

## Radical Views...

Volume 9, Number 10 APRIL 2017

## from the Department of Radiology







Donna Hallett, BSc Sr. Director of Operations

## New in CT . . . Kelly Hart, CT Manager

I am pleased to announce that Kelly Hart, MHA/Ed RT RM MR CT joined us on March 27th. Kelly comes to us from Tufts Medical Center where she led the MRI division and is licensed/certified in Mammography, MRI and CT. With a B.S. in Radiology and a Master's degree in Healthcare Administration, she comes to us with a diverse background in these modalities as well as in education, having worked with Regis College in both the mammography and CT programs. When not working, she enjoys



cooking and playing with her three children (and one grandson) and taking walks along the beaches and woods. Please join me in welcoming Kelly to our team.

## The CT Revolution is finally here!

Our new GE 256-slice
CT scanner located
in Rosenberg-3 offers
technology that provides
excellent image quality and
clinical capabilities through
the combination of coverage,
spatial resolution and
temporal resolution.

CT still has challenges with patients who have high heart rate, metallic implants, or who are non-compliant. The Revolution CT is able to address these challenging patients by freezing cardiac motion in one heartbeat, reducing metal artifacts, and offering the potential for sedation-free CT scanning. The system also offers



benefits for sensitive patient groups such as pediatric, renal insufficiency, trauma, and stroke.

The Revolution scanner combination of technological advances include 16 cm whole organ coverage, best-in-class spatial resolution through the new Gemstone Clarity Detector, and a new gantry designed to image at 0.28 second rotation speed and tested to support rotation speeds up to 0.2 seconds in the future. A basic CT scanner uses 24 kilowatt and generates eight images slices per second; the Revolutions scanner uses 512 slices, allowing easier imaging of moving parts like the heart.

The impact of the technology includes:

- · Cardiology: One beat, motion-free cardiac in high definition at any heart rate with or without beta-blockers. This delivers the clinical information needed for the coronaries, myocardial perfusion and function with one contrast injection.
- Oncology: Low-dose, whole organ diagnosis and follow up of organs such as the liver, kidneys, pancreas, etc. are enabled by dynamic acquisition modes.

- · Neurology: Rapid, comprehensive stroke assessment with whole brain perfusion and dynamic CT angiography at very low dose.
- · Patient weight capacity up to 675(lbs.)
- · Fast accurate reconstruction technology with cleared reduced noise levels and improved low-contrast detectability.
- · Fast and low dose 70 kVp acquisitions for sedation-free and minimal breath-hold pediatric studies are also now possible.
- · Routinely reduces dose up to 82% for patients of all ages with uncompromised image quality.
- · Reduces patient anxiety with Revolution CT's Whisper Drive, soft ambient lighting, personalized gantry display (see below).

The Revolution CT is able to scan even the most challenging patients, day in and day out, with remarkably clear images. It can also scan patients at very low doses. And after the training is complete, we will make sure that

we're using it productively, logically, and wisely.

Thank you

- Usama Abraham, CT Supervisor

Also please welcome new CT Research Fellow **Andrés Camacho**, **MD**.

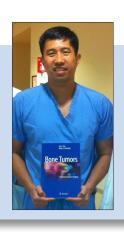




Andres attended the Universidad De Costa Rica and received his Bachelor's in Medical Sciences and MD in Medicine and Surgery in February 2017. He joins Radiology as a research fellow under the mentorship of Dr. Olga Brook and hopes to work on metal artifact reduction algorithms in abdominal imaging. He is a dog lover and movie junkie who also enjoys the outdoors -- and he plans to share his photos of his native Costa Rica in our Rosenberg-3 Gallery/Conference Room.



Congratulations to MSK Chief **Jim Wu** on his promotion to Associate Professor of Radiology at HMS as of March 2017. Among Jim's many accomplishments are his book Bone Tumors: A practical guide to imaging, Springer and eight review articles on the imaging features of MSK tumors. His review article, "Imaging of soft tissue tumors and tumor-like conditions: A systematic approach," is one of the Top 10 most downloaded articles for the journal Radiology. We look foreward to further achievements! - Jonny



Society of Abdominal Radiology Congratulations MRI Research Fellow **Patricia Coutinho**, **DVM**, **PhD** - Dr. Coutinho (and her co-investigators Leo Tsai and Muneeb Ahmed) received the *2017 SAR Wylie J. Dodds Research Award* of \$15,000 for her work, **In vivo tracking of hepatic c-Met expression following RF ablation and tumorigenic response in c-Met positive hepatocellular carcinoma using targeted molecular MRI.** 

March 26, 2017

As an award recipient, Patricia was recognized during the 2017 SAR Business Meeting on March 26, 2017. SAR expects interim and annual reports to the Board on the progress of this research which must be completed within two (2) years of the Award, and presented during the SAR 2019 Annual Scientific and Educational Meeting.

## Radiology Calendar APRIL 2017

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 <b>Mon</b> Section Meetings: 3:00-4:00 ED section meeting [ED annex, WCC]		Weekly <b>Wed</b> Section Meetings: 11:00-12:00 MSK clinical conference 12:00-1:00 CardioThoracic, Gl/GU Oncology 3:00-4:00 Mammo [TCC-484]	Weekly <b>Thurs</b> 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 <b>Rabkin Board Room</b> , Shapiro-10, East Campus (except when noted otherwise)
3 7:30 - 8:15 Mammo (TBD) 8:15 - 9:00 Mammo (TBD)	4 7:30 - 8:15 Mammo (TBD) 8:15 - 9:00 Mammo (TBD) 12:00-1:00 Neuro call prep (Neuro fellows)	5 7:30 - 8:15 Mammo (TBD) 8:15 - 9:00 Mammo (TBD)  12:00-1:00 Neuro call prep (Neuro fellows)	6 7:30 - 8:15 Mammo (TBD) 8:15 - 9:00 Mammo (TBD) 3:00-4:00 West MedRads - Sr. Resident, West Body CT [Clouse]	7 7:30 - 8:30 MSK Topic (John Carrino) 12:00 - 1:00 Grand Rounds: Challenges and Opportunities for MSK Radiology to Prove Value in Alternative Payment Models (John Carrino)
10 7:30 - 8:15 Body (TBD) 8:15 - 9:00 Body (TBD) 12:00-1:00 MRI meeting [Ansin 2]	1 1 7:30 - 8:15 Body (TBD) 8:15 - 9:00 Body (TBD) 10:30-11:30 NMMI meeting [GZ-103]	7:30 - 8:15 Neuro fellow case conference (Neuro fellow) lecture (TBD) 12:00-1:00 Neuro case conference (Neuro fellow)	13 7:30 - 8:15 Body (TBD) 8:15 - 9:00 Body (TBD)	14  12:00-1:00 Chief Rounds: Mohammed Elsayed, Fady El-Gabalaway, Brian Zhao, Trevor Lewis
17 Patriot's Day	18 7:30 - 8:15 TBD (Sahil Mehta) 8:15 - 9:00 Y-90 (Ammar Sarwar) 8:00-9:00 IR Meeting [West Recovery]	19 7:30 - 8:15 Interventional Oncology RFA (Muneeb Ahmed) 8:15 - 9:00 Needles and Wires (Olga Brook) 12:00-1:00 Neuro case conference (Neuro fellows)	7:30 - 8:15 Treatment Strategies in HCC (Ammar Sarwar) 8:15 - 9:00 Chemoembolization (Salomao Faintuch) 3:00-4:00 West MedRads - Sr. Resident, West Body CT [Clouse]	21 7:30 - 8:15 Challenging Authority (Ronald Eisenberg) 12:00 - 1:00 Grand Rounds: Department/Ql update (Bettina Siewert) Sherman Auditorium
24 8:15 - 9:00 Physics (TBD)	25 8:15 - 9:00 Physics (TBD) 10:30-11:30 NMMI meeting [GZ-103]	26 8:00 - 8:15 Neuro (TBD) 12:00-1:00 Neuro case conference (Neuro fellows)	27 8:15 - 9:00 Physics (TBD)	28 12:00 - 1:00 No Grand Rounds: NERRS

The Gallery presents a show by

Tabitha Fineberg

Photographer & Program Education Manager

**Fáilte go hÉirinn** – You are most welcome to Ireland! Tabitha shares her adventure across 11 counties in Ireland during an 11-day journey circling the entire outer perimeter of the country and Northern Ireland in October 2015.









#### APRIL 2017 GRAND ROUNDS: 12 noon - 1:00 PM



Friday, April 7, 2017 -Shapiro-10, Rabkin Board Rm Challenges And Opportunities For MSK Radiology To Prove Value In Alternative Payment Models

**John Carrino, MD, MPH** -Vice Chairman of Radiology and Imaging, Hospital for Special

Surgery, NY, NY; Professor of Radiology at Weill Medical College, Cornell University.

Dr. Carrino earned a BS in Zoology as well as his MD at George Washington University and an MPH from Harvard School of Public Health. He completed his residency training in Radiology with a focus in Musculoskeletal Imaging at Yale School of Medicine and held faculty positions in Bethesda, San Antonio, Boston, Philadelphia and Baltimore before joining Cornell's Weill Medical College in 2014.

Areas of Interest inlcude: Spine imaging, Novel MRI techniques, Health services research and Informatics.

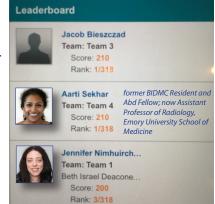
Publications related to his Grand Rounds talk at BIDMC include:

Chalian M, Del Grande F, Thakkar RS, Jalali SF, Chhabra A, **Carrino JA**. Second-Opinion Subspecialty Consultations in Musculoskeletal Radiology. AJR Am J Roentgenol. 2016 Jun;206(6):1217-21. PMID: 27058462.

Narayan A, Cinelli C, **Carrino JA**, Nagy P, Coresh J, Riese VG, Durand DJ. Quality Measurements in Radiology: A Systematic Review of the Literature and Survey of Radiology Benefit Management Groups. J Am Coll Radiol. 2015 Nov;12(11):1173-81.e23. PMID: 26372621.



SAR
Diagnosis Live 2 out of 3
Expert case
winners
are/were from
BIDMC:





Friday, April 21, 2017 - Sherman Auditorium
Barriers to Safety Event Reporting: Authority
Gradients & Other Human Factors

**Bettina Siewert, MD** - Executive Vice Chair for Radiology; Vice Chair for Quality, Safety and Performance Improvement; Staff Radiologist, Abdominal Imaging and Associate Professor of Radiology, Harvard Medical School

Dr. Siewert and her team have put together a powerful presentation after having assessed the results of the Radiology Cockpit Gradient Survey first introduced in March 2015. What they found was the revolutionary discovery that how we treat each other affects patient outcomes. In keeping with this theme and for archival purposes, it seems most appropriate to list the behaviors that comprise an

### **Environment of Respect:**

- 1. Addressing someone by their name
- 2. Making eye contact
- 3. Giving someone your undivided attention
- 4. Including everyone in discussions
- 5. Being completely candid
- 6. Seeking someone's opinion
- 7. Referring to their opinion and expertise
- 8. Validating their opinion and ideas
- 9. Recommending them to others
- 10. Asking for someone's help
- 11. Offering a verbal compliment or thank you
- 12. Giving public recognition
- 13. Defending someone in front of others
- 14. Sharing your limited resources
- 15. Making a personal sacrifice for someone
- 16. Showing interest in someone's work & family
- 17. Showing concern for health and well-being
- 18. Supporting someone's work and objectives
- 19. Offering assistance to help someone succeed
- 20. Empathizing with set-back or loss

Publications related to her Grand Rounds talk at BIDMC include:

Boos J, Fang J, Snell A, Hallett D, **Siewert B**, Eisenberg RL, Brook OR. Electronic Kiosks for Patient Satisfaction Survey in Radiology. AJR Am J Roentgenol. 2017 Mar;208(3):577-584. PMID: 28004975.

Brook OR, **Siewert B**, Weinstein J, Ahmed M, Kruskal J. Measuring and improving the patient experience in radiology. Abdom Radiol (NY). 2016 Nov 16. PMID: 27853849.

Kruskal JB, Eisenberg RL, Brook O, **Siewert B**. Transitioning from peer review to peer learning for abdominal radiologists. Abdom Radiol (NY). 2016 Mar;41(3):416-28. doi: 10.1007/s00261-016-0675-1. Review. PMID: 26940330.

**Siewert B**, Brook OR, Hochman M, Eisenberg RL. Impact of Communication Errors in Radiology on Patient Care, Customer Satisfaction, and Work-Flow Efficiency. AJR Am J Roentgenol. 2016 Mar;206(3):573-9. PMID: 26901014.

**Siewert B**, Hochman MG. Improving Safety through Human Factors Engineering. Radiographics. 2015 Oct;35(6):1694-705. PMID: 26466179.



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

## **APRIL TIP of the Month:** Be "present and engaged" when interacting with patients and co-workers

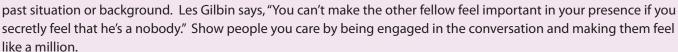
### What Does It Mean To Be "Present and Engaged"?

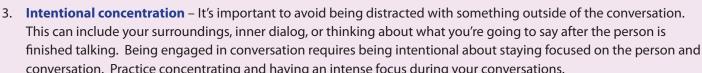
Recently we formalized our Radiology Service Standards and their importance in every interaction with our patients. One of our standards is to be present and engaged with the patient. What does this mean?

There may be a million things going on and you have a job to do, so how do you make sure you're mindful of being present and engaged? Let's first look at some situations in our personal life. Have you ever driven home from work, arrived home and not remembered the entire journey? Or how many conversations have you been in, maybe even with your child, and when asked a question you realize you had not been paying attention at all? Maybe you're in such good company and excited about the conversation that instead of listening, you're already thinking about your response. These are all very normal behaviors and have happened to most of us. It takes a lot of work to be mindful of being in the moment.

#### As 'Dan Black on Leadership' shares in How to be Fully Engaged in Conversations:

- 1. Have proper body language When communicating it's essential to remember our non-verbal body language speaks louder than our verbal. 80% of what we understand in conversation comes through the body. This requires having your facial expressions, posture, eye contact and body language in line with the conversation. Stand up straight, have your hands comfortably to your side, and have your face and eyes toward the person you're talking with.
- 2. Care and value the person When you talk with someone you should make it a point to care and value them and the conversation. This takes actively seeing the best in others no matter their current or





conversation. Practice concentrating and having an intense focus during your conversations.



At the end of the Radiology Service Standards training you were asked to complete a brief survey. We had 61 total responses from staff - 28% felt we do an excellent job creating a consistent experience for our patients. 85% feel they get the training they need to provide a consistent experience to our patients. If you're interested in learning more about the survey results, you can view them through this link: https://www.surveymonkey.com/results/SM-WPV8SJ6G/

## BIDMC Interventional Radiology at SIR 2017, Washington, DC March 4-9



Ammar Sarwar received the JVIR Editor's Award for Distinguished Clinical Studies

for, "Clinical Studies for, "Clinical Outcomes following Percutaneous Radiofrequency Ablation of Unilateral Aldosterone-Producing Adenoma: Comparison with Adrenalectomy" (co-authors Olga Brook, Barry

Sacks, Nahum Goldberg, Muneeb Ahmed and Sal Faintuch).

This distinction is supported by the Society of Interventional Radiology Foundation as acknowledgment of the essential research that is conducted in interventional radiology and published within JVIR. This paper was chosen by a review of all manuscripts published in 2016, voted by the editorial board members, and selected by the editor-in-chief.

Other Highlights of the SIR (Society of Interventional Radiology) Meeting include:

- **Jeff Weinstein** won the JVIR Distinguished Reviewer Award

- Speakers and Presenters: IR Staff, Muneeb Ahmed, Olga Brook, Sal Faintuch, Sahil Mehta, Ammar Sarwar, Jeff Weinstein; Residents, Chris Hostage (3rd yr), and Quang Nguyen (4th yr)



Sal Faintuch at the House of Representatives lobbying for support of the new IR residency and in the office of Representative Michael Capuano (D-MA) with Chief of Staff Robert Primus.

# Radiology **Residency**Program:



Priscilla J. Slanetz, MD, MPH, FACR, Director



Ronald Eisenberg, MD JD, Assoc. Director



Anu Shenoy-Bhangle, MD, Assoc. Director

Chief Residents:



Jenny Steinkeler, MD



Hannah Perry, MD, MSC



Christine Chen, MD

## **Teaching Tips:**

## **ENHANCING TEACHING AT THE WORK STATION**

Teaching radiology poses some unique challenges. Depending on how the section is staffed, it can be challenging to teach trainees while keeping up with the clinical workload. In addition, rarely do you as an attending work with the same trainee over an extended period of time. In reality, most faculty work with trainees for either a half-day or at most one day at a time. Given this somewhat sporadic interaction and the inherent lack of continuity due to scheduling, it can be difficult to create an effective learning environment. However, as teaching is one of our primary missions, we need to be cognizant of this challenge and implement some simple strategies to enhance the teaching of our trainees. Below you will find some ideas from several people in our department:

- 1. **Share your thought process during readouts.** Due to increasing clinical demands, often teaching does not happen as the focus is on "getting through the list". Although trainees do help substantially with getting the clinical work done, faculty must remember that we are training the next generation of radiologists. Find something interesting to point out in nearly every case; share your thought process on how you came to the conclusion that you did it only takes a few extra seconds and it will be greatly appreciated.
- 2. **Ask the trainee if there is something specific that they would like you to give them in terms of feedback.** Given that faculty often work with a trainee for only a half-day or day at a time, it can be difficult to know what specific areas the trainee might need to improve upon. Therefore, by asking the trainee at the beginning of the day, it becomes much easier to provide useful feedback on specific areas. It also encourages the trainee to reflect on their strengths and areas for growth.
- 3. **Assign interesting and instructive cases on PACS.** Especially for those who interpret radiographs, many of the cases we encounter have special teaching value for trainees. If the attending simply reads the case, the trainee cannot learn from this educational opportunity. Therefore, consider assigning the case to the trainee by putting their number on it. This permits the trainee to have a much higher percentage of positive and instructive cases than randomly picking up cases from the worklist. It also makes the readout sessions more stimulating and valuable for both trainee and attending alike.
- 4. **Share best case(s) throughout the day.** Everyone needs to get the work done by the end of the shift, and all of us want to be able to leave on time. However, it is important to encourage all team members attending, fellow, resident, medical student to identify interesting cases so as to create daily "teaching moments." Imagine if everyone shared something each session there would be at least 4-8 "teaching moments" every day. These meaningful conversations might even spark trainee interest in learning more about a topic or possibly be the start of a new research project. It definitely would make for a more interesting day!
- 5. **Create a weekly interesting case conference in your section.** Although we are all busy, who doesn't like to see the best cases of the week? Identify a half hour each week for the conference and ask each faculty and trainee to bring at least one case to share with the group.
  - For trainees: Think of 1-2 specific questions to ask the attending during readout. Before readout begins, think of at least one specific question related to the studies that you have read. When your service is very busy, the time for workstation teaching can become scarce. In coming up with targeted questions for your attending related to studies that you have read that day, you will ensure that you learn about some key teaching points even on the busiest of days.





On Friday, March 10th, at the New England Roentgen Ray Society meeting, trainees from BIDMC won the MSK Case Competition! Our prize? Pez dispensers! Above: some of the trainees from our team, as well as our faculty who lectured at the meeting. From left to right: Patricia Jo, Mary Hochman, Alexei Kudla, Fady El-Gabalaway, Bonny Lee, Chris Maxwell, Jason Song, Daon Ha, Colm McMahon, Ken Wei, Allen Prober, Hannah Perry.

## Radiology Engages in Trapology - Using handcuffs to learn trust and team building

As part of the ongoing Residency Wellness initiative, residents and fellows as well as program leadership got together for an escape room event on Friday, March 3rd. Teams were divided into two rooms: the drunk tank and the hustler. Teams raced

the clock, working together to escape their designated rooms. Sadly, neither team was able to escape but this was a great way for residents, fellows and

residents, fellows and program leadership to not only spend time together but work together under fun and stressful circumstances. Our favorite quote of the night was from Residency Program Coordinator Lynne Mills: "- but I don't want to go to jail!"

Each room was different. In the drunk tank four teams of two were handcuffed together and locked inside a jail cell full of clues. Team members had to find clues to escape the cell, i.e., try to find keys to the handcuffs, and find the code

to the door. The clues lead to two additional rooms full of more clues and mystery.

The teams were given three additional clues that they had to dance for and occasionally a computer monitor would prompt an additional minor clue that would nudge the team along. It was a blast!













On March 29, we celebrated Dx Tech **Joseph Messina's** retirement from Radiology after 44 years!
Joe joined the New England Deaconess staff in
1973 and has been a cornerstone on the night shift in Diagnostic Radiology ever since. We presented
Joe with a special plaque and wish him the very best in his retirement. We also "retired" his tech number # 209 in his honor.

-Betsy Grady, Dir., Dx Imaging

I just read that Joe is retiring after 44 yrs of dedicated service to the NEDH and BIDMC. As I will not be back in Boston till April 1, I would like to share an anecdote that exemplifies his dedication:

On the morning of the 1978 blizzard with Boston receiving 27.6 inches of snow with virtually no public transport available, Joe walked in from his home

in Malden that morning and helped me in fluoro to examine two outpatients that had come up from Westerly RI the day before, for a scheduled appointment at 8am staying in the neighborhood. The only reason I could be in the dept was that I was an inpatient receiving IV antibiotics for a work-related injury. The patients that morning must have been astonished to be examined by a radiologist hooked up to an IV! Joe and I will never forget that day.

The Boston Blobe

Worst storm of century

- Herbert Gramm, MD Associate Radiologist New England Deaconess Hospital, 1975-1993



### **MILESTONES** (cont'd)



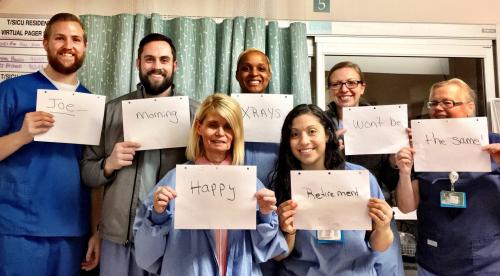


"Joe needs his morning Joe!" (Conference MSRT 2011)



Betsy presents Joe with his own French coffee press as his reputation for good coffee is very wel known!

The TSICU nurses also presented Joe with this send off shot!



March 30, 2017: Hi Betsy and all staff,

I just wanted to show my appreciation to you and all the staff for giving me this emotional send off. I was not expecting such a heart felt appreciation. The gifts were so generous and thoughtful.

Many people showed up I wasn't expecting, this was overwhelming at times, but I loved it !!!

No other influence has been greater in my life, than working at BIDMC, and you all helped me grow intellectually and spiritually, more than you know. You all should be proud of the work you do, because you are all so special. You have more influence on more individuals than your aware of. Making people happy is what it is all about !!!!

Take Care, Your former co-worker, but forever friend, Joe Messina

## **MORE MILESTONES**

Thanks to Breast Imaging Tech Juline Horan for sending us this notice!

Belated welcome to **Adrian Daniel Cespedes**, son of Breast Imaging Techologist **Estefanie Cespedes** and Carlos Cespedes (and nephew of Dx Imaging Technologist Jeannette Aitelhadj) who was born on Christmas Day December 25, 2016 at 4:02 pm and weighed 9 pounds 3 ounces!





Fritz Honore, Supervisor Rodrique Dorcil, *Lead Transporter* **Etsegenet Asamenew** Roneikia Avant Nahum Cazil Joesph Eloi June Kim Alyssa Klint Walson Germain Joel Joseph Hope Lee **Delnise Mendes** Tamara Packer **Darshit Patel** Lisa Pina Stephanie Robinson Joaquin Thomas **Richard Thomas** 

Every year, we celebrate National Radiology Transporters Week with special recognition (which includes Pizza) of our tranpsorters and this year was even more special with the poetic contibution written by Ultrasound Manager **Juanita Cook** and a fishing game for a little fun in reeling in a gift card from the Ultrasound/Vascular staff. The staff wanted to thank our hard working colleagues and let them know how much we appreciate their support.

Ultrasound/Vascular "O-FISH-ally" thanks all our transporters.









## THANKS TO YOU

FROM THERE TO HERE
FROM HERE TO THERE
WHEELCHAIRS AND STRETCHERS MOVING
EVERYWHERE!
UPSTAIRS AND DOWNSTAIRS
TO US AND RCU
WE HOPE YOU UNDERSTAND
WE COULD NOT DO IT WITHOUT YOU

A SPECIAL THANK YOU

TO ALL OF OUR TRANSPORTERS FROM ALL OF YOUR FRIENDS IN

Ultrasound / Vascular



#### **PUBLICATION CALL OUT:**

Brook OR, **Siewert B**, Weinstein J, Ahmed M, Kruskal J. Measuring and improving the patient experience in radiology. Abdom Radiol (NY). 2016 Nov 16. PMID: 27853849.

#### Abstract:

Recently enacted healthcare legislation and the associated payment reforms have shifted the focus from traditional fee for service models to adding measurable and appreciable value to the patient experience. The value equation links quality to costs, and quality metrics are now directly related to patient outcomes and the patient experience. To participate effectively in this new paradigm requires not only that we provide excellent, timely and appropriate patient-centric care at all times, but that we are able to measure and manage the feedback we obtain from our patients. Of course, in order to provide value-added care, we must know not only who our customers are, but what they value. In this review, we explore factors that impact patient perception and experience with imaging services. We further illustrate different ways that patient feedback can be elicited and provide pros and cons of each approach. Collecting appropriate data is insufficient by itself; such data must be carefully analyzed, and opportunities for improvement must be identified, introduced, and monitored ahead of future surveys.

#### Correction for March Radical Views 2017:

Congratulations Georgeta Mihai, PhD on her **first appointment** as Assistant Professor of Radiology at Harvard Medical School. Georgeta joined our Medical Imaging Physics team in June

This is great news and very well deserved. Currently, she is working on diagnostic physics compliance and QA activities in all modalities, with an emphasis on MRI, Mammography and radiation shielding design, as well as being very active in educational programs for technologists' inservice and radiology residents' physics training. She is a reviewer for numerous academic journals, an active member of the medical physics community and a researcher in MRI and contrastenhanced Mammography". Well done, Georgeta!



Wednesday May 3, 2017 • Shapiro 1

The Silverman Institute for Health Care Quality and Safety will hold its annual Symposium featuring a Poster Session (10:00 am - 2 pm)showcasing the process improvement efforts across the BID system.

Over the past 10 years, teams from across the medical center as well as throughout our growing system of hospitals and clinical affiliations have participated in the activities and celebrated improvement, spread best practices and learned lessons from one another. Plan to participate in a day filled with sharing and recognition of continuous process improvements focused on patient care, quality and safety.



Stay in touch: Check out our **BIDMC** Radiology Alumni Society page and receive our monthly Radical Views

## http://radnet.bidmc.harvard.edu/education/newsletters.asp

You can also contact Radical Views Editor Donna Wolfe at dwolfe@bidmc.harvard.edu

with updates, especially after completion of your fellowships!

**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.

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

**2017 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. 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 [highlighted in yellow, new this calendar year]

Amabile C, **Ahmed M**, Solbiati L, Meloni MF, Solbiati M, Cassarino S, Tosoratti N, Nissenbaum Y, Ierace T, **Goldberg SN**. Microwave ablation of primary and secondary liver tumours: ex vivo, in vivo, and clinical characterisation. Int J Hyperthermia. 2017 Feb;33(1):34-42. PMID: 27443519.

Anderson TJ, Lu N, **Brook OR**. Disease-Specific Report Templates for Your Practice. J Am Coll Radiol. 2017 Feb 17. pii: S1546-1440(16)31376-X. PMID: 28223115.

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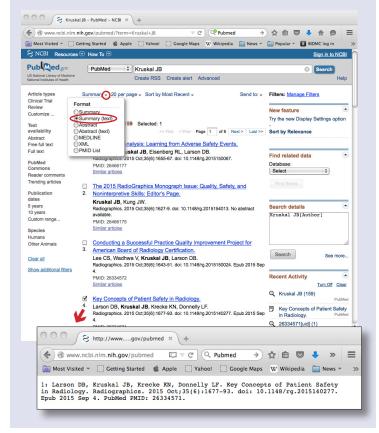
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