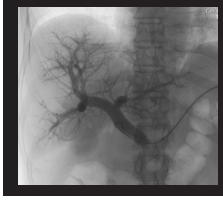


Radical Views...

from the Department of Radiology

Volume 9, Number 11

MAY 2017

Beth Israel Deaconess Medical Center

HARVARD MEDICAL SCHOOL TEACHING HOSPITAL

In April, we featured updates in CT including new CT Manager Kelly Hart and the CT Revolution scanner, now it's MRI's turn . . . .

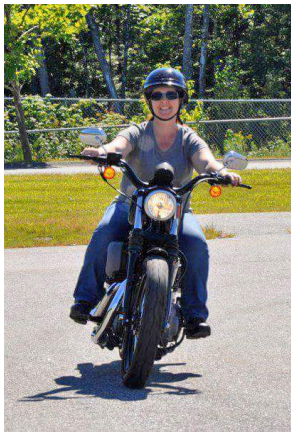
New in MRI

Ines Cabral-Goncalves
MRI Technical Director

I am pleased to announce that **Kelly Bergeron** joined our MRI team on March 27th as Clinical Manager of MRI. Kelly holds a BS in Radiologic Technology and a Masters in Health Administration and is also a registered CRA (Certified Radiology Administrator) through the AHRA.

Kelly comes to us from Alliance Radiology Services where she was a lead technologist in MRI overseeing 8 remote MRI locations throughout the state of New Hampshire, ranging from Berlin to Exeter. She also directed the Clinical Path of the Masters in Bioimaging Program at Boston University's School of Medicine.

I know we will benefit from Kelly's diverse background and many years of experience ranging from technical, to education, and leadership including being the manager of MRI and CT services at Boston Medical Center. Please join me in welcoming Kelly to our team.



When not working, she enjoys cooking, volunteering on her town's Planning Board (as Chair), and riding her Harley with her husband.

Kelly Bergeron, MHA, BSRT(R)(MR),CRA
MRI Clinical Manager

The new GE Discovery 750W 3T system located on Shapiro-4 was brought online the week of April 24th, and the team immediately began building protocols and training with a GE Applications Specialist over the course of 3 weeks before the full schedule of patient exams begins.

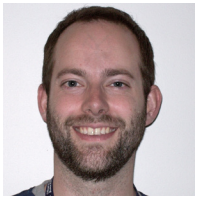
The Discovery system provides more comfort for our patients, with a 70cm bore, flexible coils and a redesigned table that allows better positioning and improved accessibility. Most exams can be positioned feet first when necessary, and the head and neck coils include a "comfort tilt" option which will be invaluable for kyphotic patients. The new system also has noise dampening capabilities, which makes for a quieter exam – more comfortable for both patient and technologist!

For the technologists, the new system provides many advanced functions and capabilities, an improved user interface, and better coil design intended for improved ease of use and flexibility. This unit will be utilized for prostate imaging while the West Campus GE 3T system project takes place, in addition to routine exams.

The West Campus GE 3T MRI system will undergo a hardware and software upgrade beginning the first week of May, and is expected to be out of service until mid to late October. Once completed, the upgraded system will closely mimic the newly installed GE Discovery on Shapiro 4, which will help maintain exam consistency between campuses. The team is very excited to provide this updated technology to our patients!

GE Discovery on Shapiro-4

New in MRI (cont'd)



MRI is also happy to announce that MRI Tech II **Ben Jenkins** has become a new dad! Emma Linh Jenkins was born 4/18/17 at 1:11 PM. Both mom and baby are doing great. Ben (aka Tech 395) is now also versatile with diapers and swaddling but the patient must be <1 yr.

Twinspeed removal documented by MR Tech Sam Dahlstedt - Dec 2016

RSNA AWARDS 2 ADDITIONAL GRANTS TO BIDMC BREAST IMAGING

Dear All,

I am delighted to share the news that the Radiological Society of North America yesterday awarded 2 additional grants to our breast imaging section, further cementing the sections reputation as the major player in the national academic breast imaging and education scene. On top of Dr. Etta Pisano's recent TMIST study, the largest study ever funded by the NCI, the group yesterday received a trainee as well as an education grant from the RSNA.

Cathy Wei, MD PhD (current 3rd yr resident) - was awarded the Resident Research Grant for her study entitled "Comparing Restriction Spectrum Imaging (RSI) to Conventional and Abbreviated Breast MRI for Breast Cancer Screening".

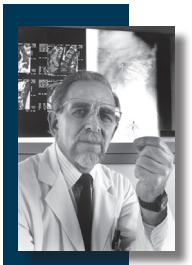
Jane Karimova, MD - was awarded the RSNA Education Scholar Grant for her project entitled "Simulation-based Teaching of Screening Mammography Using Deliberate Practice on Cancer Enriched Case Sets".

Please join me in congratulating Cathy and Jane on their terrific accomplishments.

- Jonny

Jonathan B. Kruskla, MD PhD, Chair, Radiology

SAVE THEDATE: WED MAY 17th:



Department of Radiology

Morris Simon Research Day 2017

and the

***1st Annual* Morris Simon, MD Memorial Lecture:**

Getting to the Truth: Challenges for Authors, Reviewers and Readers of Biomedical Journals

presented by

2017 Distinguished Visiting Professor

Herbert Y. Kressel, MD

Miriam H. Stoneman
Professor of Radiology,
Harvard Medical School
Editor in Chief, Radiology

Morris Simon Research Day 2017 begins at 4 pm with presentations and posters of current research efforts by faculty and trainees:

Muneeb Ahmed
Seth Berkowitz
Fourie Bezuidenhout
Anthony Esparaz
Aaron Grant
Jordana Phillips
Ammar Sarwar
Jennifer Steinkeler
Komal Talati
Leo Tsai
Katherine van Schaik
Jim Wu

Wednesday, May 17, 2017 • 4 - 7 pm

Fenway Room, Longwood Galleria
400 Brookline Ave., Boston, MA 02215

Radiology Calendar MAY 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 **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 8:00 - 9:00 Interesting Cases (Chief Residents) 12:00 - 1:00 ED Exam Review (Sejal Shah) 12:00-1:00 Neuro call prep (Neuro fellows)	2 7:30 - 8:15 Organizing Pneumonia (Alexander Bankier) 8:15 - 9:00 Cases (Alexander Bankier) 12:00-1:00 Neuro call prep (Neuro fellows)	3 Silverman Symposium Shapiro-1 7:30 - 8:15 Scintillating Chest Cases (Paul Spirn) 8:15 - 9:00Chest Fellowship in Three Parts: Part 1 (Fourie Bezuidenhout) 12:00-1:00 Neuro call prep (Neuro fellows)	4 7:30 - 8:15 Chest Fellowship in Three Parts: Part 2 (Fourie Bezuidenhout) 8:15 - 9:00 Chest Fellowship in Three Parts: Part 1 (Fourie Bezuidenhout) 3:00-4:00 West MedRads - Sr. Resident, West Body CT [Clouse]	5 7:30 - 8:30 MSK Topic (John Carrino) 12:00 - 1:00 10th Annual Sven Paulin Lecture (Christopher Kramer) Sherman Auditorium* [**Sponsored by Cardiology**]
8 7:30 - 9:00 Board Review (TBD) 12:00-1:00 MRI meeting [Ansin 2]	9 7:30 - 9:00 Board Review - Breast (Shambhavi Venkataraman) 10:30-11:30 NMMI meeting [GZ-103]	10 7:15-8:00 US meeting [WCC-304A] 7:30 - 8:15 Neuro (TBD) 7:30 - 8:15 Neuro (TBD) 12:00-1:00 Neuro case conference (Neuro fellows)	11 7:30 - 9:00 Board Review - MSK (Jim Wu)	12 12:00-1:00 Grand Rounds: MSK Ultrasound (Colm McMahon)
15 7:30 - 9:00 Board Review - Chest (Alexander Bankier)	16 7:30 - 9:00 Board Review - GI (Koenraad Mortele) 8:00-9:00 IR Meeting [West Recovery]	17 7:30 - 9:00 Board Review - Repro (Deborah Levine) 12:00-1:00 Neuro case conference (Neuro fellows) Morris Simon Research Day 4-7 pm Longwood Galleria	18 7:30 - 9:00 Board Review - Breast (Priscilla Slanetz) 3:00-4:00 West MedRads - Sr. Resident, West Body CT [Clouse]	19 7:30 - 9:00 Board Review - Abd Film/Fluoro (David DiSantis) 12:00 - 1:00 Grand Rounds: Chief Rounds (Yi Cao, Laura Semine-Misbach, Ken Wei, Trevor Lewis)
22 7:30 - 9:00 Board Review - Neuro (Yu-Ming Chang)	23 7:30 - 9:00 Board Review - Peds (Rashmi Mehta) 10:30-11:30 NMMI meeting [GZ-103]	24 7:30 - 8:15 Neuro (TBD) 8:15 - 9:00 Neuro (TBD) 12:00-1:00 Neuro case conference (Neuro fellows)	25 7:30 - 9:00 Board Review - GU (Anu Shenoy-Bhangle)	26 7:30 - 8:15 Intro to Safety Workgroup (Bettina Siewert) 12:00 - 1:00 Grand Rounds: Vertebral Augmentation: 2017 Update (Joshua Hirsch)
29 Memorial Day	30 7:30 - 9:00 ACR Quality Control for Mammo (Rashmi Mehta)	31 7:30 - 9:00 US and Stereotactic Biopsies (Jordana Phillips) 12:00-1:00 Neuro case conference (Neuro fellows)		

The Gallery presents a show by

Laurie Sammons

Sonographer Practitioner & Pastel Artist

MAY 2017 GRAND ROUNDS:

12:00 - 1:00 PM • Shapiro-10, Rabkin Board Rm

Friday, May 26, 2017

Vertebral Augmentation: 2017 Update

Joshua A. Hirsch, MD, FSIR - Chief, Neurointerventional Imaging Division and Neurointerventional Spine Service, MGH; Associate Professor of Radiology, HMS

Dr. Hirsch earned his MD from the University of Pennsylvania School of Medicine as the youngest graduate in the school's recent history, completed a radiology residency and fellowship in neuroradiology at the Hospital of the University of Pennsylvania, and an additional fellowship in interventional neuroradiology at the NeuroVascular Center, Lahey Medical Center, Burlington, MA.

Dr. Hirsch is considered one of the fathers of minimally invasive spine surgery, having performed the first vertebroplasty in New England and he has instructed physicians from across the world in percutaneous vertebroplasty. Dr. Hirsch also performs balloon-assisted kyphoplasty and was credited with performing the first combined percutaneous vertebroplasty/kyphoplasty in Boston. A thought leader in percutaneous decompression of the disc, he was an early believer in the use of percutaneous nucleoplasty as a treatment for sciatica.

As an early adopter of vertebral augmentation for interventional pain management, Dr. Hirsc interfaced with a variety of pain specialists which has resulted in a number of clinical innovations. In 2010, he chaired the Collaborative Practice Guideline Committee on Vertebral Augmentation representing the American College of Radiology and has served on the Data and Safety Monitoring Board of the CEEP Trial of Verterbal Augmentation (2005-2013) and as a Steering Committee Member of the KAVIAR Trial of Verterbal Augmentation (2006-2011).

If you missed Vice Chair for Quality **Dr. Bettina Siewert's** Grand Rounds on ***Barriers to Safety Event Reporting: Authority Gradients & Other Human Factors*** in April, 2017, click below for her video: **https://vimeo.com/user15366620/review/214061890/74ab259f2c**

WELCOME NEW STAFF:

Suzanne Roland, MD - Welcome neuroradiologist Dr. Suzanne Roland who joins Ambulatory and Acute Care Services beginning May 1st, 2017. Dr Roland comes to BIDMC from the Reliant Medical Group in Worcester, MA where she specialized in MRI. A graduate of New York Medical College in Valhalla, she completed fellowship training in Neuroradiology (including a CAQ) at Tufts University's New England Medical Center Floating Hospital for Children and Radiology Residency at Cornell University's North Shore University Hospital in Manhasset, NY. She also completed a BA in Biology/Psychology at Brandeis University in Waltham, MA. Her primary clinical interests include traumatic and non-traumatic emergency imaging and MRI; and when not working, she enjoys gardening, skiing and crossword puzzles.

Lorena Maia
Practice Administrator
Interventional Radiology
Phone: 4-2521
Fax: 4-2371

"I am absolutely thrilled to be a part of an amazing organization and look forward to working with each and every one."

Please welcome **Lorena Maia** who has joined the Radiology team in a new role as Interventional Radiology Practice Administrator. She comes to us from Winchester hospital where she served as the Office Manager of a weight management program, and she also has experience as a clinical/admin assistant in Interventional Radiology (and a medical assistant in Endocrinology) so she has been able to hit the ground running here at BIDMC. In this new role, she will be assisting **IR Section Chief Dr. Muneeb Ahmed** in the daily administrative and clinical practice operations supporting service to patients:

> "Lorena will will serve as the primary point of contact for patients, referring physicians, and doctor's offices related to referrals for Interventional Radiology services, and provides customer service. As we will be developing this new role over the course of the year, I am interested in feedback on areas where we can improve our services with additional support so please let me know if you see an area we should address in our service. We are also developing a centralized phone number and e-mail to support the referral services to IR from beyond the medical center as our affiliate network develops." - Muneeb

Lorena loves all animals and in her spare time, she enjoys traveling (as much as possible!), hiking, going for walks, the outdoors, and a good meal!

Tabitha Fineberg, MHA
Education Program Manager, Radiology

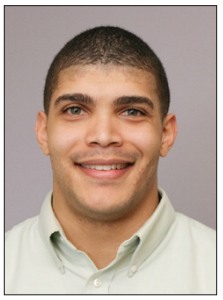
RESIDENCY PROGRAM NEWS

Please join us in welcoming the Education Office's three new Coordinators

Moselye Pierre, BA - Residency & Fellowship Program Coordinator

With a Bachelor's in in Legal Studies & Sociology from UMass Amherst, Moselye has over 16 years of experience in undergraduate education focusing on recruitment, data management, enrollments and admissions, evaluations and project management. Born in Ennery, Haiti and raised in Miami, Florida, she enjoys writing, travelling and raising her two children, a pre-teen and an 18-month old toddler. During her free time, she dabbles on the violin and mentors young black girls in personal and professional development areas emphasizing college access, wealth building and career attainment. Moselye can be reached at T: 7-3524 and email: mpierre8@bidmc.harvard.edu

Robert M. Shaw - Residency & Fellowship Program Coordinator



Robert comes to BIDMC with a lot of experience from Dartmouth Hitchcock Medical Center where he served as Clerkship Administrator and Assistant to the Vice Chair of Education. He also supported the Residency Program Coordinator and coordinated the Radiology Department electives for medical students, residents and fellows and served as the fellowship coordinator for Body Imaging. He is CPR certified and proficient in Survey Monkey and will receive his Bachelor of Science degree in Business Management in December 2017. In his spare time, he enjoys football, weightlifting and everything outdoors.
Robert can be reached at T: 7-3536 and email: rmshaw@bidmc.harvard.edu

Eric M. Wojcik, MBA - HMS Clerkship Coordinator

Eric will be joining us as our new Clerkship Coordinator and assisting Dr. Gillian Lieberman with the Harvard Medical Students who rotate into Radiology. Eric most recently served as Director of Oncology Services and Community Outreach Coordinator at Good Samaritan Medical Center in Brockton, MA, where in addition to many skills, he gained experience in: maintaining accreditation and establishing financial assistance programs, planning community outreach events, fundraising, medical education programs, and researching national best practices and benchmarks. Eric holds an MBA in Health Care Management from Regis College in Denver, CO and a BFA in Design from UMASS Amherst. He is also a Registered Health Information Technician (RHIT) and Certified Cancer Registrar (CTR). When not working, his priorities are his family and home improvement projects. Eric can be reached at T: 4-2520 and email: ewojcik1@bidmc.harvard.edu

Hannah Perry, MD, MSC
Chief Resident

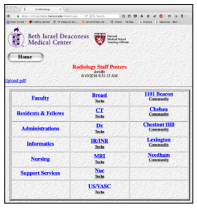
Cradles to Crayons
Providing the essentials for childhood.

Dear Colleagues,

On behalf of the residency program, I would like to thank you for your support of our collection drive to benefit Cradles to Crayons! Your generous donations were delivered last evening to Cradles to Crayons, an organization dedicated to providing children the essential items necessary to thrive at home, school and in play. After delivering the donations, a team of our residents and staff worked with other volunteers from the Boston area to assemble 120 care packages for children in need. It was a great success and a truly fun and memorable evening! Thank you again!

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 to update your staff posters

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

AIDEEN SNELL: SERVICE EXCELLENCE & ACTION PLANNING (SEAP) COMMITTEE

SEAP COMITTEE ASKED OUR PATIENTS:

What is the single most important thing that makes for a positive experience when you visit Radiology?

(aside from getting a good outcome on the procedure – x-ray, MRI, CT, ultrasound, mammogram, biopsy, etc…)

LC: Demonstrating that you are listening and responding to me (the patient) as an individual rather than one of many in a category (older woman). The skill here is letting the patient lead and then flexing your style to the patient. For example, I am a friendly patient. I like it when people are friendly back. The other day I mentioned that I had a lot of errands to run and when I was leaving the provider said something like "now you can get to those errands, and on a beautiful day like today even doing errands can be a pleasure." That showed that she listened. I also appreciate being told what is happening with appropriate explanations.

BL: Seeing (and treating me) as an individual. I realize there is a high volume of "cases" coming through radiology on any given day and that staff are working extremely hard; however, I am an individual, with my own history, my own medical issues and in some cases fears, anxiety and let's not forget - strengths. Given some of the complexities of my history and conditions I find it reassuring and extremely helpful when a staff member can connect with me - engage in a conversation with me, ask me a question, or in many cases I try to invite connection by asking a question or indicating that I'm nervous or have a concern and when those invitations are met with genuine connection it makes such a big difference. I feel seen and heard and I carry those experiences with me long after I get the test results.

DB: Communication, communication, communication. Acknowledge people and set reasonable expectations for wait times. Be attentive to patient discomfort and anticipate patient needs. Did the patient just drink 50 gallons of disgusting liquid? Is the patient in obvious distress due to pain? Patients want to know that the staff is aware of their situation and that everyone is doing his/her best to get people in and out as efficiently as possible.

TB: In the past couple of weeks I have had a chest x-ray, a CT scan and an MRI and there are more on the horizon. I was very proud of BIDMC after these visits - great techs who were solicitous, helpful, forthcoming and who made a connection with me. I felt seen which is what makes all the difference for me during a visit. I am more familiar than most patients with all of these procedures, but since I'm going through a rough patch it was especially important to me that Mike at West Campus MRI, Sarah at the Chestnut Hill Radiology and the woman who did the x-ray at the Lexington facility (I am sorry I can't remember her name) all made a connection to me as a person.

MR: Courtesy and concern for my comfort and safety... and dignity if I have to put on a johnny.

DM: Welcoming check-in; pleasant radiology technologist who explains the procedure.

PH: Being treated with respect:

- Acknowledge my arrival in dept
- Cover any body part that does not have to be uncovered
- Remember my nickname
- Have decent, current magazines
- Remember that what is routine to you can be new and scary to a patient/me

JB: The positive experience starts before the patient arrives at the appointment. The staff should give as much explanation as possible as to what to expect - approximate length of time the visit will take, whether there is a dye, what type of clothing to wear, whether the patient should wear jewelry, what the patient can or cannot eat. That way there are no surprises. If there is no appointment, the staff member should give as complete an explanation as possible. The staff should explain how long it takes before getting the results and who will call the patient with the results. Of course, the staff has to be calm and patient and keep in mind that the radiologist can be looking for life threatening diseases.

JG: The feeling of privacy and compassion. The front desk is the first person a patient sees and more likely than not, the patient is anxious. Someone who is professional and welcoming goes a long way for an otherwise uneasy situation.

SS: To be warmly and genuinely greeted when you arrive at radiology and then to be given explanations of what you will be experiencing before, during and after the procedure.

DW: Along with prompt responses to inquiries and expert medical care, the sense that all the people one encounters, from receptionists to nurses to technicians to doctors truly care. I like the traditional saying, "Greet each person with a friendly countenance." I believe there is eternal truth in this saying.

AIDEEN SNELL ON THE PATIENT EXPERIENCE *(cont'd)*

N: The one thing I find extremely bothersome when I've had vaginal ultrasounds is having the primary person watch the "trainee" then go in and do it herself after the fact. I find the procedure is uncomfortable enough without prolonging the process for the patient. I realize BIDMC is a teaching hospital, but I find I'm never given an option as to who will do the scan -- it's always assumed that I'll go along with that particular person. This happens across the board -- I've had it happen numerous times with liver biopsies as well. Because of past trauma I'm hesitant to allow an intern to do a liver biopsy. That doesn't make me popular with them, I realize, but I'm hypersensitive to who is conducting the scan.

I did have an MRI on my hip this past summer when it was bothering me and I had been prescribed an Ativan prior to the MRI -- but there was no water available to take the pill.

On the positive side, I find I rarely have to wait for radiology (for mammograms, x-rays, CT scans, etc.)

MS:
1) Speedy in and out, not a lot of waiting time.
2) Easy access to fresh small towel(s) afterwards, so that excess gel can be wiped off; it has a way of migrating onto clothing and skin that's not even involved :-), and it is cold and clammy. It is nice to be offered something like a small towel or two (paper would be okay but real towels are more absorbent) to help clean oneself up when changing back into street clothing (and sometimes you have taken only some of your street clothing off, so some gel gets on the waistband of your pants, for example). Sometimes they expect you to use the paper or fabric johnny to wipe up the gel, and that item itself can have gotten gel on it during the radiology visit, so that strategy isn't always helpful.

JB: following the cluster of 'best practices' to ensure dignity and safety of an older adult with some hearing loss and cognitive impairment, for example,

- Don't walk too far ahead of us to get to exam room
- Place walker close enough for him to grab you at any point for balance so either of us or my dad can get to it easily
- Give dad all the time in the world to do whatever he needs to do while gently insisting that he follow safety practices, like letting the tech hover very close to or assist with undressing and dressing to ensure he doesn't fall
- Speak slowly and clearly and have eye contact and smile
- Always speak facing the patient, never from the side or with your back to the patient so they are sure to know that you are talking to them and can hear what you are saying
- Go along with any questionable jokes or comments he makes, always smiling
- Guide him to the bathroom if there is a bathroom visit rather than pointing in the direction of bathroom; insist he take walker in bathroom with him, offer to assist and take cues from daughter if there is any indication that she would like you to insist on going in with him, i.e., '*it's a requirement that I make sure you don't fall on my watch*'.

MM: As someone who has experienced many screenings as a cancer survivor, going for mammograms, etc. can be triggering. I truly appreciate when staff, admins, technicians and physicians communicate throughout the process. I've been left in a waiting room many times, for long periods of time, and this is very stressful. So having staff check in periodically - with info about wait times, or just to say "we haven't forgotten about you!" Or "your technician is Susan and she is finishing up with her last patient, so it will be just a few more minutes." Those personal touches, acknowledging that waiting can be anxiety producing, is really appreciated.

IC: For me, as a patient, the most important aspect of radiology, and BIDMC continues to majorly deliver on this, is an understanding tone/demeanor. I am in radiology every 6 months. Each time, the staff speaks in a warm voice and always communicates, hearing any special needs I have on a given day (getting seen early, etc). And the new johnnies in the breast care department are great!

As a caregiver, letting me be with the patient while waiting and helping them change and answer paperwork is key. Communicating with a patient like my father (who has cognitive impairment) is a learned skill, some radiology staff members get it while some have areas of opportunity.

KM: Being treated with respect and as a whole person, not just a body part to be scanned!

ED: Being treated with respect and having interaction at each point of the process.

LM: For me, a positive experience in Radiology happens when the tech treating me:
- makes instant eye contact
- greets me by name and engages me
- answers any question(s) and if he/she does not know the answer, they immediately seek the answer from a colleague or a supervisor, and
- has authentic patience with me if I am a little slow or need help

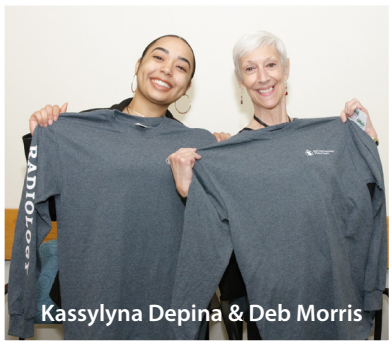
ER: "Single" most important thing - probably not having to wait more than 5-10 minutes for the procedure.

IN HONOR OF ADMINISTRATION PROFESSIONALS: SUPPORT SERVICES STAFF

Gloria Martinez & Donna Hallett

Elizabeth Spencer


Oluseun Spencer & Scott Gillespie



Kassylyna Depina & Deb Morris

Deolinda Depina


Oluseun Spencer , Kassylyna Depina & Deb Morris

Verneak Robinson-Haynes

Administrative Professionals' Week (April 24-28, 2017) highlights the important role of administrative professionals in all sectors of the modern economy worldwide. This year, Radiology arranged several events and gifts to show our appreciation of the work carried out by administrative professionals, e.g., administrative assistants, and support services staff. Department photographer Michael Larson captured these events featuring tee shirts rather than mouths full of delicious food!

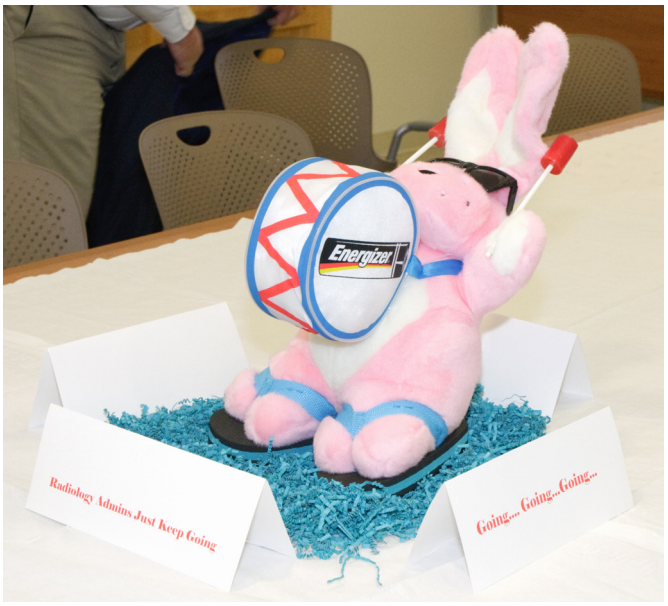
IN HONOR OF ADMINISTRATION PROFESSIONALS

Administrative Professionals' Week was also celebrated with lunch and gifts for Aministrative Staff members on April 27th.

Carl hands out insulated lunch bags to new HMS Clerkship Coordinator Eric Wojcik

Left: Education Program Mgr. Tabitha Fineberg introduced new Residency/ Fellowship Coordinators Robert Shaw and Moselye Pierre at this event and this was a great opportunity for everyone to bond as a team!

Above L to R: Diana Moran, Carl Nickerson, Jeff Bernard, Donna Wolfe, Tara Bun, Lois Gilden, Maxima Baudissin, Andrea Baxter, Eric Wojcik, Meredith Baxter, Deneen Smythwick, Linda Lintz, Lorena Maia (new IR Practice Administrator), and Sam Yam (Dir., Dept. Computing). Not shown: Liz Arsenault, Dawn Federman, Clotell Forde and Marc McCall.



BREAKING NEWS

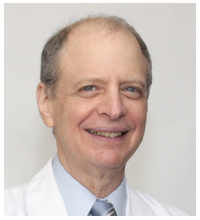
Chief Administrative Officer Carl Nickerson also used this occasion to announce that the assignments of the Administrative Staff is under review with Executive Vice Chair Dr. Bettina Siewert, Community Network Services Manager Jeff Bernard and himself. They will be looking at designing a service that meets the needs of Radiologists, Administrative Assistants and Management. Carl also stated that he was assigning Jeff Bernard to oversee management of the department's admins. Congratulations Jeff!

Like the energizer bunny, Radiology Admins just keep going...and going... and going...

- Thanks to MRI Admin Asst Lois Gilden for providing the the bunny mascot for this year's luncheon!

Radiology
Residency
Program:

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



Ronald Eisenberg, MD JD, Assoc. Director

Anu Shenoy-Bhangle, MD, Assoc. Director

Teaching Tip: One Simple Way to "Flip" the Radiology Classroom

Adult learners yearn for more engagement, enjoy collaborating and sharing ideas with others, and prefer to apply concepts and new knowledge rather than sit passively and listen to didactic presentations. Given these traits, it makes perfect sense that we should shift our teaching to a more interactive model, more recently referred to as the **flipped classroom**. In this model, teachers assign a short exercise to be accomplished at home and the student comes prepared to the classroom to actively apply these new concepts to different scenarios. The focus is on solidifying knowledge by testing understanding based on prior preparation by attendees rather than merely content delivery. This approach embraces an interactive, collaborative learning environment that is ideally suited to adult learners. Although some would say that switching to this new model is too time-consuming, in practice, it is actually relatively painless as all you have to do is convert your old presentation into interactive case-based teaching, simulation, or even team-based learning exercises. So here are 3 easy steps that will help you convert your didactic presentation into an engaging and fun interaction for both you and the student.

1. **Create a 15-20 minute PowerPoint from your existing presentation, record a short video that covers the key concepts and knowledge you would like the trainee to learn, or assign a review article for the trainee to read prior to the session.** Be sure to centralize this educational material in a readily accessible folder on the shared drive or section website so that trainees can refer back to it as needed.
2. **Start the didactic session with 2-3 multiple choice questions directly applicable to the pre-session assignment either written by you or several of the students.** If you set this expectation up front, you will make it more likely that a majority attending the conference will come prepared to actively participate. Be mindful, however, that not everyone in the room may have had the time to adequately prepare, so it is essential that you review the questions and that you or the students provide explanations for both the correct and incorrect answers of each question. Starting with a quiz also helps you better understand any existing gaps in knowledge.
3. **Engage your learners using cases that highlight the key concepts and allow the learner to integrate knowledge.** This could be accomplished by a variety of formats including classical "hot seat" teaching or integrating interactive technology, such as audience response or Jeopardy!, into your teaching. Another option might be to assign trainees to a group at the beginning of each academic year and provide an award for the team that consistently outperforms the others.

Congratulations 2nd yr Residents Chris Maxwell & Farhana Sharmeen

Christopher Maxwell, MD

Farhana Sharmeen, MD

2nd yr residents Christopher Maxewell and Frahana Sharmeen were chosen by the 2016-2017 BIDMC PCE students to receive an **Outstanding Resident-Fellow-Nursing Teaching Award**. These are awarded to the residents/fellows/nurses who worked with the 2nd and 3rd year HMS students during clinical rotations as part of their Principal Clinical Experience at BIDMC.

Each year, BIDMC hosts a teaching award ceremony as part of the Education Week activities. We, as BIDMC PCE Directors invite you to attend this year's ceremony on Monday, June 5th at 4:30 pm on Shapiro-10, Rabkin Board Room. This is our chance to acknowledge your contributions to medical education. As BIDMC PCE Directors, and on behalf of all of our students and faculty, we would like to thank you for your fantastic teaching and say Congratulations!

Meredith Atkins, MD
Director, Principal Clinical Experience (PCE)
Alex Hovaguimian, MD
Associate Director, Principal Clinical Experience (PCE)
Dan Ricotta, MD
Associate Director, Principal Clinical Experience (PCE)
Elizabeth A. Langley, RN, BSN
Program Administrator, Undergraduate Medical Education
Carl J. Shapiro Institute for Education and Research Beth Israel Deaconess Medical Center

CONGRATULATIONS GRADUATING DIAGNOSTIC RADIOLOGY INTERNS 2017

April 20,2017 - Under the direction of our Clinical Instructor, Ana Cordero, students spend 6-24 months as interns in Diagnostic Radiology at BIDMC. This year, 7 students completed their clinical training here and will graduate with degrees from their respective Medical Imaging programs at Bunker Hill Community College, Regis College and Massachusetts College of Pharmacy.

Back (L to R): Robyn Galvin*, Nicole Trang, Melanie Airoso*, Jesse Backstrom* and Dx Imaging Clinical Instructor Ana Codero. Front (L to R): Angelita Renta*, Miriam Dorisca and Kristie Erickson

We wish them the best and are pleased to welcome aboard those who have been invited* to stay on as technologists in Dx Imaging.

CELEBRATING NATIONAL RADIOLOGY TRANSPORTERS WEEK 2017 with PIZZA & POETRY!

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

All modalities

As shown in last month's newsletter, we celebrated Radiology Transporters Week in March. Ultrasound/Vascular's contribution was noted, but we want to also acknowledge and thank all the modalities that contributed toward making our week a success. Thank you from the Transporters also goes out to staff in the Radiology Care unit (breakfast), CT (pizza lunch), Nuclear Medicine (box of goodies), and Diagnostic (Galleria food gift cards) for their thoughtful gifts!

PUBLICATION CALL OUT 1: **Brook OR**, **Siewert B**, **Weinstein J**, **Ahmed M**, **Kruskal J**. Measuring and improving the patient experience in radiology. Abdom Radiol (NY). 2017 Apr;42(4):1259-1267. PMID: 27853849.

Abdominal Radiology

April 2017, Volume 42, Issue 4, pp 1259–1267

Measuring and improving the patient experience in radiology

Authors | Authors and affiliations

Olga R Brook, Bettina Siewert, Jeffrey Weinstein, Muneeb Ahmed, Jonathan Kruskal

Article

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Cite this article as:
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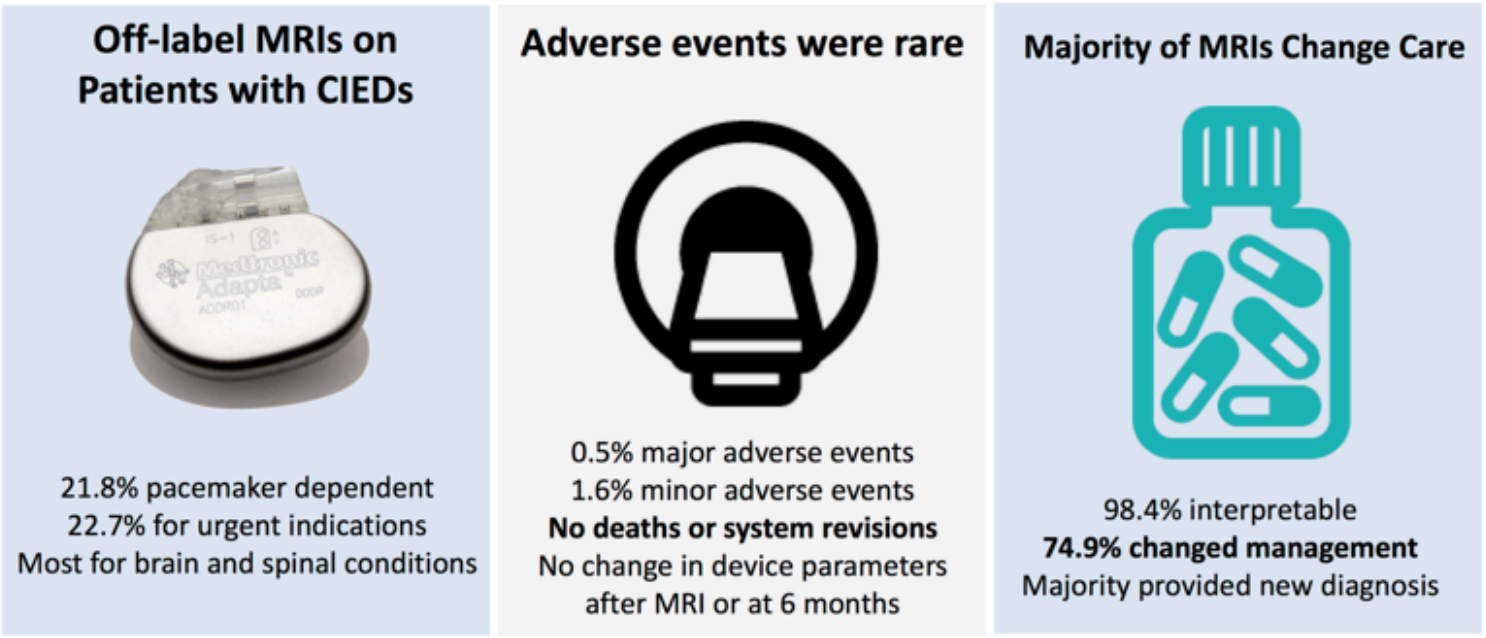
Abstract

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.

PUBLICATION CALL OUT 2: **BIDMC Press Release - HeartRhythm April 2017**

The Safety and Utility of MRI on Patients with Cardiac Implantable Electronic Devices (CIEDs)

Beth Israel Deaconess Medical Center
Richard A. and Susan F. Smith Center for Outcomes Research in Cardiology



Strom et al. *HeartRhythm.* April 2017

Heart Rhythm Society

BOSTON – Magnetic resonance image (MRI) scans are considered essential for the diagnosis and surgical planning of a wide range of medical conditions, particularly disorders of the brain and spine and many cancers.

But safety concerns associated with the potential impact of MRI scanners on electrical devices pose a barrier for many patients with pacemakers and implantable cardioverter-defibrillators seeking to obtain an MRI. A new study presented by Beth Israel Deaconess Medical Center (BIDMC) researchers at the American Heart Association Quality of Care and Outcomes Research meeting (where, when?) reinforces the growing evidence that these MRIs can be performed safely – and that doing so positively influences patient care. The study was published online in the April 3 issue of Heart Rhythm.

"Millions of patients are currently living with pacemakers and implantable defibrillators, and many of them will develop indications for MRIs," explains the study's senior author Daniel B. Kramer, MD, MPH Director of the Pacemaker and ICD Service in BIDMC's CardioVascular Institute and investigator in the Smith Center for Outcomes Research in Cardiology. "Although a limited number of 'MRI-conditional' cardiac devices have been approved by the FDA, the vast majority of pacemakers and implantable defibrillators currently in clinical use are not FDA-approved for safety in the MRI environment."

"Typical safety concerns associated with MRI scans for patients with non-FDA-approved devices would be loss of pacemaker activity, inappropriate pacing or shocks, the need for device replacement, or even death," adds first author Jordan B. Strom, MD, Research Fellow in the Smith Center for Outcomes Research. In this study, the investigators examined 123 patients who underwent a total of 189 MRI scans at BIDMC under a strict protocol developed as collaboration between the Departments of Cardiovascular Medicine and Radiology. Patients were carefully monitored before, during and after the scans, and researchers evaluated safety outcomes as well as whether or not the MRI scans influenced patients' care.

"In our study, there were no serious adverse events, and the majority of scans were found to have had meaningful impact on patient care," notes Dr. Strom. "This suggests that, with proper patient selection and supervision, use of MRIs in this population can be safe and useful."

Importantly, say the authors, the study included relatively high-risk patients who rely on pacing to maintain a heartbeat, and those who received MRIs of the chest area, two patient groups who were largely excluded from prior studies in this area.

"With appropriate selection and monitoring, these MRIs proved very safe and frequently altered patient care, providing new diagnoses or leading to changes in treatment plans or subsequent procedures," adds Dr. Kramer. "We hope these results build on other centers' experiences to help expand patients' access to this important imaging modality."

Study coauthors include Changyu Shen, PhD, of the Smith Center for Outcomes Research, Jill B. Whelan, MD, of BIDMC's CardioVascular Institute, and **Koenraad Mortele, MD and ShuangQi Zheng, MS, of BIDMC's Department of Radiology.**

PUBLICATION CALL OUT 3: Access the entire article by clicking on:
http://pubs.rsna.org/doi/pdf/10.1148/radiol.2016161254

Radiology

ORIGINAL RESEARCH ■ SPECIAL REPORT

Peer Feedback, Learning, and Improvement: Answering the Call of the Institute of Medicine Report on Diagnostic Error[1]

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Lane F. Donnelly, MD
Daniel J. Podberesky, MD
Arnold C. Merrow, MD
Richard E. Sharpe, Jr, MD, MBA
Jonathan B. Kruskal, MD, PhD

In September 2015, the Institute of Medicine (IOM) published a report titled "Improving Diagnosis in Health Care," in which it was recommended that "health care organizations should adopt policies and practices that promote a nonpunitive culture that values open discussion and feedback on diagnostic performance." It may seem counterintuitive that a report addressing a highly technical skill such as medical diagnosis would be focused on organizational culture. The wisdom becomes clearer, however, when examined in the light of recent advances in the understanding of human error and individual and organizational performance. The current dominant model for radiologist performance improvement is scoring-based peer review, which reflects a traditional quality assurance approach, derived from manufacturing in the mid-1900s. Far from achieving the goals of the IOM, which are celebrating success, recognizing mistakes as an opportunity to learn, and fostering openness and trust, we have found that scoring-based peer review tends to drive radiologists inward, against each other, and against practice leaders. Modern approaches to quality improvement focus on using and enhancing interpersonal professional relationships to achieve and maintain high levels of individual and organizational performance. In this article, the authors review the recommendations set forth by the recent IOM report, discuss the science and theory that underlie several of those recommendations, and assess how well they fit with the current dominant approach to radiology peer review. The authors also offer an alternative approach to peer review: peer feedback, learning, and improvement (or more succinctly, "peer learning"), which they believe is better aligned with the principles promoted by the IOM.

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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]*

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