Greetings

To receive credit, relinquish attendance voucher at end of session.

PS10  •  Opening Session

Sunday, December 01, 2013
08:30-10:15 AM  •  PS10  •  Opening Session
11:45-12:45 PM  •  PS10  •  Patient Radiation Dose: Reduction and Recording (An Interactive Session)
02:00-03:30 PM  •  PS10  •  What’s New from the Radiology Residency Review Committee: Milestones, New for 2013

Monday, December 02, 2013
08:30-10:00 AM  •  RC216  •  Vignette-based ‘Disclosure of Medical Error in Radiology’ (Sponsored by the RSNA Professionalism Committee) (A...
Annual Oration in Diagnostic Radiology: We Must Stand on the Shoulders of Giants

Damian E Dupuy, MD, Providence, RI
Introduction by
Matthew A Mauro, MD, Chapel Hill, NC
Chairman, Scientific Program Committee

LEARNING OBJECTIVES
Over the past 50 years the field of Radiology has undergone incredible growth that has led to greater diversity and sub specialization. A clear division between Radiation Oncology and Diagnostic Radiology was made in the early 1970s and since that time each has become even more complex and subspecialized. Within Radiology, the subspecialty of Interventional Radiology has emerged as a unique entity similar to the demarcation between Radiology and Radiation Oncology over 40 years ago. The newly approved dual Interventional Radiology (IR) and Diagnostic Radiology (DR) primary certificate for resident education emphasizes that IR is distinct in its incorporation of diagnostic imaging, image-guided procedures and patient care. Radiology and Interventional Oncology share a strong focus on cancer detection and diagnosis, tumor staging, locoregional therapy and treatment follow-up. Both specialties are vitally important to patients during their cancer treatment and should strive for collaboration to optimize patient care. Despite their mutual goals and complementary skill sets, many Radiology and Radiation Oncology Departments struggle to be autonomous and are at times in direct competition for both hospital resources and patients. In the new health care paradigm where evidence-based medicine (e.g., cost and quality) becomes a more important determinant of treatment decision-making, a cohesive team approach to cancer care makes the most economic sense. According to an American College of Radiology survey of United States Radiology and Radiation Oncology practices in 2008, most practices from both specialties preferred a large multi-specialty group practice either within or separate from an academic medical center. This is no surprise given the growth of medical knowledge and technical innovation that our specialties have benefited from. It is becoming more difficult for smaller groups to maintain state of the art specialization within their respective fields. Radiology groups, on average, are almost three times the size of Radiation Oncology practices. It behooves these departments to reach a stronger axis of collaboration given the shared common interests and marked synergy between many of the cancer treatments each possesses in their armamentarium. Advanced imaging of treatment response with contrast-enhanced imaging, perfusion and diffusion magnetic resonance imaging as well as PET/CT and PET/MRI is providing a clearer picture into tumor anatomy and pathophysiology. Radiologists can place fiducial markers and brachytherapy catheters to provide more precise localization for stereotactic body radiotherapy techniques and higher local radiotherapy boosts for recurrent local cancers, respectively. Advanced imaging technology provides radiation oncologists with more accurate tumor targeting, thus reducing toxicity to adjacent normal and critical tissues. Combination therapies with external beam radiotherapy or brachytherapy and thermal ablation technology have shown synergistic effects with promise for improved local control in larger tumors. Intraarterial radioembolics with 90 Yttrium embolic agents utilize beta particles to destroy regional cancer of the liver. Newer non-ionizing techniques such as high intensity focused ultrasound can provide stereotactic like thermal destruction of soft tissue tumors; exciting preliminary results have shown potential in bone cancer, breast cancer and prostate cancer. Radiation oncologists have great expertise at treatment planning with ionizing radiation. This experience has come from decades of research as well as technical advances in computer science and photon delivery. Concurrently, radiologists who target tumors with ablative techniques have begun to realize the great need for 3-dimensional treatment planning. The time has come for a reunification of spirit as well as intellect. Our patients and the medical community will reap the benefits of a stronger collaboration. As Isaac Newton said, "If I have seen further than others, it is by standing upon the shoulders of giants."
1) Understand error disclosure as an essential tenet of patient care and medical professionalism. 2) Identify barriers to effective error disclosure. 3) Develop strategies for effective disclosure of radiological errors to referring physicians, patients and families.

ABSTRACT
Disclosure of medical error is a daunting communication challenge for all physicians. Like many physicians, radiologists are unlikely to demonstrate full transparency and honesty when a medical error occurs. No educational programs have been developed specifically to help radiologists overcome barriers to disclosure of clinical errors, and learn how to approach communication about disclosure optimally. The objective of this Refresher Course is to enhance radiologists' understanding of and comfort with disclosure of radiological errors to referring physicians and patients. The 90-minute Course will include didactic presentations by clinician scholars in the field of medical error disclosure, and live enactments between trained personnel/actors and Course participants. Didactic material will discuss background information, risks, benefits, and barriers to disclosure, and introduce strategies toward discussing medical errors with patients and treating physicians. Enactments will entail conversations between volunteer Course participants and trained personnel who will portray physicians and patients to whom the Radiologist/participant must disclose an error. The enactments will be followed by debriefings and group discussions.

Standards of Ethics in Practice: Evolution, Purpose, Structure, Compliance (Sponsored by the Associated Sciences Consortium) (An Interactive Session)

Tuesday, 08:30 AM - 10:00 AM  •  S105AB

LEARNING OBJECTIVES
1) Recognize the need for ethics that promote appropriate patient treatment, acceptable standards of care and adherence to regulatory compliance. 2) Develop a framework for continually improving a practice's clinical and business operations. 3) Understand concepts fundamental to radiology coding and reimbursement. 4) Institute simple steps to ethically balance needs of patients with those of other parties.

The Aging Radiologist: How to Cope, When to Quit (Sponsored by the RSNA Professionalism Committee) (An Interactive Session)

Tuesday, 08:30 AM - 10:00 AM  •  E450B

LEARNING OBJECTIVES
1) Identify physiological and psychological manifestation of aging specific to performance as a radiologist. 2) Institute non-prejudicial evaluation of function and performance of radiologists in their department as they age. 3) Understand economic, health, emotional and professional factors that stimulate radiologists to either continue working or retire. 4) Identify strategies for instituting meaningful and satisfying activities after retirement from active radiology practice.

Hot Topics in Malpractice Litigation 2013: Communication of Radiologic Findings and Common Medicolegal Issues in Body Imaging

Tuesday, 08:30 AM - 10:00 AM  •  S403A

LEARNING OBJECTIVES
1) Understand the importance of communicating radiologic findings to healthcare providers responsible for the care of patients. 2) Briefly review the American College of Radiology Communication Guidelines. 3) Review common medical legal pitfalls in body imaging, including suboptimal technique and search pattern.

ABSTRACT
Allegations of radiology negligence continue. This course will review a common but occasionally misunderstood source of malpractice allegation -- failure to communicate radiologic findings on exams that may have been interpreted correctly by the radiologist. The American College of Radiology Communication Guidelines will be discussed, and examples will be presented which illustrate potential communication breakdown between healthcare providers. The course will also discuss and illustrate common medical legal pitfalls in body imaging, including suboptimal technique and search pattern.

Resident Interviewing: Skills that Work!

Tuesday, 04:30 PM - 06:00 PM  •  E353A

LEARNING OBJECTIVES
1) Describe basic interview skills appropriate to various levels. 2) Conduct an effective interview. 3) Avoid interview don'ts.

ABSTRACT
Interviewing is a critical part of the hiring process, often the decisive factor in hiring decisions. Additionally, virtually every radiologist will be required to be an interviewer or interviewee during his or her career. Despite the importance placed on interviews, candidates and interviewers rarely undergo training to either 1) present themselves in the most favorable light, or 2) optimize the interview to quickly and accurately assess a candidate's qualifications and personality fit for a particular job. Through didactic teaching and a series of vignettes,
this course will review basic interview and interviewing skills for residents, fellows, and staff radiologists as well as for leadership positions at the department level and above (section chiefs, vice chairs, chairs, chief of staff, deans).

**RC402A • Program Director, Chair, and Dean as Interviewers**
Jonathan S Lewin MD (Presenter)

LEARNING OBJECTIVES
View learning objectives under main course title.

**RC402B • Resident, Fellow, and Radiologist as Interviewees**
Fred T Lee MD (Presenter) *

LEARNING OBJECTIVES
View learning objectives under main course title.

**ABSTRACT**
Interviewing is a critical part of the hiring process, often the decisive factor in hiring decisions. Additionally, virtually every radiologist will be required to be an interviewer or interviewee during his or her career. Despite the importance placed on interviews, candidates and interviewers rarely undergo training to either 1) present themselves in the most favorable light, or 2) optimize the interview to quickly and accurately assess a candidate’s qualifications and personality fit for a particular job. Through didactic teaching and a series of vignettes, this course will review basic interview and interviewing skills for residents, fellows, and staff radiologists as well as for leadership positions at the department level and above (section chiefs, vice chairs, chairs, chief of staff, deans).

**RC402C • Interview Role-Playing**
Fred T Lee MD (Presenter) *; Jannette Collins MD, MEd (Presenter); Jonathan S Lewin MD (Presenter)

LEARNING OBJECTIVES
View learning objectives under main course title.

**ABSTRACT**
Interviewing is a critical part of the hiring process, often the decisive factor in hiring decisions. Additionally, virtually every radiologist will be required to be an interviewer or interviewee during his or her career. Despite the importance placed on interviews, candidates and interviewers rarely undergo training to either 1) present themselves in the most favorable light, or 2) optimize the interview to quickly and accurately assess a candidate’s qualifications and personality fit for a particular job. Through didactic teaching and a series of vignettes, this course will review basic interview and interviewing skills for residents, fellows, and staff radiologists as well as for leadership positions at the department level and above (section chiefs, vice chairs, chairs, chief of staff, deans).

URL's
http://med.uc.edu/radiology/facstaff/collij4/index.html

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**Publishing in Radiology: What You Always Wanted to Know and Never Asked**

**Tuesday, 04:30 PM - 06:00 PM • E352**

**RC424 • AMA PRA Category 1 Credit ™:1.5**
Moderator

Herbert Y Kressel MD *
Deborah Levine MD *
Alexander A Bankier MD, PhD *
Elkan F Halpern PhD *
David F Kalimes MD *

LEARNING OBJECTIVES
1) Understand on what a manuscript submitted to RADIOLOGY is judged during the review and decision process. 2) Understand why it is important to clearly represent research results so that all parts of the written manuscript clearly reflect the research question. 3) Understand how to organize the inner logic of a manuscript submitted to RADIOLOGY. 4) Illustrate how graphs and charts can be best utilized to appropriately illustrate your results. 5) Understand the common statistical errors in manuscripts and how they can be avoided.

**ABSTRACT**
More than 2000 manuscripts per year are submitted to RADIOLOGY. Despite their variety in their subject matter and content, many manuscripts share common problems in the research design, description, and style which need improvement. The Publication Information for Authors is available on-line at http://www.rsna.org/publications/rad/PIA/index.html. This provides a basic set of guidelines for manuscript preparation and submission. This presentation will complement and extend beyond these guidelines by further illustrating points from the Publication Information for Authors with realistic examples and tangible scenarios based on our experience with the submission, review, and decision making process. The Editor, three Deputy Editors, and statistician of RADIOLOGY will provide practical tips as well as Dos and Don’ts for preparing the major elements of a RADIOLOGY manuscript. In addition, we will discuss the most common statistical problems we encounter in reviewing manuscripts, and discuss the issue of why many published research results turn out to be incorrect. At the end of the session, the registrants will gain an enhanced understanding of the required elements of an original submission, and have a better understanding of common author pitfalls encountered during manuscript review and the editorial process.

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**What's New from the American Board of Radiology**

**Wednesday, 08:30 AM - 10:00 AM • E353A**

**RC502 • AMA PRA Category 1 Credit ™:1.5**
Moderator

Duane G Mezwa MD
James P Borgstede MD
Dennis M Balfe MD
Milton J Guiberteau MD

LEARNING OBJECTIVES
View learning objectives under main course title.

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ABSTRACT

Peer review is, in a major way, responsible for the quality of the manuscripts published in a given journal. In this refresher course, the Editors of both of the peer-reviewed journals published by the RSNA will discuss the peer review processes of their respective journals. The Editors will also emphasize the important functions served by the peer reviewers and will indicate the types of information which they would like the peer reviewers to consider when the peer reviewers review a given manuscript. There will be ample time for questions and answers.

LEARNING OBJECTIVES

1) Discuss the similarities and differences in the peer review process for the RSNA journals. 2) Discuss the functions of the reviewer in the peer review process. 3) Enumerate the desired elements for peer review of a manuscript.

ABSTRACT

Medical malpractice liability is a pervasive concern among radiologists and shapes the way radiology is practiced. Working with a professional liability insurer, we studied the radiology malpractice liability environment at a large integrated health system over a five-year period.

PURPOSE

Medical malpractice liability is a pervasive concern among radiologists and shapes the way radiology is practiced. Working with a professional liability insurer, we studied the radiology malpractice liability environment at a large integrated health system over a five-year period.

METHOD AND MATERIALS

All medical malpractice claims asserted against the health system from 1/1/2008 to 12/31/2012 were collected and analyzed. Claims were evaluated based on the medical specialties involved, total liability costs incurred, and the disposition of closed cases. Claims involving radiology were further evaluated to determine severity of the injury asserted, health care setting involved, primary allegation asserted, and, for missed diagnosis cases, the primary diagnosis missed. When possible, comparison was made to the Comparative Benchmarking System (CBS), a large national HIPAA-compliant, medical malpractice claims database.

RESULTS

Over the five-year period, 1,126 malpractice claims were asserted against the health system resulting in $623M of total incurred liability. Claims involving radiology made up 8% of the cases, representing the 5th most commonly involved medical specialty, compared to 7th nationwide. Of the radiology claims, 57% were dropped or dismissed, 39% settled, 2% resulted in a defense verdict, and 2% resulted in a plaintiff verdict. The nature of the claims involving radiology was also assessed. Of those claims, 52% involved a high level of injury severity (defined as injury resulting in death or permanent significant deficit). The majority of the claims involving radiology involved the ambulatory setting (80%), followed by the inpatient setting (13%) and emergency department (7%). The most commonly asserted allegation against radiology involved diagnosis-related negligence (65%), followed by treatment-related (39%) and medication-related (3%) negligence. Cancer was the most commonly missed diagnosis representing 65% of missed diagnosis cases. There was little difference in the nature of the radiology claims compared to nationwide data.

CONCLUSION

Radiology is a significant contributor to malpractice liability with claims commonly originating in the ambulatory setting, involving allegations of diagnostic failure, and resulting in high severity injuries.

CLINICAL RELEVANCE/APPLICATION

Medical malpractice claims data can offer valuable insight into the current liability environment and can direct strategies for reducing liability exposure.

ABSTRACT

An ongoing worldwide multicentre post-marketing study (PMS) is conducted to collect safety data in 40,000 patients (adults and children) with or without renal insufficiency, scheduled to undergo a routine contrast-enhanced magnetic resonance (MR) examination using gadoterate meglumine (Dotarem). Risk factors at inclusion, indications for MR imaging, conditions of the contrast material administration, occurrence of adverse events are recorded. For any patient identified as renally impaired at the time of inclusion (i.e.,
Making Imaging around the World Better: Global Survey of Radiologists in 10 Countries

Bhavya Rehani MD (Presenter) ; Pamela W Schaefer MD ; Ramon G Gonzalez MD, PhD ; Vinil Shah ; Javier M Romero MD ; Otto Rapalino MD ; David A Rosman MD * ; Garry Choy MD, MS

PURPOSE
There are substantial unmet imaging needs for vulnerable and crisis affected populations. Our aim was to survey radiologists across developing countries in Asia, Europe and South America to assess their imaging needs and find out what in their opinion are the most effective ways to improve imaging in their respective countries.

METHOD AND MATERIALS
A standardized questionnaire containing 11 questions was sent to radiologists in 18 developing countries across the world. Radiologists from 10 countries responded (response rate=55%). These include Sri Lanka, Thailand, Costa Rica, Belarus, Serbia, Macedonia, Singapore, the Czech Republic, Lithuania and Slovenia. Some questions addressed the overall status of radiology in their countries and focused on potential shortages of radiologists, residency positions and medical physicists, while others focused on effective solutions to problems they face everyday.

RESULTS
Survey results indicated that most of the countries (90%), need to establish more radiology residency training positions. For improving knowledge in radiology, 100% thought online teaching modules would be most effective, and 30% believed on-site teaching workshops would help. 60% of radiologists (95% CI being 47.6 to 72.4%) believed that humanitarian ◆ second opinion◆ teleradiology would be valuable in more than 50% of their cases, while 40% (95% CI being 27.6 to 52.4%) believed that a second opinion would be needed in less than 50% of their cases. 10% believed that the subspecialty in which they feel most deficient is neuroradiology with

Patient-centered Care: Lessons Learned from Brief Radiologist-patient Interviews Prior to Musculoskeletal Magnetic Resonance Imaging

Derik L Davis MD (Presenter) ; Michael E Mulligan MD ; Arie Moszkowicz MD ; Charles S Resnik MD

PURPOSE
To determine if brief radiologist-patient interviews before musculoskeletal MRI improve the quality of clinical information available during image interpretation.

METHOD AND MATERIALS
The institutional review board approved this retrospective study and waived informed consent. A total of 186 screening questionnaires completed by outpatients prior to musculoskeletal MRI at a single institution between August and November 2011 were separated into two cohorts: (1) outpatient imaging center (IC) forms with no radiologist-patient interaction; (2) hospital (H) forms with radiologist-patient interviews before MRI. Two musculoskeletal (MSK) radiologists and one MSK fellow independently reviewed each form while blinded to patient demographics, imaging site, clinician referral information, and MR images. The reviewers rated the forms for quality on a 5-point scale: 5(outstanding) to 1(poor). A third MSK radiologist performed a separate analysis to determine if each question received an answer, and also to quantify the response to the open-ended symptoms question. The unpaired t test, Fischer exact test and χ2 test were used to compare the two cohorts. RESULTS
The mean score of the H-cohort among reviewers was higher than the IC-cohort: 3.79 (±0.98) versus 3.04 (±1.00), P < 0.001.

CONCLUSION
Direct radiologist-patient interaction prior to musculoskeletal MRI improves the quality of clinical information available during image interpretation.

The interpretation of imaging studies with inadequate clinical information is not uncommon. Direct radiologist-patient communication before imaging may remedy this problem.

SSM10-04 • Patient-centered Care: Lessons Learned from Brief Radiologist-patient Interviews Prior to Musculoskeletal Magnetic Resonance Imaging

Derik L Davis MD (Presenter) ; Michael E Mulligan MD ; Arie Moszkowicz MD ; Charles S Resnik MD

PURPOSE
To determine if brief radiologist-patient interviews before musculoskeletal MRI improve the quality of clinical information available during image interpretation.

METHOD AND MATERIALS
The institutional review board approved this retrospective study and waived informed consent. A total of 186 screening questionnaires completed by outpatients prior to musculoskeletal MRI at a single institution between August and November 2011 were separated into two cohorts: (1) outpatient imaging center (IC) forms with no radiologist-patient interaction; (2) hospital (H) forms with radiologist-patient interviews before MRI. Two musculoskeletal (MSK) radiologists and one MSK fellow independently reviewed each form while blinded to patient demographics, imaging site, clinician referral information, and MR images. The reviewers rated the forms for quality on a 5-point scale: 5(outstanding) to 1(poor). A third MSK radiologist performed a separate analysis to determine if each question received an answer, and also to quantify the response to the open-ended symptoms question. The unpaired t test, Fischer exact test and χ2 test were used to compare the two cohorts. RESULTS
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CONCLUSION
Direct radiologist-patient interaction prior to musculoskeletal MRI improves the quality of clinical information available during image interpretation.

The interpretation of imaging studies with inadequate clinical information is not uncommon. Direct radiologist-patient communication before imaging may remedy this problem.

SSM10-05 • The ABR's Practice Analysis Survey: Comparison of 2010 and 2013

June C Yang PhD,RN (Presenter) ; Anthony Gerdeman PhD ; Kay H Vydareny MD ; Gary J Becker MD ; Jennifer Bosma PhD

PURPOSE
To present the findings of the 2013 ABR Practice Analysis survey, performed to determine the critically important and frequently performed activities in clinical practice, and to note changes in practice patterns since the prior survey in 2010.

METHOD AND MATERIALS
The survey instrument was distributed electronically to 17,721 members of American College of Radiology with a unique identification code for each individual in 2010 and to 16,369 individuals in 2013. A five-point scale was established for both frequency and importance variables. Rating scales were identical both in 2010 and 2013. Currently, the data are being collected and data collection will be closed on April 12, 2013.

RESULTS
In 2010, 2909 (19.32%) diagnostic radiologists answered the survey, while in 2013, there were 1964 (13.00%) respondents as of April 2, 2013. 2,233 (76.8%) of the respondents indicated that they spent at least 50% of their time in clinical practice in 2010 whereas 1368 (69.65%) diagnostic radiologists who participated reported practicing 50% or more in clinical practice thus far in 2013. The test of statistical significance will be tested in the clinical practice settings and in other demographic data between the two surveys, 2010 and 2013. 2,233 (76.8%) of the respondents indicated that they spent at least 50% of their time in clinical practice in 2010 whereas 1368 (69.65%) diagnostic radiologists who participated reported practicing 50% or more in clinical practice thus far in 2013. The test of statistical significance will be tested in the clinical practice settings and in other demographic data between the two surveys, 2010 and 2013. Changes in top three activities/indications in importance and frequency between the two surveys will be compared.

CONCLUSION
The 2013 practice analysis survey may show changes in practice patterns between 2010 and 2013. These changes will be incorporated into the examination development processes of the ABR.

CLINICAL RELEVANCE/APPLICATION
Changes observed from a practice analysis survey in 2013 will be discussed. Knowledge of these changes is important so that examinations which reflect current practice patterns can be constructed.

SSM10-06 • Making Imaging around the World Better: Global Survey of Radiologists in 10 Countries

Bhavya Rehani MD (Presenter) ; Pamela W Schaefer MD ; Ramon G Gonzalez MD, PhD ; Vinil Shah ; Javier M Romero MD ; Otto Rapalino MD ; David A Rosman MD * ; Garry Choy MD, MS

PURPOSE
There are substantial unmet imaging needs for vulnerable and crisis affected populations. Our aim was to survey radiologists across developing countries in Asia, Europe and South America to assess their imaging needs and find out what in their opinion are the most effective ways to improve imaging in their respective countries.

METHOD AND MATERIALS
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Survey results indicated that most of the countries (90%), need to establish more radiology residency training positions. For improving knowledge in radiology, 100% thought online teaching modules would be most effective, and 30% believed on-site teaching workshops would help. 60% of radiologists (95% CI being 47.6 to 72.4%) believed that humanitarian ◆ second opinion◆ teleradiology would be valuable in more than 50% of their cases, while 40% (95% CI being 27.6 to 52.4%) believed that a second opinion would be needed in less than 50% of their cases. 10% believed that the subspecialty in which they feel most deficient is neuroradiology with

As of October 23, 2012, the cut-off date for the interim safety analysis, this ongoing PMS included data on 29689 patients (mean age: 50 years; range: 0-98 years; female, 53.4%). MR examinations were mainly performed to image the central nervous system (55.1%). The main risk factors were renal insufficiency (12.7%) and hypertension (11.8%). Moderate to severe impaired renal function was reported in 552 patients (1.9%). Among them, 391 (70.8%) were reported without suspicion of NSF during the 3-month follow-up. For the remaining patients (29.2%), the follow-up evaluation was not yet reported at the time of data analysis. Twenty-eight patients (
What the Referring Physician Needs to Know (Sponsored by the RSNA Public Information Committee)

Thursday, 04:30 PM - 06:00 PM • SS04AB

The importance of leadership succession planning was highlighted in the session "Seamless Transitions: The Importance of Leadership Succession Planning." Discussing this, Kenneth A Buckwalter, MD, and Ella A Kazerooni, MD, emphasized the critical role that strong leadership plays in the success of an organization. They outlined the process of leadership succession planning, including the identification of potential leaders, the development of leadership skills, and the importance of creating a culture of development and growth within the organization.

Ingrid M Burger, MD, and Brent J Wagner, MD, presented on "Traits and States: Management versus Leadership." They discussed the differences between management and leadership, with leadership being defined as the ability to inspire and influence others to contribute towards achieving common goals. The session focused on the importance of effective communication, decision-making, and strategic planning in leadership.

Bruce J Barron, MD, and Ella A Kazerooni, MD, shared insights on "Seamless Transitions: The Importance of Leadership Succession Planning." They stressed the need for organizations to have a clear succession planning process in place to ensure a smooth transition of leadership. The session included practical tips and strategies for effective leadership transition, including the importance of mentoring and leadership development programs.

The session concluded with a discussion on how to avoid failure in leadership. Alexander R Margulis, MD, presented "Learning Objectives: Avoiding Failure," highlighting the importance of identifying and avoiding states or traits associated with failure. He shared practical strategies and tips to ensure leadership effectiveness and success.

Overall, the session provided valuable insights into leadership development, succession planning, and avoiding failure, equipping attendees with practical tools to enhance their leadership skills.

View learning objectives under main course title.

What the Referring Physician Needs to Know (Sponsored by the RSNA Public Information Committee)

Thursday, 04:30 PM - 06:00 PM • SS04AB

The session focused on the importance of communication, leadership skills, and the role of the leader in creating a strong organization. The discussion included the identification of qualities of a successful leader, the importance of succession planning, and strategies for avoiding failure in leadership.

Bruce J Barron, MD, and Ella A Kazerooni, MD, presented on "Traits and States: Management versus Leadership." They discussed the key differences between management and leadership, with leadership being defined as the ability to inspire and influence others to contribute towards achieving common goals. The session highlighted the importance of effective communication, decision-making, and strategic planning as critical components of leadership.

Alexander R Margulis, MD, shared insights on "Learning Objectives: Avoiding Failure," emphasizing the importance of identifying and avoiding states or traits associated with failure. He provided practical strategies and tips to ensure leadership effectiveness and success.

Overall, the session provided attendees with valuable insights into leadership development, succession planning, and avoiding failure, empowering them to enhance their leadership skills.

View learning objectives under main course title.
ABSTRACT

1) To apply adult learning principles. 2) To demonstrate effective presentation skills.

LEARNING OBJECTIVES

1) Apply adult learning principles. 2) Demonstrate effective presentation skills.
role-playing, case-based examples, directed listening, and use of an audience response system. It is first necessary to motivate and gain attention of the learner for learning to take place. This can be accomplished through appropriate use of humor, anecdotes, and quotations. This course will review adult learning principles and effective presentation skills.

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URLs
http://med.uc.edu/radiology/facstaff/collij4/index.html

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**Radiology in the Developing World: Mistakes Made, Lessons Learned, What’s Next? (Sponsored by the RSNA Committee on International Radiology Education)**

Friday, 08:30 AM - 10:00 AM • S404AB

**RC816 • AMA PRA Category 1 Credit ™•1.5 • ARRT Category A+ Credit: 1.5**

Coordinator
William W Mayo-Smith, MD *

**RC816A • RSNA Committee on International Radiology Education: How We Can Help**

Teresa L Angtuaco MD (Presenter) ; William W Mayo-Smith MD (Presenter) *

**LEARNING OBJECTIVES**

1) Improved ability to participate in or develop global radiology projects. 2) Understand available resources and types of organizations involved in global radiology. 3) Create a viable framework for global radiology incorporating the multifactorial implementation challenges. 4) Develop global radiology strategies that maximize sustainability and scalability.

**ABSTRACT**

**RC816B • Political Challenges and Ethical Practices**

Kristen K DeStigter MD (Presenter) *

**LEARNING OBJECTIVES**

1) Describe the ethical considerations associated with setting up a global imaging project. 2) Discuss the political challenges that may be encountered when designing and implementing a global imaging endeavor. 3) Understand the cultural factors that play into the political and ethical challenges.

**RC816C • Involving Radiologists on the Ground: Dealing with Competing Incentives**

Marc D Kohli MD (Presenter) *

**LEARNING OBJECTIVES**

1) Identify challenges particular to providing radiology service in a resource-constrained setting. 2) Explain how partnerships and bi-directional exchange can be used to address these challenges.

**ABSTRACT**

**RC816D • Creating a Remote Digital Department: Funding Is the Easy Part**

Jeffrey B Mendel MD (Presenter) *

**LEARNING OBJECTIVES**

1) Improve ability to participate in or develop global radiology projects. 2) Understand available resources and types of organizations involved in global radiology. 3) Create a viable framework for global radiology incorporating the multifactorial implementation challenges. 4) Develop global radiology strategies that maximize sustainability and scalability.

**ABSTRACT**

**RC816E • Strategies For Sustainability and Scalability of Radiology in Developing Countries: Lessons Learned from RAD-AID’s Radiology-Readiness Model**

Daniel J Mollura MD (Presenter)

**LEARNING OBJECTIVES**

1) Describe evidence of radiology needs in limited-resource regions. 2) Describe how data collection and analysis can help radiology planning in developing world. 3) Provide examples showing that projects planned from data analysis can increase long term effectiveness of radiology services in the developing world.

**ABSTRACT**

The World Health Organization (WHO) reports that 50-70% of the world's population has inadequate or no access to medical imaging, such as radiography, ultrasound and mammography. This disparity has contributed to inadequate health care among poor populations, such as for women's health (breast cancer screening and maternal infant health), HIV-related disease, Tuberculosis, cancer, heart disease, and trauma, because these diseases often require radiology for diagnosis and care. To address this worldwide problem, multidisciplinary approaches should be optimized to include economic development, health care system evaluation, technology innovation, clinical education, and technical training. Projects developed on this model can increase targeted effectiveness for long term radiology services by implementing programs that specifically meet measured needs and can be monitored for outcomes. Moreover, data collection and analysis of radiology needs should ideally encompass these multidisciplinary areas in order to clearly target the highest yield areas for intervention given the infrastructure, economic context, referral pathways, and epidemiological disease patterns. By scaling this model for diverse regions based on interdisciplinary teams and methods, radiology services in the developing world can address shortages and decrease global health care disparities.

**Disclosure Index**

**B**

Bankier, A. A. - Author with royalties, Reed Elsevier Consultant, Olympus Corporation
Barron, B. J. - Stockholder, Immunomedics Inc
Beauchamp, N. J. JR - Research funded, Koninklijke Philips Electronics NV
Berlin, J. W. - Stockholder, Nuance Communications, Inc Radiology Advisory Board, Nuance Communications, Inc
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