

2013 RSNA (Filtered Schedule)

Sunday, December 01, 2013

08:30-10:15 AM • **PS10** • Arie Crown Theater • Opening Session
11:45-12:45 PM • **MSRA12** • Room: S402AB • Patient Radiation Dose: Reduction and Recording (An Interactive Session)
02:00-03:30 PM • **RC102** • Room: E350 • What's New from the Radiology Residency Review Committee: Milestones, New for 2013

Monday, December 02, 2013

08:30-10:00 AM • **RC216** • Room: E450B • Vignette-based 'Disclosure of Medical Error in Radiology' (Sponsored by the RSNA Professionalism Committee) (A...

Tuesday, December 03, 2013

08:30-10:00 AM • **MSAS31** • Room: S105AB • Standards of Ethics in Practice: Evolution, Purpose, Structure, Compliance (Sponsored by the Associated Scienc...
08:30-10:00 AM • **RC316** • Room: E450B • The Aging Radiologist: How to Cope, When to Quit (Sponsored by the RSNA Professionalism Committee) (An Interac...
08:30-10:00 AM • **RC327** • Room: S403A • Hot Topics in Malpractice Litigation 2013: Communication of Radiologic Findings and Common Medicolegal Issues ...
04:30-06:00 PM • **RC402** • Room: E353A • Resident Interviewing: Skills that Work!
04:30-06:00 PM • **RC424** • Room: E352 • Publishing in Radiology: What You Always Wanted to Know and Never Asked

Wednesday, December 04, 2013

08:30-10:00 AM • **RC502** • Room: E353A • What's New from the American Board of Radiology
08:30-10:00 AM • **RC524** • Room: S102D • Reviewing Manuscripts for the RSNA Journals (Sponsored by the RSNA Publications Council)
03:00-04:00 PM • **SSM10** • Room: S102D • ISP: Health Service, Policy and Research (Medicolegal and Ethics)

Thursday, December 05, 2013

08:30-10:00 AM • **RC616** • Room: E450B • Service Excellence in Radiology (Sponsored by the RSNA Professionalism Committee) (An Interactive Session)
08:30-10:00 AM • **RC632** • Room: S103AB • How to Avoid Failure: Qualities of a Successful Leader
04:30-06:00 PM • **RC716** • Room: S504AB • What the Referring Physician Needs to Know (Sponsored by the RSNA Public Information Committee)
04:30-06:00 PM • **RC724** • Room: S403A • Professionalism and the Radiology Trainee
04:30-06:00 PM • **RC732** • Room: S403B • Managing the Problem Employee

Friday, December 06, 2013

08:30-10:00 AM • **RC802** • Room: E353B • How to Be the Speaker Everyone Wants You to Be (An Interactive Session)
08:30-10:00 AM • **RC816** • Room: S404AB • Radiology in the Developing World: Mistakes Made, Lessons Learned, What's Next? (Sponsored by the RSNA Committ...

Opening Session

Sunday, 08:30 AM • Arie Crown Theater



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PS10 • AMA PRA Category 1 Credit™: 1.75 • ARRT Category A+ Credit: 1
To receive credit, relinquish attendance voucher at end of session.

Presiding

Sarah S Donaldson, MD, Palo Alto, CA
President, Radiological Society of North America

Greetings

John D Hazle, PhD, Houston, TX
President, American Association of Physicists in Medicine
Joy S Sciamberg, MD, Deerfield, IL
President, Chicago Radiological Society

Presentation of the Outstanding Educator Award

Bruce G Haffty, MD, New Brunswick, NJ
Recipient

Presentation of the Outstanding Researcher Award

Norbert J Pelc, ScD*, Stanford, CA
Recipient

Dedication of the 2013 RSNA Meeting Program to the Memory of David H. Hussey, MD (1937-2013), and Philip E.S. Palmer, MD (1921-2013)

Sarah S Donaldson, MD, Palo Alto, CA

President's Address: The Power of Partnership

Sarah S Donaldson, MD, Palo Alto, CA
Introduction by
Richard T Hoppe, MD, Palo Alto, CA
First Vice President, Radiological Society of North America

LEARNING OBJECTIVES

In the current healthcare environment, radiologists must reexamine their traditional expectations, attitudes, and behaviors so as to embrace a requisite change in culture that builds partnerships throughout radiology, the general medical community, and the larger community of patients and families. This address illustrates the perils of technology that have unintentionally fragmented radiology and radiologists. Yet in this current era of precision imaging and therapy, we find natural partnerships throughout the radiologic community. Within the general medical community, multi-disciplinary team medicine mandates visibility of the radiologist, who must accept responsibility for patient care beyond rapid communication of imaging results. Team-based practice promotes collaborative

clinical and research programs, augment one's expertise, and builds careers. Professional interdependence promotes innovation and adds value to our collective endeavors. However, our most important partners are the patients we serve. When we commit ourselves to focusing on their care and becoming their partners, they will come to understand our contribution to diagnosis and treatment, and will become our advocates. The physician / patient bond that is well developed in oncology serves as a model for all of radiology, and confirms the gratifications that come from being a patient-oriented radiologist.

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 radioembolism 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."

Patient Radiation Dose: Reduction and Recording (An Interactive Session)

Sunday, 11:45 AM - 12:45 PM • S402AB

QA PR HP

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MSRA12 • AMA PRA Category 1 Credit™:1 • ARRT Category A+ Credit:1
Douglas E Pfeiffer, MS *

LEARNING OBJECTIVES

This session will include a discussion of current methods and trends toward reducing patient radiation dose with highlights of areas where there is particular concern or new data. The remainder of the session will include the ethical, legal, and policy-driven practices related to recording patient radiation dose.

What's New from the Radiology Residency Review Committee: Milestones, New for 2013

Sunday, 02:00 PM - 03:30 PM • E350

PR LM ED

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RC102 • AMA PRA Category 1 Credit™:1.5
Lynne E Meyer, PhD, MPH
Lawrence P Davis, MD

LEARNING OBJECTIVES

1) The attendee will learn about new program requirements. 2) The attendee will learn how the NAS will be used for program accreditation. 3) The attendee will be made aware of various issues pertaining to resident education with which the RRC is grappling and the outcomes of several pressing issues, such as the milestones initiative, and the prerequisite training requirements for entering ACGME-accredited core residency and fellowship programs.

ABSTRACT

Vignette-based 'Disclosure of Medical Error in Radiology' (Sponsored by the RSNA Professionalism Committee) (An Interactive Session)

Monday, 08:30 AM - 10:00 AM • E450B

QA PR LM

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RC216 • AMA PRA Category 1 Credit™:1.5 • ARRT Category A+ Credit:1.5
Director
Stephen D Brown, MD
Constance D Lehman, MD, PhD *
Thomas H Gallagher, MD
Elaine C Meyer, PhD, RN

LEARNING OBJECTIVES

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

PR

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MSAS31 • AMA PRA Category 1 Credit™:1.5 • ARRT Category A+ Credit:1.5

Moderator

Claudia A Murray
Richard Duszak, MD
Ann Oberfell, JD

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

PR LM

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RC316 • AMA PRA Category 1 Credit™:1.5 • ARRT Category A+ Credit:1.5

Moderator

Donald M Bachman, MD
Stephen Chan, MD
Bruce J Barron, MD *
William J Casarella, MD
Robert A Schmidt, MD *

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.

ABSTRACT

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

PR HP

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RC327 • AMA PRA Category 1 Credit™:1.5 • ARRT Category A+ Credit:1.5

Leonard Berlin, MD
Jonathan W Berlin, MD *

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

PR ED

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RC402 • AMA PRA Category 1 Credit™:1.5 • ARRT Category A+ Credit:1.5

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/collj4/index.html>

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

Tuesday, 04:30 PM - 06:00 PM • E352

PR **ED**

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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 Kallmes, 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 Do's 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.

What's New from the American Board of Radiology

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

PR **LM** **ED**

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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

1) Explain the Core and Certifying Exams; describe the relationship to/evolving impact of the new exams on training and practices. 2) Describe the ABR Board Eligibility policy and how a hospital credentials committee might apply it. 3) Describe recent ABR MOC program changes including: efforts to align MOC with practice requirements and incentives, self-assessment CME, and Continuous Certification. 4) Plan and execute a practice-relevant PQI project. 5) List the meaningful participation criteria for individual MOC Part IV credit when doing a group Part IV project. 6) Explain how IR/DR primary certification differs from VIR subspecialty certification; describe a likely sequence and timeline for its full implementation.

ABSTRACT

Reviewing Manuscripts for the RSNA Journals (Sponsored by the RSNA Publications Council)

Wednesday, 08:30 AM - 10:00 AM • S102D

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PR **OT**

RC524 • AMA PRA Category 1 Credit™:1.5

Moderator

Herbert Y Kressel , MD *

Jeffrey S Klein , MD

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

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.

ISP: Health Service, Policy and Research (Medicolegal and Ethics)

Wednesday, 03:00 PM - 04:00 PM • S102D

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PR **HP**

SSM10 • AMA PRA Category 1 Credit™:1

Moderator

James V Rawson , MD

Moderator

Annette J Johnson , MD, MS

SSM10-01 • Health Service, Policy and Research Keynote Speaker: Medicolegal and Ethics

James V Rawson MD (Presenter)

SSM10-02 • The Medical Malpractice Environment for Radiology at a Large Integrated Health System: A 5-Year Survey

H. B Harvey MD, JD (Presenter) ; Sam T Boland ; Deborah LaValley RN ; Garry Choy MD, MS

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.

SSM10-03 • SECURE Study: Observational Post-marketing Study on the Safety of Gadoterate Meglumine - Interim Analysis

Harsh Mahajan MD, MBBS (Presenter)

PURPOSE

To prospectively assess the safety profile of gadoterate meglumine and the overall incidence of nephrogenic systemic fibrosis (NSF).

METHOD AND MATERIALS

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.,

estimated creatinine clearance or estimated glomerular filtration rate

RESULTS

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 (

CONCLUSION

This interim safety analysis already confirms the very good safety profile of gadoterate meglumine.

CLINICAL RELEVANCE/APPLICATION

(dealing with safety of contrast enhanced MRI in patients with or without renal insufficiency regarding NSF) this interim safety analysis confirms the very good safety profile of gadoterate meglumine.

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 magnetic resonance imaging (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 blind to the 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 ?2 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

CONCLUSION

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

CLINICAL RELEVANCE/APPLICATION

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. 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 exam 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

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 onsite 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. 100% believed that the subspecialty in which they feel most deficient is neuroradiology with

musculoskeletal imaging and pediatric imaging being the second and third most highly ranked choices. Only 60% (95% CI being 47.6 to 72.4%) had access to a medical physicist and most believed that they need education in radiation safety and dose reduction. Other practical questions focused on image transfer, organizational development and informatics.

CONCLUSION

This survey helps radiologists around the world communicate the imaging needs in their respective countries and how can they be met. This survey can help radiologists who want to reach out in their humanitarian efforts to improve imaging around the world.

CLINICAL RELEVANCE/APPLICATION

Global outreach programs can use this survey to determine more effective ways of improving radiology in developing countries.

Service Excellence in Radiology (Sponsored by the RSNA Professionalism Committee) (An Interactive Session)

Thursday, 08:30 AM - 10:00 AM • E450B

[PR](#) [LM](#) [GN](#)

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RC616 • AMA PRA Category 1 Credit™:1.5 • ARRT Category A+ Credit:1.5

Moderator

Kenneth A Buckwalter, MD

Ella A Kazerooni, MD

Brent J Wagner, MD

Ingrid M Burger, MD, PhD

Bruce J Barron, MD *

LEARNING OBJECTIVES

1) Understand who the customer is in Radiology and why customer satisfaction scores are important. 2) Review how Radiology can document the added value role it plays in the enterprise. 3) Discuss how to manage workplace interruptions.

ABSTRACT

ServiceExcellence in healthcare is used generally to refer to patient or customer satisfaction, and our ability to consistently meet or exceed the expectations of patients, their families and visitors. It can be more widely expanded to include interactions among staff within a group, across groups or job descriptions or across departments. Inherently it is the concept that healthcare is more than just the technical act of delivering service, in radiology that would be the performance of a diagnostic test for example that hit high marks for classic quality metrics like image quality, radiation dose optimization and clarity and accuracy of the interpretation. Service excellence embraces the notion that healthcare must address the psyche, emotions and worries of those we care for, who come to us for service because they are ill and concerned about their health, the impact of disease on themselves and their families. It is about HOW we deliver the care too. From looking people in the eyes at check in, asking if there is anything else we can do for them, letting them know how they will get their test results, acknowledging when we can do better without blame, and knowing when and how to say thank you. On a more tangible level, high marks for Service Excellence also translates into higher employee engagement, retention of staff and a drop in time and resources spent doing service recovery. Hiring for Service Excellence is important to having the right people in your organization, and sometimes letting those go who cannot live up to those expectations may be necessary to move forward. In the end, a commitment to Service Excellence is not about an expensive program delivered by others to you to train to, it is about treating everyone with respect and both setting and often exceeding expectations. With higher patient satisfaction scores comes retention of patients/customers, and word of mouth marketing that your program is THE destination for care now and in future.

How to Avoid Failure: Qualities of a Successful Leader

Thursday, 08:30 AM - 10:00 AM • S103AB

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RC632 • AMA PRA Category 1 Credit™:1.5 • ARRT Category A+ Credit:1.5

LEARNING OBJECTIVES

ABSTRACT

Developing or continuing success within an organization is very dependent on the efforts and skills of leadership at all levels. Leadership is critical for all aspects of operational activities, including mission and goal setting, operational activities, outcome assessments, and communications within and external to the organization. The training to obtain these skill sets is inadequate in medical school and radiology residency, and most leaders, particularly at early levels of responsibility, develop these traits through either observing others or through trial and error experiences. This course will present an overview of the 'traits and states' that one needs to be aware of in managing organizations, followed by specific key points to avoid failure whether one is in a university or community setting. The emphasis will be on helpful practical tips to avoid states or traits that frequently are associated with bad outcomes for an organization and/or the involved leaders. Lastly, a commonly overlooked component of effective leadership is succession planning. A top priority, it will insure that the strong organization the leader works hard to create will stand the test of time.

URL's

nbeauchamp will be using the URL.R. Baron will be using the URL.keggli will not

RC632A • Traits and States: Management versus Leadership

Alexander R Margulis MD (Presenter)

LEARNING OBJECTIVES

1) To learn that inspired leadership is dedication to team success not self aggrandizement. 2) There is no job that is too big. There are only people lesser than the job. 3) Learn that without resources even well outlined goals cannot be achieved. 4) Absolute transparency is a must. 5) Be a role model.

RC632B • Keys to Avoid Failure: Key Qualities of a Successful Leader

Norman J Beauchamp MD (Presenter) *

LEARNING OBJECTIVES

View learning objectives under main course title.

RC632C • Seamless Transitions: The Importance of Leadership Succession Planning

Kathleen D Eggli MD (Presenter)

LEARNING OBJECTIVES

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 • S504AB

**RC716** • AMA PRA Category 1 Credit™:1.5 • ARRT Category A+ Credit:1.5**Moderator****Judy Yee**, MD ***Jeffrey D Kopin**, MD**Stephan G Wyers**, MD**Sally Reynolds**, MD

LEARNING OBJECTIVES

- 1) Discern what referring physicians need from radiologists at various stages of patient care.
- 2) Recognize referring physicians' preferences in communication methods.
- 3) Identify referring physicians' needs regarding structured reporting and appropriateness criteria.
- 4) Understand how to improve your communications and work more effectively with referring physicians to enhance patient care.
- 5) Recognize opportunities to improve/expand your interactions with referring physicians.

Professionalism and the Radiology Trainee**Thursday, 04:30 PM - 06:00 PM • S403A****RC724** • AMA PRA Category 1 Credit™:1.5 • ARRT Category A+ Credit:1.5**Director****Ronald L Eisenberg**, MD, JD**Stephen D Brown**, MD**Priscilla J Slanetz**, MD, MPH *

LEARNING OBJECTIVES

- 1) To discuss effective strategies to address the issue of the impaired and/or incompetent colleagues.
- 2) To explain [how to handle unprofessional behavior within and across disciplines.
- 3) To formulate approaches to accountability, the unexpected outcome, and the role of apology.

ABSTRACT

Unprofessional behavior during medical school, residency, and fellowship training has been linked to subsequent disciplinary action by medical boards. Consequently, educational initiatives fostering professionalism are essential for residency and fellowship training in order to promote high quality patient care. Moreover, professionalism is now one of the six competencies that residents are required to achieve before completing their training and taking the new core examinations. Professionalism is one of the most challenging components of the core ACGME competencies to teach and evaluate during residency training. This interactive course will involve group participation using reflective practice, a technique that we have successfully incorporated into residency training at our institutions. These radiology-specific, case-based sessions will address the topics of (1) the clinically incompetent and/or impaired attending; (2) unprofessional behavior across disciplines; and (3) managing the unexpected outcome, the role of apology, and accountability. Although primarily geared toward trainees, we welcome radiologists in practice who can share their practical experiences regarding these issues with residents and fellows. All three of the course facilitators have received RSNA Education Scholar Awards. Dr. Brown is a pediatric radiologist and bioethicist, Dr. Slanetz is a breast imager and residency program director, and Dr. Eisenberg is general radiologist, associate program director, and non-practicing lawyer.

Managing the Problem Employee**Thursday, 04:30 PM - 06:00 PM • S403B****RC732** • AMA PRA Category 1 Credit™:1.5 • ARRT Category A+ Credit:1.5**William G Bradley**, MD, PhD**Valerie P Jackson**, MD**Paul A Craig**, JD, RN

LEARNING OBJECTIVES

- 1) Individual Employee Assessment: How to assess performance issues and distinguish inadequacies in core competencies from behavioral issues that require special intervention.
- 2) Workgroup Assessment: How to recognize group dynamics that contribute to individual dysfunctional behavior.
- 3) Individual Employee Intervention: How to lay the foundation for effective intervention with the problem employee.
- 4) Workgroup Intervention: How to support the workgroup, dislodge barriers to successful communication and improve group dynamics.
- 5) Managing Disruptive Behavior and Preventing Workplace Violence: Outside Help and Crisis Management: How to recognize danger signs, before problem employee becomes disruptive and poses risk of workplace violence. (This course is part of the Leadership Track)

ABSTRACT

This course will examine how to recognize a problem employee and, once recognized, how to deal with him/her. The primary intention is to recognize a dysfunctional environment and to 'rehabilitate' the problem employee. If that fails, the recommended procedures for terminating a problem employee will be discussed with the objective of minimizing the damage from any subsequent legal action.

How to Be the Speaker Everyone Wants You to Be (An Interactive Session)**Friday, 08:30 AM - 10:00 AM • E353B****RC802** • AMA PRA Category 1 Credit™:1.5 • ARRT Category A+ Credit:1.5**Jannette Collins**, MD, MEd

LEARNING OBJECTIVES

- 1) Apply adult learning principles.
- 2) Demonstrate effective presentations skills.

ABSTRACT

Effectiveness of an oral presentation depends on the ability of the speaker to communicate with the audience. An important part of this communication is focusing on two to five key points and emphasizing those points during the presentation. Every aspect of the presentation should be purposeful and directed at facilitating learners' achievement of the objectives. This necessitates that the speaker has carefully developed the objectives and built the presentation around attainment of the objectives. A presentation should be designed to include as much audience participation as possible, no matter the size of the audience. Techniques to encourage audience participation include questioning, brainstorming, small-group activities,

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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URL's

<http://med.uc.edu/radiology/facstaff/collj4/index.html>

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

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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

Teresita 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

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