



# Radical Views...

from the Department of Radiology

Volume 10, Number 2  
**SEPTEMBER 2017**



Beth Israel Deaconess  
Medical Center



HARVARD MEDICAL SCHOOL  
TEACHING HOSPITAL



Dear All,

As of tomorrow (September 1), **Etta Pisano** will officially become the **Chief Scientific Officer of the American College of Radiology Center for Research and Innovation** and will relinquish her role as our Vice Chair of Research.

I want to take this opportunity to thank Etta for her terrific work mentoring many of our faculty members and in invigorating our grant submission processes, and hope that she will be able to sustain these efforts in the mentoring role she will maintain with us. I am especially grateful for the strategic planning process she undertook which identified Health Services Research as a strategic priority, and am happy that we will still be able to lean on her enormous expertise in the future.

In view of the official announcement on the ACR website ([see right](#)), I also want to take this opportunity to outline our transition plan: In the interim while we work to identify our next Vice Chair of Research, Dave Alsop, Muneeb Ahmed and I will serve as your Research Steering Committee (RSC) to oversee research administration, finances, HR and operations. Our immediate goal is to put a transitional plan in place so we can sustain our grant submissions, and I ask that anybody planning on submitting a grant now run this by me for discussion by the RSC and ultimately for me to sign off on. This is especially important for grants where we may only submit one from the department (such as certain RSNA grants), and to ensure that we meet BIDMC Research Administration timelines.

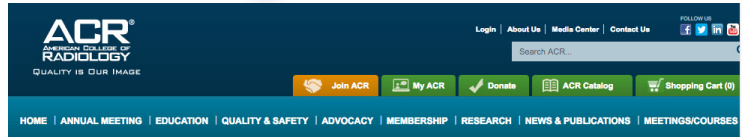
Bridget Giarusso, Carl Nickerson and I will oversee research revenues and expenses, personnel, space and funded and proposed grant budgets, and Marc McCall will continue to assist with IRB support, CCTO Office interactions and research support tracking.



**FROM THE CHIEF**  
Jonathan B. Kruskal, MD PhD

Again a big thank you and congratulations to Etta, and a reminder to please run all proposed grant submission by me for your Research Steering Committee to discuss.

Thank you



## News Releases

### Pisano Named ACR CRI Chief Science Officer

August 30, 2017



The American College of Radiology (ACR) is delighted to announce the appointment of Etta D. Pisano, MD, as chief science officer of the ACR Center for Research and Innovation.

Pisano will identify scientific research opportunities which will lead to advances in the practice of radiology and will champion the expansion of ACR's imaging research portfolio through collaboration with academic researchers, national and international commercial sponsors, the federal government, and ACR leadership.

Pisano's career has reflected her commitment to excellence and led to prestigious academic appointments to include, Founding Chief of Breast Imaging in the Department of Radiology and Vice Dean for Academic Affairs at the University of North Carolina School of Medicine, Dean of the Medical School at the University of South Carolina, and most recently Vice Chair of Research in the Department of Radiology at Beth Israel Deaconess Medical Center and Professor at Harvard. In parallel, She has led landmark Clinical Research trials studies while serving as the Chair of the ACIN Breast Imaging Committee (1998-2008) and Principal Investigator of the Digital Mammography Screening Trial (DMIST). DMIST accrued 49,528 women in a study comparing digital to film mammography, the results of which were published in the New England Journal of Medicine in 2005 and which changed the breast cancer screening guidelines and reimbursement.

During Pisano's tenure, ACIN breast imaging research clinical trials resulted in NEJM or JAMA publications on three occasions. She continues to add to her legacy in the area of breast imaging and is now the Principal Investigator of the Tomosynthesis Mammographic Imaging Screening Trial (TMIST). Tripling DMIST's accrual, this trial of nearly 165,000 healthy women is open to accrual in the United States and Canada. TMIST is the first breast cancer screening trial since the 1980's and aims to prove the value of screening in the modern era of tomosynthesis. TMIST will create the world's largest aggregation of data, images, and biospecimens arising from a clinical research trial.

Pisano is a past President of the Association of University Radiologists and American Association for Women Radiologists, a Gold Medalist of the American Roentgen Ray Society and Radiological Society of North America, recipient of the Earl B. Higgins Achievement in Diversity Award at the Medical University of South Carolina, and received honors for her faculty diversity work at the University of North Carolina. Pisano has been named by Diagnostic Imaging magazine as one of the 20 most influential people in radiology.

## MORE RESEARCH NEWS



**FROM THE CHIEF**  
Jonathan B. Kruskal, MD PhD

Dear All,

Please join me in congratulating **Leo Tsai, MD, PhD, MSc** who has been awarded a DRIVE grant from the Boston Biomedical Innovation Center (B-BIC), a lifescience accelerator funded by the NIH

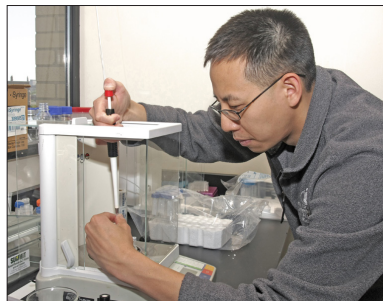


that provides funding for technology development and translational research. DRIVE grants are provided as investments in early stage technologies that have the potential for commercial translation within two years. This is a first for any investigator at BIDMC.

Leo's proposal is entitled "**A Novel Coaxial Deflectable Microcatheter for Rapid Navigation of Tortuous Vessels**". As many of you know, microcatheters are single-use devices used by interventional radiologists to access and navigate along small blood vessels for minimally-invasive treatment of a variety of diseases anywhere in the body. Once microcatheters are positioned at their target location, they serve as conduits for the deployment of various therapeutics and diagnostic materials including embolic agents, coils, thrombolytics, medications, stents, clot retrieval devices, or contrast agents. However, as the demand for and complexity of these services grow, there is an increased need to improve the operator's ability to navigate across these small vessels more precisely. Vascular testbed simulations and mechanical testing will be performed here at BIDMC, with guidance from Leo's co-investigators **Ammar Sarwar, MD** and **Muneeb Ahmed, MD**. These studies will run in parallel with in vivo animal, safety, and quality testing performed by Agile Devices, Inc. (Cambridge, MA) and CBSET, Inc. (Lexington, MA).

**At the same time, it gives me great pleasure to announce that Leo has also been appointed as our first Director of Oncologic Imaging.**

To harmonize our growing oncological imaging services with BIDMC's Cancer Center, we have established a new Division of Oncologic Imaging. Based on his outstanding and funded translational oncologic research, as well as his clinical, teaching and administrative expertise in the cancer domain, I am thrilled that Leo has accepted this role. In this capacity, Leo will serve primarily as the radiology liaison on the Cancer Center Oversight Committee, and will ultimately expand the role to coordinating and standardizing reporting (tumor staging and metrics), our teaching programs as they relate to cancer imaging, and attendance at multidisciplinary meetings across all divisions and service lines.



Please join me in congratulating Leo on his grant and on his new appointment.

Thank you.

## Pilot Research Exploratory Grants

Department of Radiology, BIDMC

Purpose: The BIH Radiology Foundation Pilot Research exploratory grants are designed to enable departmental investigators to gain experience in defining objectives and testing hypotheses in preparation for external grant applications and/or submission of manuscripts. These awards are intended to support the preliminary or pilot phase of scientific projects and are not intended to supplement major funding that has already been secured.

Amount: One-year grant of up to \$15,000.

Eligibility Requirements: Awards are restricted to full-time faculty, fellows, residents and research staff employed by the Department of Radiology only. Applicants at the level of Assistant Professor or below require a co-signature on the application by a departmental mentor and early involvement of the mentor in the proposal development is strongly encouraged.

Nature of Projects: Any area of basic, clinical, or translational research related to radiology is eligible for support.

Submission Procedures and Deadlines: Submissions will be reviewed in two annual cycles. **Submissions received by November 17, 2017 will be considered for funding beginning January 15, 2018. Submissions received by May 18, 2018 will be considered for funding beginning July 15, 2018.** Off-cycle applications will be considered based on availability of funds. Up to \$90,000 will be awarded by this program each academic year. Proposals should be submitted via email to Andrea Baxter at [abaxter@bidmc.harvard.edu](mailto:abaxter@bidmc.harvard.edu)

*(con't on pg 2)*



Format for the Proposal: The application should consist of two narrative single-spaced pages that include **Specific Aims, Background & Significance, Preliminary**



**Studies** (if any), a brief **Design and Methods** section, including a **Timeline**, and a section describing how this grant will lead to the preparation of external grant applications and/or the submission of high impact manuscripts. A separate **Budget** page with justification must be submitted. Please note that these grants are not intended for salary support of the applicant or co-investigators, or to cover statistical support.

**Review Process:** All complete applications will be peer-reviewed by members of a Research Review Committee, i.e., David Alsop, Etta Pisano, Muneeb Ahmed, Debbie Levine and David Hackney. Ad-hoc reviewers from outside the committee may be sought for applications with methods outside the expertise of the committee members.

**Review Criteria:** The submitted proposals will be reviewed for their intrinsic merit, synergies with other activities and priorities of the Department, as well as the likelihood that funding will have a positive impact on the completion of the research project. Because these grants are intended for pilot studies, investigators who already have externally funded research projects must clearly indicate why the funds are necessary.

**Reports and Presentations:** Award recipients must present a one-page written report to the Departmental Research Committee within 30 days of completion of the project. This report should include a section indicating any future plans for the research. These reports should also include any reprints or preprints of manuscripts or any request for external funding (i.e., NIH or RSNA submissions) resulting from the study in an appendix. This report should be submitted to Andrea Baxter.

**Questions:** Please contact Jonathan Kruskal with any questions about these awards or other research plans or needs.

## Radiology's "Facebook" app



Seth Berkowitz, MD  
Dir., Informatics Innovation  
& VIR interventionalist

Dear Colleagues,  
It's that special time of year when fresh new smiling faces brighten the corridors of the radiology department. If you need help

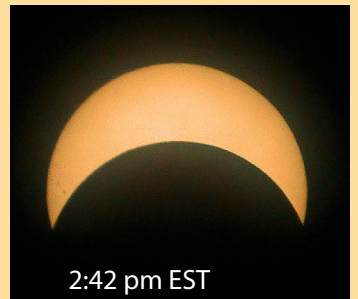
matching a name to a face, there is a mobile app courtesy of Sam Yam and Michael Larson that includes all Staff and Trainee pictures and names. Staff can also use the mobile app to enter new RadReview cases.

[https://inforad.bidmc.harvard.edu/jqm\\_1.asp](https://inforad.bidmc.harvard.edu/jqm_1.asp)

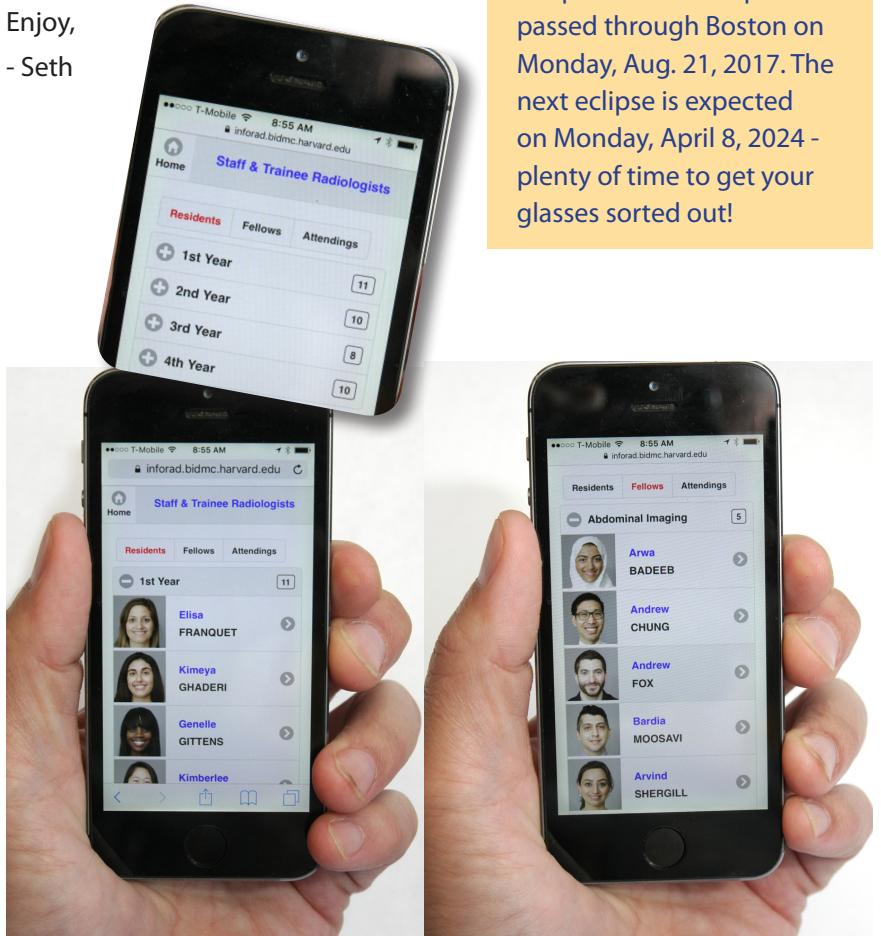
You can save the url as an icon on your phone's home screen for quick reference:

<https://www.howtogeek.com/196087/how-to-add-websites-to-the-home-screen-on-any-smartphone-or-tablet/>

Enjoy,  
- Seth



Unlike the POTUS, Rad Chair **Jonny Kruskal** put on protective glasses to capture these images of the partial solar eclipse that passed through Boston on Monday, Aug. 21, 2017. The next eclipse is expected on Monday, April 8, 2024 - plenty of time to get your glasses sorted out!



# Radiology Calendar SEPTEMBER 2017

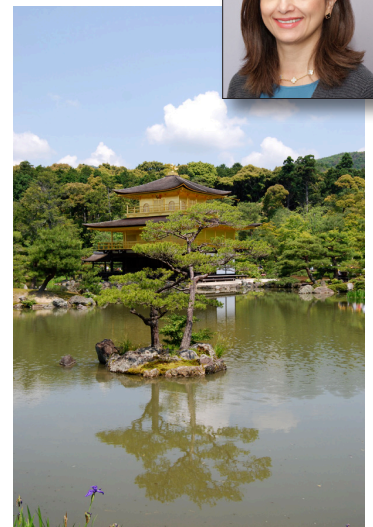
Check for the most up-to-date schedule at: <https://apps.bidmc.org/departments/radiology/residency/conferences/displayMonth.asp>

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, GI/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 our 12 noon Friday Grand Rounds are held in the <b>Rabkin Board Room</b> , Shapiro-10, East Campus <i>(except when noted otherwise, i.e., Sherman Auditorium)</i>
				1
4	5	6 7:30 - 9:00 Neuro Lecture (TBD)	7  <b>4:00-5:00 West Med Rads - Body Senior Resident [Clouse]</b>	8  12:00 - 1:00 Grand Rounds: The BIDMC Experience in Radiology [Sherman Auditorium] - Please check for possible date change
11 12:00-1:00 MRI meeting [Ansin 2]	12 10:30-11:30 NMMI meeting [GZ-103]	13 7:15-8:00 US meeting [WCC-304A]  8:00 - 9:00 Physics Lecture TBD (Physics Staff)	14	15 8:00 - 9:00 Values & Empowerment (Michael Fishman)  No Grand Rounds
18 7:30 - 8:15 Radio Pharmacy for Boards (Jeff English) 8:15 - 9:00 Gamma Cameras (Matthew Palmer)	19 8:00-9:00 IR Meeting [West Recovery]  7:30 - 8:15 Parathyroid Scans (Kevin Donohoe) 8:15 - 9:00 Sentinel Node Localization (Kevin Donohoe)	20 7:30 - 9:00 Neuro Lecture TBD (Neuro)  <b>12:00-1:00 Neuro case conference (Neuro fellows)</b>	21 7:30 - 8:15 Cardiac PET (Thomas Hauser) 8:15 - 9:00 Cardiac SPECT (Thomas Hauser)	22  No Grand Rounds: ARRS
25 8:00 - 9:00 Academic Radiology as a Career (leo Tsai)	26 8:00 - 9:00 Private Practice Radiology as a Career (Michael Fishman)  10:30-11:30 NMMI meeting [GZ-103]	27	28 7:30 - 8:15 Financial Planning Lecture (Grant Frieling) 8:15 - 9:00 Financial Planning - A Radiologist's Perspective (Pritesh Mehta)	29 8:00 - 9:00 Values & Empowerment II (Michael Fishman)  12:00 - 1:00 Chief Rounds

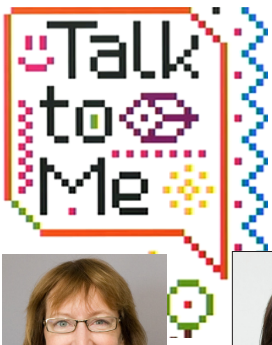
## The Gallery presents photos by *Parisa Lotfi, MD*

Aug-Sept, 2017

Breast Imager & World Traveller







## RADIOLOGY'S TALK TO ME

As introduced in the June 2017 issue of Radical Views, **Talk to Me** is a department wide initiative encouraging staff to commit to speaking up if they have a safety concern and to commit to listening when a safety concern is raised. To keep



Suzanne Swedeen,  
RN MSN CNIV, Quality  
Improvement Specialist



Bettina Siewert, MD  
Executive Vice Chair &  
Vice Chair of Quality

the momentum going for this initiative each month we review all safety concerns called out and while we realize staff do not need incentives to do the right thing, we want you all to know that we are seriously committed to this initiative and therefore the department will reward with a bonus payment. Each month we will highlight here in Radical Views the safety concern raised with the biggest impact and award the staff member a bonus.



Congratulations to **IRTech Maggie Cybulska**, July's Radiology Safety Excellence Award recipient recognized for her outstanding commitment to patient safety after averting a wrong side procedure when she recognized that the site marking was made on the wrong side.

### Special Thanks to our Safety Workgroup who have so generously given of their time and insight into the issue of speaking up:

Leighton Atkins	Trevor Lewis
Robert Beeman	Hazel Malolos
Nicole Caddell	Jennifer Ní Mhuircheartaigh
Meredith Cunningham	Bridget O'Bryan
Maggie Cybulska	Bettina Siewert
Donna Hallett	Suzanne Swedeen
Fritz Honore	Aaron Thurston
Juline Horan	Steven Warren
Alexei Kudla	Jim Wu

### How to report a Concern, i.e., any situation that has potential to cause harm to patient, staff or families.

An imminent concern for patient or staff safety needs to be called out in the moment. If no patients are present you should say "I have a safety concern".

To alert the team of a safety concern when a patient is present, say "Can we review the images on the larger screen outside the room."

Staff can also use the hospital-wide incident reporting system (call RL 6) or the Radiology online QA database which has been upgraded to include a near-miss category. Staff can also email Suzanne Swedeen with any questions or concerns.

If you missed **Dr. Bettina Siewert's** April 14th, 2017 Grand Rounds on **Barriers to Safety Event Reporting: Authority Gradients & Other Human Factors**, click below (or copy and paste into a browser) for her video:  
<https://vimeo.com/user15366620/review/214061890/74ab259f2c>

## Updated Radiology Staff, Trainee & Technologist Posters

are available on InfoRadiology in pdf format for viewing, downloading, and printing.

Log in to the portal:

<https://inforad.bidmc.harvard.edu/Logon.asp>

Click on **Staff Posters**

Faculty	Breast Techs	1101 Beacon Community
Residents & Fellows	CT Techs	Chelsea Community
Administrations	Dx Techs	Chestnut Hill Community
Informatics	IR/INR Techs	Lexington Community
Nursing	MRI Techs	Needham Community
Support Services	Nuc Techs	
	US/VASC Techs	

### 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

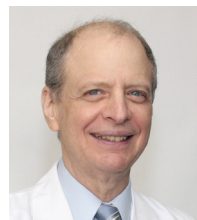
## Update from the Education Office

The Education Office and its leadership would like to provide a brief update on two current initiatives:

1. Radiology Longitudinal Integrated Medical Student Clerkship (RLIC) Pilot; and
2. ACGME Self-Study and Upcoming Site Visit



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



Ronald Eisenberg,  
MD JD, Assoc. Director



Anu Shenoy-Bhangle,  
MD, Assoc. Director

### RLIC Pilot

As most of you are aware, BIDMC was asked to “pilot” a longitudinal integrated clerkship in radiology for the 2nd year Harvard Medical students. A considerable amount of time and energy has been put into its planning, with notable contributions both within and outside our department. Special thanks to **Diana Litmanovich, Yu-Ming Chang, and Anu Shenoy-Bhangle**, who along with myself and Meredith Atkins, the BIDMC PCE site director, have worked tirelessly to create an integrated program. The new pilot radiology clerkship is officially slated to begin Sept. 25th, with orientation taking place the week of Sept. 18th. Below is a summary of the program and the specific teaching opportunities for faculty and trainees.

The pilot of the radiology longitudinal integrated clerkship (RLIC) consists of the following components:

1. During transitions to the PCE (the six weeks preceding the official start of the PCE), two dedicated radiology sessions on how to interpret plain radiographs and CT of the chest and abdomen/pelvis. There are also eight radiology sessions in the anatomy lab at HMS, three of which were developed here at BIDMC.
2. Four PCE Introductory lectures on radiation and MR safety, pros and cons of imaging modalities, evidence-based imaging and radiology as a career.
3. An Essential of Imaging monthly curriculum, consisting of 9 subspecialty specific 45 minute presentations.
4. A team-based case competition, where small groups of medical students work on a monthly case centered on the ACR appropriateness criteria with answers provided during the last 10 minutes of the Essentials curriculum. Case scenarios are specialty specific and coordinated with the specialty presenting each month.
5. PCE student case presentations throughout the year, during which 4-5 designated faculty will work with students to present relevant images and will provide several teaching points to accompany each case.
6. Block-specific activities and didactics, being organized by Diana Litmanovich, Yu-Ming Chang, Anu Shenoy-Bhangle, and myself. This will entail a combination of clinical observation in nearly all of the reading rooms (including radiation oncology), formal didactics, interactive case-based sessions, simulated exercises, increased radiology presence on rounds including Friday Medical Firm Rounds, and student case presentations.
7. Simulated exercises in interventional radiology, breast biopsy, and US scanning.
8. “Cool case” conferences during the EM/urgent care block where students share cases with each other and a faculty member helps to facilitate the discussion.
9. One-on-one student check-in’s during the year, which allow each student to receive direct feedback on their skills in plain radiography (chest and abdomen) and basic CT interpretation.
10. Longitudinal mentorship by trainees; each student will be assigned 2-3 mentors and these mentors will review student cases on a regular basis and assist the student in their formal case presentation.
11. A Radiology Passport, which will provide students with a list of experiences that they are expected to complete by the end of the longitudinal clerkship.
12. Online resources; in addition to Dr. Lieberman’s eRadiology website, we hope to record all current lectures in the existing clerkship and are open to receiving additional presentations from faculty on core key topics. The students will be expected to utilize some of these resources, whereas others will serve as supplemental material for students interested in pursuing radiology as a career.

*As you can surmise, there are multiple opportunities for faculty and trainees to engage the students. We look forward to an exciting year in medical student education and are confident that the program will succeed given the collaborative effort of all of the support staff, technologists, trainees and faculty in our department.*



# Update from the Education Office *(cont'd)*



## ACGME Self-Study Site-Visit

The Department of Radiology has been scheduled for a one-week site visit by the ACGME in early October as part of the new accreditation system implemented in 2015. The goals of this new system are to focus on ongoing improvement in training programs and to help programs to aspire to exceed the expected minimum requirements of training the next generation of radiologists. All of our ACGME-accredited programs (diagnostic radiology residency, integrated DR-IR residency, abdominal imaging fellowship, interventional radiology fellowship, and neuroradiology fellowship) submitted a self-study document in April 2016. Now that 18 months is upon us, we have been scheduled for the site visits. The ACGME visitors will be spending one day reviewing each program to ensure compliance with mandated requirements, meeting with faculty and trainees, and meeting with hospital educational leaders. We hope that all of you will have an opportunity to share your thoughts about our many areas of strengths, including those in teaching, quality improvement, and patient safety. For more information about the self-study and site visit process, please see: [https://www.acgme.org/Portals/0/PDFs/SelfStudy/JGME\\_The\\_Program\\_Self\\_Study.pdf](https://www.acgme.org/Portals/0/PDFs/SelfStudy/JGME_The_Program_Self_Study.pdf)

Please be on the lookout for several helpful PowerPoint presentations created by the Education Office summarizing essential information about the new accreditation system including milestones and the trainee evaluation process, the clinical competency and program evaluation committees, departmental policies, duty hours, and the yearly program-specific ACGME survey results. We ask that all trainees and faculty review this information prior to the site visit. BIDMC Radiology is the first program in Boston to undergo a formal site visit, and in fact, one of the first in the country.

*See Pubcallouts on pages 14-15 for BIDMC efforts in education at the national level by Priscilla Slaentz and new breast imager Amy Patel!*

## BIDMC at ACR 2017



During the ACR 2017 annual meeting (May 21-25), which was an enlightening experience in clinical learning, networking, advocacy, and leadership development, two of our BIDMC residents, **Ron Mercer** and **Mike Johnson**, went to Washington, DC as part of the Massachusetts Radiological Society to lobby on behalf of all radiologists. *Thanks to both of them for supporting our profession!*



**Breaking News:** Congratulations to 2nd yr resident **Mohammed Elsayed, MD** for being selected to participate in the RSNA/AUR/ARRS **Introduction to Academic Radiology Program**. Specifically, he has been assigned to attend the American Roentgen Ray Society (ARRS) Program, which will be held during the ARRS Annual Meeting, April 22-27, 2018 in Washington, DC.



Tabitha Fineberg, MHA  
Education Program  
Manager, Radiology



Please welcome **Chrissy Koehler** who joins Moselye Pierre and Robert Shaw as our newest Residency & Fellowships Program Coordinator under our Medical Education Programs. Chrissy holds a BA in International Affairs and Political Science from Northeastern University and has served as a grants administrator and public relations assistant at several Boston industries as well as an Intern to the Consulate General of Ireland (in Boston) so needless to say we look forward to her ability to coordinate, manage and soothe our trainees as needed. Chrissy is can be found in the Medical Education Programs office at Sherman-231 and she can be reached at [ckoehler@bidmc.harvard.edu](mailto:ckoehler@bidmc.harvard.edu) or x7-3552.



## Residency Program Welcome Event at Saaco's Bowl Haven in Somerville, MA



On Monday evening, August 21, we enjoyed celebrating the influx of new residents and working on team building skills outside of the hospital -- at Saaco's Bowl Haven in nearby Somerville, MA.





**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 and thank **Lauren Forbes** for taking on this column. Congratulations to the following:

**INFORMATICS: PACS/IMAGE ARCHIVES**



Nathalia Vasquez

**Nathalia Vasquez**, Image Archive Supervisor was recognized for being an integral part of the Radiology PACS project. There are so many instances where Nathalia has gone above and beyond during this project:

- GE to McKesson Lifeimage migration with added support for the inclusion of Tomo Image and study migration mitigation from Laitek system.
- Working with McKesson to transpose IA workflows using toolsets within system.
- Installation of new workstations in Reading areas during off hours throughout the Enterprise

*\* I would like to recognize and thank Nathalia for her assistance over the past few months as we transitioned to the new McKesson PACS system.*



Phil Purvis



Peter Barrows



Peggy Carr



Joe Keegan



Gil Vazquez



Rico Tayag



Katie Conners

\*\* Additionally, the entire PACS team was recognized for their efforts in implementing and transitioning to the new McKesson PACS system (see above).

**DIAGNOSTIC IMAGING staff were recognized -**



**Abraham Abraham**, Dx Tech - for moving from the OR (his favorite rotation) into fluoro with a positive attitude and a big smile.



**Dave Delpeche**, Tech Asst - for always going above and beyond for both patients and hospital staff – with a smile. Recently Dave assisted an ED nurse with a difficult patient in the “Yellow Zone”. He was just walking through the ED when he noticed the situation and was able to help calm the patient; and he didn’t leave until the situation was under control.



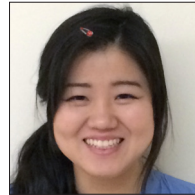
**Dan Gerardi**, Dx Tech - for not hesitating to perform the fluoro case that Julie had set up for Sara.



**Holly Peterson Dodge** Dx Tech - for providing Excellent Patient Care. “I just took a phone call from a patient’s sister to say they were here yesterday and that a phone call and a shout out regarding Holly’s kindness and professionalism was very much in order. They felt that Holly is truly an exception, that her demeanor put the patient at ease, and that she made their visit to our department a pleasure.”



**Marissa Horgan**, Dx Tech (and Sr Tech John Schembri) - for covering the West OR while their team members helped out in fluoro.



**June Kim**, Patient Transport Asst - for handling a difficult situation in the ED with a combative inpatient where security, techs, Mandee, and transporters were involved. June jumped right in to help and did her best to calm her and be present if we needed anything.



**Julie Nicholson**, Dx Tech - for recognizing an opportunity to assist an area that was short staffed, even on a very busy day in her own rotation (West Routines).



**Sara Ross**, Sr. Tech - for working through a busy fluoro schedule on her own and getting patients down without delays.



**John Schembri**, Sr. Tech - for reviewing the OR schedule and alerting us of their ability to help out in other areas.

## MORE KUDOS -

### INTERVENTIONAL RADIOLOGY



**Maggie Cybulska**, cross-trained Interventional Technologist was recognized for her outstanding commitment to patient safety. Her attention to detail averted a wrong side procedure when she recognized that the side markings were made on the wrong side.

### NUCLEAR MEDICINE & MOLECULAR IMAGING



**Courtney Mozuch**, Nuclear Medicine Tech II, identified an area in need of improvement: the orderliness and cleanliness, as well as TJC compliance, of the supply closet in nuclear medicine on the West Campus and reorganized the entire area while also bringing the area into full compliance.

### CHESTNUT HILL SQUARE



**Catherine Melchin** is very organized and thorough. As the Sr. Breast Imaging Technologist, Cathy recently went through a rigorous inspection with both the FDA and the DPH. Upon completion, our Mammography Suite passed with flying colors! Both inspectors spoke about Cathy's attention to detail and her knowledge base on the questions being asked.

### WELCOME NEW FACUTY & STAFF



*Kelly Hart, MHA  
RT.R.M.MR.CT  
CT Technical Director*

It's my pleasure to introduce **Keli Allen**, our new CT Evening Supervisor. Keli grew up in Rhode Island, but loves Boston, especially Boston sports! She graduated from the University of Hartford in 2010 with a Bachelor's of Science and comes to BIDMC from Mass General where she had worked in CT for six years before

pursuing her advancement to a leadership position at BIDMC. She loves spending time with her dog, being at the beach and catching as many games as she can for whichever team is in season, especially the Bruins!! Keli can be emailed at [kallen8@bidmc.harvard.edu](mailto:kallen8@bidmc.harvard.edu)



*Alexander A. Bankier,  
MD, PhD  
Chief, Cardiothoracic  
Imaging*

Please welcome **Rita R. Gill, MD, MPH**, the newest member of the Cardiothoracic Imaging Division who comes to us October 1st from Brigham & Women's Hospital where, in addition to serving as a radiology attending, she also served as a Thoracic Radiologist in the International Mesothelioma Program and a member of the Center of Evidence-Based Imaging (CEBI). She earned her medical degree from the Government Medical College, Amritsar, India and completed her residency at Barnard Institute of Radiology and Oncology, Madras Medical College, Chennai, India; a fellowship in Oncoradiology at the Dana Farber Cancer Institute and another fellowship in Cardiothoracic Radiology at BWH. We look forward to learning from her expertise in thoracic oncology research and her other research interests in building prognostic models to stratify survival in Chest malignancies. She also has an avid interest in 3D and 4D imaging and 3D modeling and printing.

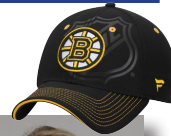


Speaking of Kudos ... Thanks to Neuroradiologist **Jonathan Kleefield** for sharing this photo.

"This is me playing the world-renowned organ at the Mormon Tabernacle in Salt Lake City - my version of reaching the summit of Mount Everest without frostbite!

As a lifelong amateur organist, while attending a convention of the American Guild of Organists, this past June, I was granted the amazing privilege to play the world-renowned instrument in the Mormon Tabernacle in Salt Lake City. The experience was everything I had imagined, and more!

It was the chance of a lifetime for me, and I got to play this incredible instrument at the Mormon Tabernacle, renowned worldwide for its fabulous acoustics."





**BIDMC in the Community:**  
**Dave Delpeche honored by**  
**Emergency Residents**

**Dave Delpeche**, one of our ED Tech Assistants was voted Ancillary Staff Member of the Year by the Emergency Medicine Residents and thanks to Betsy Grady and Kevin Sands, Diagnostic Imaging Director and Manager, respectively, the graduating Emergency Residents were able to show Dave their appreciation in person at their ceremony of June 22, 2017! Well done Dave!

*Thanks to Nicole Bagg, M.Ed.*  
*Medical Education Manager*  
*Harvard Affiliated Emergency Medicine Residency*  
*Beth Israel Deaconess Medical Center*  
*Department of Emergency Medicine*



**KOMMUNITY KORNER:** Harrington 3D Mammo dedication honors Lorraine Martel



**Jeffrey Bernard, RT**  
 Manager, Community  
 Radiology Network Services

Wednesday, July 05, 2017 8:41 AM  
**Dedication Ceremony Held for 3D Mammography**

Harrington recently held a special dedication ceremony in honor of Lorraine Martel, a Southbridge resident, generous volunteer and advocate for Harrington HealthCare

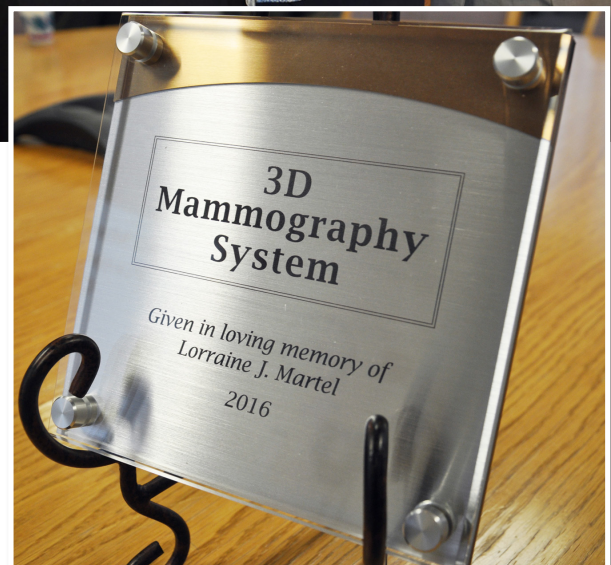
System. After she passed way, she left the hospital a gift of money which covered the cost of the 3D mammography machine in Southbridge.

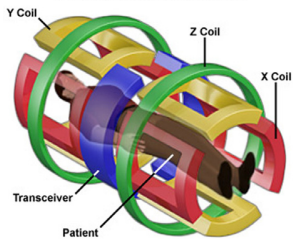
3D imaging enhances the ability to detect some breast cancers earlier. It has also been shown to reduce the chance of additional imaging thus lowering the number of false positive mammograms. The 3D machine in Southbridge continues to be booked solid daily.

Martel's cousin, Charlene Richard (who spend more than 40 years working at Harrington herself!) attended the ceremony. Pictured, L to R: Jess Calcidise, VP of nursing and ancillary departments; Charlene Richard, and Harrington President and CEO Ed Moore.

Thanks for your continued support,

Blaine  
 BSCHNARE@HarringtonHospital.org



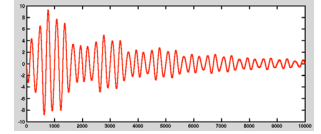


National High Magnetic Field Laboratory

BIDMC

# Radiology Residents & Fellows MRI Physics Course

2017-2018 Academic Year



## Purpose:

To provide fellows and residents with a basic understanding of MR physics, with emphasis on practical aspects of image acquisition such as protocol optimization and troubleshooting. A brief overview of fundamentals of nuclear magnetic resonance will provide an introduction to sources of image contrast in MRI. Techniques for image acquisition will be described, followed by an overview of the major families of MR pulse sequences. Topics such as accelerated imaging, fMRI, and diffusion tensor imaging will be discussed.

## Format:

All sessions will be held on Wednesdays, 5-6pm at the MRI Learning Lab, Ansin 220, starting July st.

## Text and Topics:

The recommended textbook is *"MRI in Practice," 4th Edition (2011)* by Catherine Westbrook. Supplementary reading from review articles will be recommended for advanced topics.

For more information, contact Aaron Grant, PhD: 7-3265

## TOPICS

1. **July 19:** The origin of the NMR signal. Nuclear magnetism. Nutation, precession, signal reception. Chemical shift. Relaxation, T1, T2. Spin dephasing, impact of gradients and magnetic field inhomogeneities.
2. **July 26:** Sources of contrast in MRI: T1 and T2 weighting, magnetization transfer, diffusion.
3. **August 2:** Overview of MR hardware. Image formation (1). Phase and frequency encoding. Basic k-space concepts.
4. **August 9:** No Lecture.
5. **August 16:** Image formation (2), Field-of-view, and resolution. k-space sampling for given imaging parameters, and effects of undersampling (aliasing, pseudo-noise). Accelerated imaging methods.
6. **August 23:** Signal-to-Noise: Image parameters that govern SNR. Trade-offs in image optimization.
7. **August 30:** Pulse sequences. Gradient echo, spin echo, steady state, EPI. STIR/FLAIR/IR etc. Fat suppression. Spectroscopy with PRESS, STEAM, CSI.
8. **September 6:** No lecture.
9. **September 13:** Effects of flow and diffusion. Flow compensation, time-of-flight, phase contrast, intro to diffusion.
10. **September 20:** Contrast-enhanced MRI. Types of magnetic materials. Relaxivity and image contrast as a function of dose, TR, TE. Dynamic contrast enhanced imaging, angiography. BOLD effect, fMRI.
11. **September 27:** Accelerated imaging. Parallel imaging and compressed sensing.
12. **October 4:** Diffusion-weighted imaging and DTI in neuro applications.
13. **October 11:** Arterial spin labeling in the brain and body.
14. **October 18:** Artifacts and troubleshooting.



J. DeFelipe Science 2010



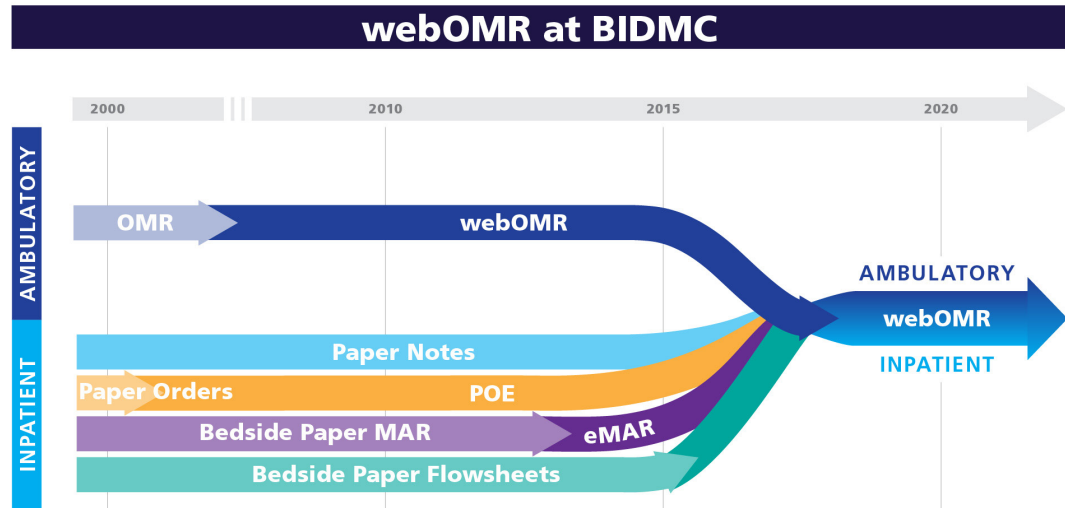
<https://portal.bidmc.org/Intranets/InformSys/WebOMR-Support/Inpatient-Overview.aspx>

The next major phase of BIDMC's multi-year initiative to transform inpatient paper charts to a fully electronic medical record launches Tuesday, June 13, with the migration of inpatient clinical notes to webOMR, BIDMC's online medical record application.

This project is ongoing, and we will continue to communicate details about additional features and components as soon as they are available.

For more information, please contact:  
 Dave Feinbloom, MD, [dfeinbloom@bidmc.harvard.edu](mailto:dfeinbloom@bidmc.harvard.edu)  
 Tricia Bourie, RN, [tbourie@bidmc.harvard.edu](mailto:tbourie@bidmc.harvard.edu)

*Last edited by esloan on 6/12/2017*



**webOMR = Web Online Medical Record**  
**OMR = Online Medical Record**  
**POE = Electronic Physician Order Entry**  
**eMAR = Electronic Medication Administration Record**  
**eFlowsheets = Electronic Flowsheets**

**FREQUENTLY ASKED QUESTIONS** *[Sample]*

<https://portal.bidmc.org/Intranets/InformSys/WebOMR-Support/Inpatient-Overview/FAQs.aspx>

**Q: webOMR has been around for a long time. What's changing?**

A: webOMR is the application providers use to review labs, radiology reports, discharge summaries, and ambulatory clinic notes, as well as many inpatient consults and allied health provider notes (ex. PT, OT, Nutrition, etc.). With the introduction of functional enhancements to the application to better address workflow, all inpatient MD, NP and PA clinical notes (H&Ps, consults, progress, and final) will now be completed electronically in webOMR. Electronic notes written in webOMR will no longer be printed and placed in the paper chart.

[Go to Top](#)

**Q: What's the new functionality?**

A: New features include:

- A new tab structure and care setting that allow for viewing Outpatient, Inpatient and ED encounters separately, or all together;
- Additional note types unique to the inpatient setting (ex. Initial, Final Sign-off, Event, etc.);
- The ability to import inpatient data (medications, vital signs, etc.) into a note.

Some of this work is complete and some of it is still in development - to be released over the coming weeks and months. We have enough of the core functionality in place, however, to implement this policy change.

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**Q: Will I still have to put a copy of my note into the paper chart?**

A: No. Beginning June 13, 2017, notes written in OMR will no longer need to be printed and placed in the paper chart.

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**Q: Do I have to use OMR or can I still write notes in the paper chart?**

A: As of June 13, 2017, all MD, NP and PA notes must be written using OMR. The only exceptions will be notes that do not yet have a sufficient electronic solution – specifically:

- Progress notes from the following subset of surgical services:
  - ACS (Acute Care Surgery/Trauma)
  - Transplant
  - Vascular Surgery
  - McDermott
  - West 3
  - Blackburn
  - Thoracic Surgery
- Multi-author notes, such as Trigger Notes
- Multipage forms, such as those used by Trauma
- Procedure notes written on Medical Records-approved forms

**IMPORTANT:** The surgical services listed above will complete electronic notes in webOMR for any consultations (initial and daily) on patients outside of their service. For patients on these surgical services, daily progress notes will remain on paper on a temporary basis, as enhancements are developed to allow them to go fully electronic.

## ACR - AMERICAN COLLEGE OF RADIOLOGY

08/08/2017 | Press release | Distributed by Public on 08/08/2017 07:10

# ACR: Strengthening Patient-Centered Care Education

### Key Points

ACR Commission on Patient- and Family-Centered Care adds new Education Committee

Members to develop new resources and tools for radiology professionals to lead patient engagement

Chair: Cheri L. Canon, MD, FACR; Vice chair: Matthew Cham, MD

**RESTON, VA** - Members of the new Education Committee of the **American College of Radiology (ACR) Commission on Patient- and Family-Centered Care** are developing educational resources and tools to encourage radiology professionals to lead patient engagement and improve patient experience and satisfaction.

'The call for patient-centered care is transforming the way radiology is practiced. The ACR is responding by developing a unified educational strategy to meet radiologists' needs to put the concepts of patient engagement and value vs volume into practice,' said James V. Rawson, MD, FACR, commission chair.

The new committee is chaired by Cheri L. Canon, MD, FACR. It will work closely with members of the **ACR Commission on Education** to expand educational offerings concerning patient-centered care for practicing radiologists, residents and medical students. Matthew Cham, MD, chair of that commission's eLearning committee is vice chair.

Committee members, besides **Canon**, University of Alabama at Birmingham, and **Cham**, Mount Sinai Medical Center, NY, include:

**Alexandru C. Bageac, MD\***, Radia, Lynnwood, WA

**Michael A. Bruno, MD**, Penn State Hershey Radiology, Hershey, PA

**Harris Cohen, MD**, University of Tennessee Health Science Center, Memphis, TN

**Sue Collier, MSN, RN**, PFCC leader, AHA/HRET, Chicago, IL

**Carolynn M. DeBenedictis, MD\***, University of Massachusetts Medical School, Worcester, MA

**Danielle Del Re, DO**, Staten Island University Hospital/Northwell Health, Staten Island, NY

**Amanda Denoronha, RDMS, RVT**, Bay State Health, Springfield, MA

**Devon Divito, MD**, University of Texas, Galveston, TX

**Catherine Everett, MD**, Coastal Radiology Associates in New Bern, NC

**Paula T. Gonyea, MBA**, University of Vermont Medical Center, Burlington, VT

**Ellen Greer**, patient advocate, Smyrna, GA

**Julie Gubernick, MD**, Einstein Medical Center, Montgomery, PA

**Sally Herschorn, MD**, University of Vermont Medical Center, Burlington, VT

**Jennifer Kemp, MD**, Diversified Radiology, Denver, CO

**Jean Kunjummen, DO**, Emory University Midtown Hospital, Atlanta, GA

**Kathy Lease, EdD**, patient advocate, Texarcana, AK

**Brandon Lei, MD**, Staten Island University Hospital, Staten Island, NY

**Christie Lincoln, MD**, Baylor College of Medicine, Houston, TX

**Julie Ginn-Moretz**, family advocate, Augusta University Medical Center, Augusta, GA

**Michael Morrow, DO**, Baystate Medical Center, Springfield, MA

**David Sarkany, MD**, Staten Island University Hospital/Northwell Health, Staten Island, NY

**Rebecca Seidel, MD**, Emory University, Atlanta, GA

**Priscilla Slanetz, MD, MPH**, Harvard Medical School/Beth Israel Deaconess Medical Center, Boston, MA

**Susan Sotardi, MD**, Massachusetts General Hospital, Boston, MA

**Kari Visscher, MD**, Ontario, CA

**Ian Weissman, DO**, Veterans Affairs Medical Center, Milwaukee, WI

**Marc Willis, DO**, Baylor College of Medicine, Houston, TX

**Scott Winner, MD**, Penn State Hershey Radiology, Hershey, PA

**Max Wintermark, MD**, Stanford University Medical Center, Stanford, CA

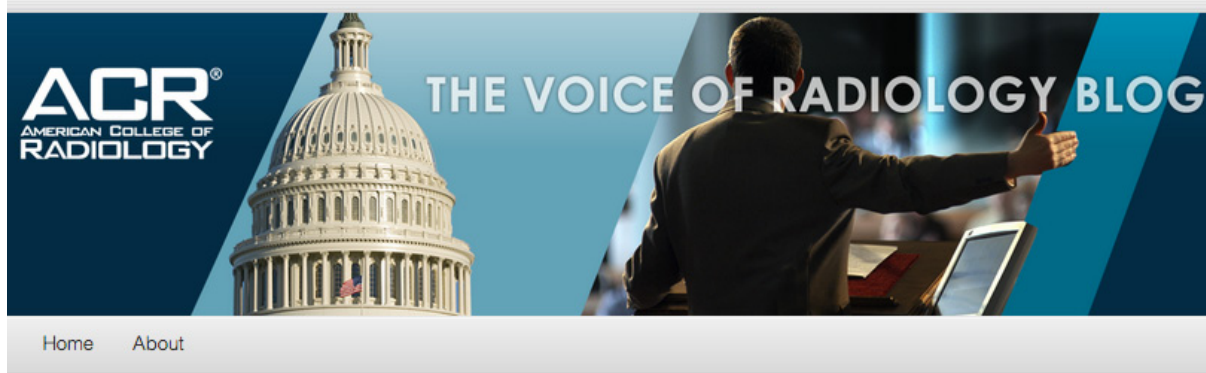
**\*Former BIDMC Radiology Trainees**

The committee members developed the **Radiologist's Toolkit for Patient- and Family-Centered Care**, a website platform that provides resources and tools based on a radiologist's unique practice setting and development needs to improve patient collaboration and inclusion. Committee members are working with Radiology-TEACHES (Technology-Enhanced Appropriateness Criteria Home for Education Simulation), an online portal that uses case vignettes in the ACR Radiology Curriculum Management System (RCMS) integrated with the ACR Select clinical decision support (CDS) to educate students in the process of ordering imaging studies appropriately.

**Resources provided** by the commission enhance radiologists' understanding of - and participation in - new practice and payment models and advise on providing effective patient- and family-centered care.

**The American College of Radiology (ACR)**, founded in 1924, is a professional medical society dedicated to serving patients and society by empowering radiology professionals to advance the practice, science and professions of radiological care.





<https://voiceofradiologyblog.org/2017/08/11/is-the-future-of-radiology-diversity-acceptance-and-mutual-understanding/>

## Is the Future of Radiology Diversity, Acceptance and Mutual Understanding?

posted on August 11, 2017 by [acrpublicrelations](#)

This post was contributed by Amy Patel, MD, breast radiologist, Beth Israel Deaconess Medical Center, Boston, MA

I consider myself the eternal optimist. I am also a realist regarding the differing opinions of the fabric of our society and how difficult these discussions can be.

However, it's an indisputable fact that diversity is proving to be invaluable in the business world and other arenas in the United States.

- **In fact, according to a Forbes study of 321 executives in companies that grossed \$500 million or more annually, one of the "key findings" was that "Diversity is a key driver of innovation and is a critical component of being successful on a global scale."**
- **McKinsey Global Institute reported that fostering women's equality can potentially add \$12 trillion to the global gross domestic product by 2025.**
- **It is projected that by 2055 the United States will no longer be comprised of a majority regarding race or ethnicity.**

Consequently, we as radiologists will be serving a diverse patient population. We will need to be prepared to meet the needs of our patients, including arriving to mutual understanding to better serve them.

The recent ACR Intersociety Summer Conference focused on the subject of diversity and inclusion, including devising action plans ranging from creating a pipeline to recruit female and underrepresented minority medical students into radiology to potentially implementing programs at institutions across the country that support our patients and fellow colleagues.

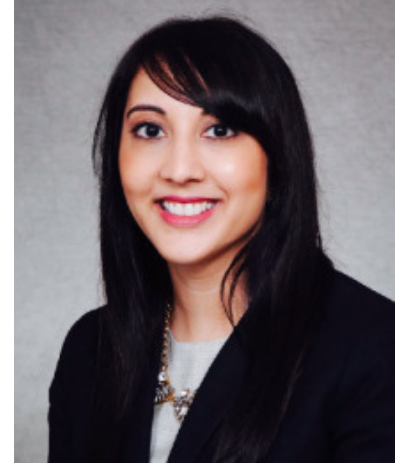
Remarkably, we are seeing a shift in perspectives regarding diversity in millennials as this topic was considered "the new norm" — reinforced during the meeting both by attendees and on social media. As a millennial, I feel more accustomed to welcome any patient demographic, as this is all my generation has ever really known, largely beginning from our training in medical school; Inclusion is second nature in many instances.

I acknowledge that we must not overgeneralize regarding one generation versus another, but we can certainly learn from one another if we keep the discussion going and are willing to be empathetic toward one another's viewpoint. Additionally, we must not forget that the spectrum of diversity includes additional social constructs that we must embrace, including late-career colleagues and colleagues with disabilities.

As we look toward the future, we must provide resources to better educate radiologists at all levels of training to enrich our profession to be a successful, vibrant and, most importantly, an inclusionary one.

- **How are you preparing to meet the needs of a diverse patient population?**
- **Do you think attitudes toward diversity differ based on generation? If so, how do you think it will affect radiology in the future?**

Please share your thoughts in the comments section below and join the discussion on Engage (login required).



**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](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 2016 and paper publication in 2017; and 2) doi addresses are only included until citations are updated with hard copy page citations; and 3) Underlined names = relatively current trainees/alumni; **BOLD** names = Faculty/Staff

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