide consistency and quality communication to our patients during every interaction. Our standards behaviors will insure staff make eye contact with patients, greet them pleasantly and be fully engaged and present during the interaction. In addition to this our standard greetings and exits will not only help patients know what to expect, but it will reassure them they are in the right place and on the right track – reducing anxiety and confusion.

During the first phase of Radiology Service Standard roll out you will learn more about why this is important, how it will impact our patients and see the survey data supporting the need to create standards. This will take place during upcoming staff meetings where you will have the opportunity to ask questions. We will also be training our survey scores, mystery shopping scores and asking our patient advisors to if we are improving the patient experience. Thank you in advance for making the effort to improve the patient experience and please feel free to call or email me with questions

– Aideen

## KIP Coach TIPS

### SUZANNE SWEDEN DONS HER OTHER HAT AS KIP COACH IN RADIOLOGY:



## Paging Patient Privacy!

This month's Tip is about the proper use of information on BIDMC pagers.



Limit protected health and personal information on pagers.  
When referring to a patient in pager text, use:

- First name
- Last initial and
- **The full medical record number**

**Remember:** pagers are NOT encrypted. Delete messages as soon as they are no longer needed.

**Lost or stolen pager?:** Immediately call Telecommunications at 617-754-8181.

**Be sure to print out and post the attached Tip in visible places in your area.**



Suzanne Sweden, RN  
MSN CNIV  
Quality Improvement Specialist

### Questions?

Call Suzanne Sweden  
at 617-754-2768  
or email her at  
ssweden@bidmc.harvard.edu



Beth Israel Deaconess  
Medical Center





## Clinical documentation and the Patient's Record of Care are closely tied to Quality, Safety, Risk Management, Compliance and Reimbursement at BIDMC

### All Documentation Must Be:

- Dated, timed and signed
- Legible – this includes your name and beeper number
- Avoid prohibited abbreviations, acronyms and symbols on the Prohibited Abbreviation List

### Forms:

- Must be completed fully, no blanks
- All verbal and telephone orders must be co-signed, dated and timed.
- Order forms must contain a list of patient's allergies
- Only use forms approved by the Medical Center's Forms Committee
- Consents be signed, dated, and timed, by the treating provider AND by the patient or his/her representative
- There must be concordance of information where applicable, e.g., allergies (see examples below)

Please see examples below and on the next page. Full size posters of this TJC Tip # 6 are also available for display in your modality. Please contact Suzanne Swedeen at [sswedeen@bidmc.harvard.edu](mailto:sswedeen@bidmc.harvard.edu)

**Beth Israel Deaconess Medical Center**  
Boston, MA 02215

**PROCEDURE RECORD**

PATIENT'S NAME: Frog, Kermit  
MED. REC. #: 153-37-46  
DOB: 6-21-1955

Indication: \_\_\_\_\_ Planned Procedure: \_\_\_\_\_ Procedure Suite: \_\_\_\_\_

**Pre-Procedure Check List**

Medical History:	Yes	No	Yes	No	Yes	No
Heart Disease	X		Bleeding / Clotting	X		
Hypertension	X		Digestive / Reflux	X		
Angina	X		Recent Weight Loss	X		
CVA	X		Kidney / Liver	X		
Seizures	X		Diabetes	X		
Sleep Apnea	X		Anemia	X		
Dyspnea	X		Cancer	X		
Implants	X		Other:	X		

Previous anesthesia problems: ☒ No ☐ Yes

Other Medical / Surgical history or comments: swine flu  
cleft tongue repair

**Chart Preparation**

Chart Preparation	Yes	No	Chart Preparation	Yes	No
H&P within 30 days of procedure	X		Procedure explained to patient	X	
H&P update if greater than 7 days old	X		Discharge teaching initiated	X	
General admission consent	X		Patient has escort home	X	
NPO since: MN 2/4/16	X		Contact number: 617-667-9111	X	
IV access site: R FIV	X		Weight: 3.1 kg	X	
			Height: 2'6"	X	

**Healthcare Proxy** ☒ Yes ☐ No. If No, Healthcare Proxy explained and patient advised how to obtain.

**Pre-Procedure Assessment**

Vital Signs: T: 97 BP: 114/72 HR: 68 RR: 16  
O<sub>2</sub> Saturation: 94% Distal Pulses: Right 1+ Left 2+  
Medication List Reviewed ☒  
Medications Last Taken: Lipitor 2200 2/4/16

**Activity:** HVD slips and falls: ☒ No ☐ Yes  
Balance: ☒ Steady ☐ Unsteady  
**Skin Assessment:** Assess skin, risk for impaired skin integrity, and any identified contributing factors: warty  
☒ Intact

**Clinician Pre-Procedure Assessment**

EJ Patient examined, chart reviewed, history noted.  
Mental Status: ASO x 3  
Neck: WNL  
Chest / Lungs: Diminished right base  
Heart: Missing a chamber  
Comments: \_\_\_\_\_

**Diagnosis:** Chronic right pleural effusion  
ASA Score: 2 Airway: 2

**Relevant Labs:**

Bunsen Honeydew MD Print Name 2 / 5 / 16 Date 09:05 Time (24 hour)

**All documentation must be dated and timed**

There must be concordance of information, i.e., the Procedure Record shows "Allergies" but the Pre-Procedure H & P shows "NKA"

No Blanks

**Beth Israel Deaconess Medical Center**  
Boston, MA 02215

**PRE-PROCEDURE / MODERATE SEDATION HISTORY & PHYSICAL**  
Interventional Radiology Department

PATIENT'S NAME: Frog, Kermit  
MED. REC. #: 153-37-46  
DOB: 6-21-1955

Date of Service: 2 / 5 / 16

**Chief Complaint / HPI:** 61 yo Amphibian c H/o Flu-like symptoms including diarrhea and vomiting DX c swine flu in 2009 with subsequent ongoing pleural effusions. Here for pleurax cath placement.

**PMHx:** ☒ Heart Disease ☐ HTN ☐ Lung Disease ☐ Asthma ☐ Renal Disease ☐ Tobacco Use  
☐ Liver Disease ☐ Neurological Disease ☒ GI Disease ☐ Clotting / Bleeding disorder ☐ Cancer  
☒ Diabetes Mellitus; If Yes: Insulin Pump ☐ Yes ☐ No  
☐ Obstructive Sleep Apnea; CPAP from home: ☐ Yes ☐ No

**PSHx:** Cleft tongue repair

**Precautions:** MRSA ☐ Code Status for Procedure: FULL NPO since: 2 / 4 / 16  
**Contact Person:** Miss Piggy Team Pager: \_\_\_\_\_  
**Allergies:** ☒ NKA ☐ Contrast ☐ Shellfish ☐ Latex ☐ Other: \_\_\_\_\_

**Medications:** ☐ Anticoagulants ☐ Insulin ☒ Metformin ☐ Antibiotics ☐ Narcotics ☒ Med List Reviewed in OMR: \_\_\_\_\_

**ROS:** Skin - glandular c ☒ All remaining systems WNL.

**PEX:** VS: T: 97 HR: 72 BP: 114/72 R: 16 O<sub>2</sub> sat: 94 Pain 0/10: 0/10 Location: \_\_\_\_\_  
Lungs: \_\_\_\_\_ Cardiac: \_\_\_\_\_ Abdomen: \_\_\_\_\_  
Extremities: \_\_\_\_\_ Other: \_\_\_\_\_ Lines / Tubes / IV Access: \_\_\_\_\_  
Pregnant: ☐ Yes ☒ No ASA: 2 Airway: 2 Access site examination / marking: ☐ Yes ☒ No

**Labs:** Date: 2 / 5 / 16  
6.3 9.0 369 BUN: 8 PT / PTT: 12.1/34.4 T bili: 0.3 Alk-Phos: 77 Other: \_\_\_\_\_  
28.6 Creatinine: 0.8 INR: 1.2 ALB: 4.0 ALT / AST: \_\_\_\_\_

**Pertinent Diagnostic Test Results:** \_\_\_\_\_

**A&P:** mod (R) pleural effusion

Bunsen Honeydew MD Print Name 2 / 5 / 16 Date 08:45 Time (24 hour)

**All documentation must be dated and timed**





**2016 BIDMC Radiology Publications** – A PubMed search for new BIDMC publications is made each month; however, if we miss your paper, please send the reference to [dwolfe@bidmc.harvard.edu](mailto:dwolfe@bidmc.harvard.edu). Note that 1) Epub dates are included only in publications where the Epub and paper publication dates occur in different years, i.e., Epub in 2015 and paper publication in 2016; and 2) doi addresses are only included until citations are updated with hard copy page citations.

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### \*New citations in blue...

Thanks to technology, PubMed is able to immediately list citations as they are published online (*Epub Ahead of Print*). These are listed in our bibliography in blue type denoting “new” publications; however, please note that when the print version comes out, the citation does not appear in blue as a new item, it is merely updated. So when updating your CVs from this bibliography, please keep checking for final citations which include print data. For example:

Larson DB, **Kruskal JB,** Krecke KN, Donnelly LF. Key Concepts of Patient Safety in Radiology. *Radiographics*. 2015 Sep 4;140277. [Epub ahead of print] PMID: 26334571.

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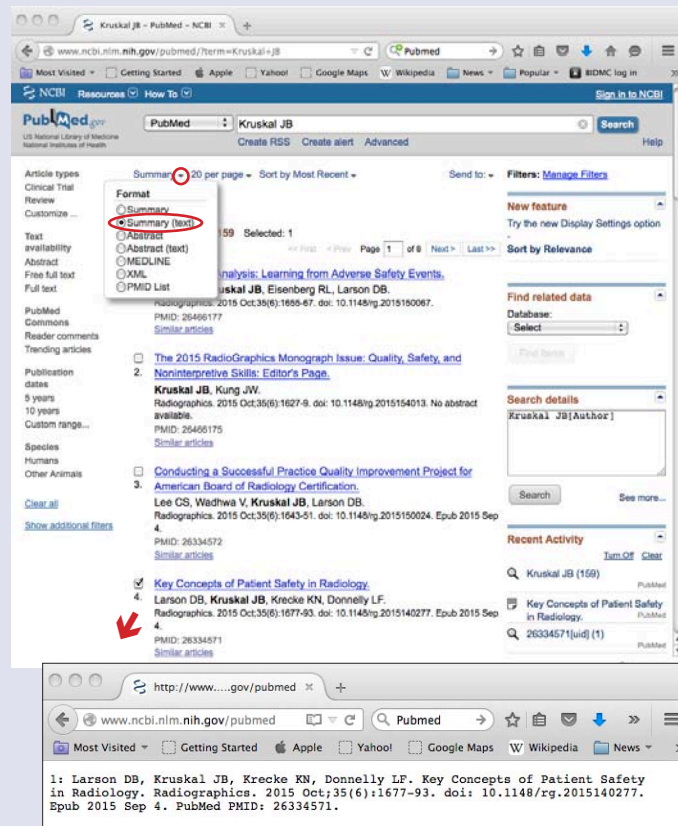
**Note that publications with PMCID numbers denote NIH-funded author manuscripts. (PMCIDs are also required by BIDMC grant administration policy for further funding applications and are included in this bibliography for your convenience.)**

## PubMed Tip for automatic formatting:

Did you know that PubMed can automatically convert publication citations into the format we use?

For each citation you have checked, instead of retyping,

**1)** click on “**Display Settings**” to view a drop down menu and click on **2) Summary (text)** and the reformatted text will appear. **3)** Copy and paste into MS Word using the **Paste Special** function in the Edit drop down menu in Word and click on “Unformatted Text”. When you press “OK”, the citations will paste into Word with the correct line spacing and in your default font (Times or Times New Roman)!



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