

MICHIGAN RADIOLOGICAL SOCIETY NEWS

Bi-Monthly Newsletter for Members of the M.R.S.



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A MESSAGE FROM THE PRESIDENT

BY PERRY PERNICANO, M.D., F.A.C.R.



Perry G. Pernicano, M.D., F.A.C.R.
Michigan Radiological Society President

My Fellow Michigan Radiological Society Members,

Wow, how quickly things can change! Just two months ago when the January newsletter came out, I do not think that any of us foresaw the entire world being put at risk and life as we know it being turned completely upside down. **SARS-CoV-2** is affecting all of us, both how we work and how we live. As members of the **American College of Radiology**, there are numerous resources available to us on topics ranging from the indications for and appropriateness of chest imaging, the radiographic manifestations of **COVID-19**, how to manage patients suspected of having the disease that require imaging, how to sterilize equipment, and how to help cope with the stresses and anxieties caused by this pandemic. We have to take the necessary steps to keep ourselves well so that we can continue to provide service to our patients and to our clinical colleagues and technologists that are on the front lines with the patients. Things will continue to change and evolve rapidly and the road ahead is still long, but I am confident that our specialty will play a major role as we move forward and weather this storm.

Despite all that has occurred, the work of the **Michigan Radiological Society** continues. I had the honor of representing our Society and was interviewed for an article on "Physician Leadership: What it looks like and why it matters" which was published in the January/February 2020 edition of **Michigan Medicine**, the official magazine of the **Michigan State Medical Society**. I also had the pleasure of attending the **23rd Annual Resident Section Conference** held on Friday February 7, 2020 at the Marriott Auburn Hills in Pontiac. Many residents from programs across Southeastern Michigan including Beaumont Farmington Hills, Beaumont Royal Oak, the Detroit Medical Center, Henry Ford, McLaren Oakland, Providence, St. Joseph Mercy Oakland, and the University of Michigan were able to attend.







These residents were treated to outstanding presentations by guest speakers **Paul Chang, MD** on “Artificial Intelligence & Machine Learning in Radiology: A Reality Check,” **Andrew Moriarity, MD** on “Advocacy and Strategies for Success in Early Practice,” and **Angela Ghannam, PLC** on “Estate Planning.” The residents also took care of some business electing and installing the new officers of the Resident Section.



Following a sumptuous luncheon buffet featuring Mexican food favorites, the afternoon activities began with the winners of the **2020 Resident Research Forum** presenting their abstracts. The winning Diagnostic Radiology abstracts were “Ultrasonographic and Radiographic Findings of Polyethylene Component Displacement with Severe Metallosis and Metal-Induced Synovitis Following Total Knee Arthroplasty” presented by **Zachary Beswick, MD** from Henry Ford Hospital and “Reproducibility of Ventricular Diameter Ratio Measurements in Acute Pulmonary Embolism at an Academic Institution” presented by **Robert Colvin, MD** from Beaumont Health. The winning Radiation Oncology abstracts were “Examining the Financial Impact of Altered Fractionation in Breast Cancer: An Analysis Using Time-Driven Activity-Based Costing” presented by **Mark Dziemianowicz, MD, MBA** from the Detroit Medical Center/Wayne State University and “Hypercellularity Volume as Defined on High B-Value Diffusion MRI is a Non-invasive Imaging Biomarker in the Molecular Classification of Lower Grade Gliomas” presented by **Anna Laucis, MD** from the University of Michigan. The conference events concluded with the annual **Quiz Bowl** presented by last year’s winning program Beaumont Royal Oak. The competition was intense but in the end the residents from Henry Ford Hospital emerged as this year’s winners.



I want to thank and recognize **Gunjan Malhotra, MD**, the outgoing President of the Resident Section, as well as the other officers of the Resident Section for all of their hard work and efforts organizing and putting together such an exceptional conference.

The **83rd Annual Preston M. Hickey, MD Memorial Lecture** was held on Thursday March 12, 2020 at the Meijer Garden in Grand Rapids. Although we had considered cancelling the event following the identification of the first COVID-19 positive cases in the State of Michigan on March 10, 2020, we decided to proceed with the event as we were in full compliance with Governor Gretchen Whitmer's recommendations at the time to limit events to 250 people or less as we only had 40 participants registered. Although the evening's events were scheduled to start off with presentations of the winning abstracts from the Resident Section Conference featuring Zachary Beswick, MD from Henry Ford Hospital, the Diagnostic Radiology winner, and Anna Laucis, MD from the University of Michigan, the Radiation Oncology winner, their respective programs recommended that they not attend the meeting. Despite the disappointment of not being able to hear these excellent presentations, the remainder of the meeting's events continued.



I had the privilege of awarding the **2020 MRS Gold Medals** to **Kevin M. O'Brien, MD, FACR** and **Gary S. Gustafson, MD, FACR**. Both were thrilled to be honored with the Gold Medals and had members of their families in attendance.





Then our guest speaker **Richard Duszak, MD, FACR, FRBMA**, the current Council Speaker and a member of the Executive Committee of the Board of Chancellors of the American College of Radiology, gave his presentation on “Navigating the Imaging Cost Maze.” This was an incredibly informative lecture that was enjoyed by everyone in attendance. The meeting may end up being a historic event as the last live Radiologic meeting to be held prior to the implementation of stricter restrictions due to the COVID-19 pandemic.



The upcoming **MRS Executive Board Meeting** planned to be held at Beaumont Hospital in Royal Oak on Thursday April 2, 2020 will now be done completely remotely for all participants via teleconferencing. We have also made the decision to postpone the **MRS Annual Meeting** and election originally planned for Thursday May 7, 2020 at the Marriott Auburn Hills in Pontiac. We are now looking at dates in June and July 2020 depending on the status of the COVID-19 pandemic, we will keep you informed regarding the rescheduled date for this meeting. In addition, the ACR has made the decision to make their Annual Meeting completely virtual, **ACR 2020** will now be held entirely online from May 16-19, 2020.

The **MRS Foundation Committee** continues to work with the attorneys from Clark Hill PLC. The committee was presented with an array of questions from the attorneys that need to be answered in order to prepare the Articles of Incorporation, Bylaws, and IRS Form 1023 – Application for Recognition of Exemption for a nonprofit organization which are the documents needed to establish the foundation. Please remember that this is a Presidential election year and that the **ACR RADPAC** as well as the **Michigan Radiology PAC** need our financial support. Also, be sure to check out the Newsletter's other usual features including the Radiologic Safety Section and the Diversity Feature. In addition, please see the note from our **Executive Director Shannon Sage** updating us on her family's situation following the loss of their home due to a fire in December 2019.

Finally, I want everyone to be safe and stay healthy. I know that we all are living and working under stressful circumstances due to the COVID-19 pandemic. Please take all of the necessary precautions, wash your hands, limit touching your face, practice social distancing, and wear your personal protective equipment.

Sincerely,

Perry G. Pernicano, MD, FACR
President Michigan Radiological Society



Paid Parental Leave in Radiology Residency

Author: Karen Grejewski, MD

Inadequate parental leave during residency training has been associated with delayed childbearing, use of assisted reproduction technology, and difficulty maintaining breastfeeding.^{1,2} There are implications for the health of both mother and infant, as well as financial implications for families and for the healthcare system as a whole. Furthermore, lack of support for adequate parental leave during residency training may contribute to persistent gender disparities in certain specialties, dissatisfaction with work-life balance, and increased risk of physician burnout.

The American College of Graduate Medical Education (ACGME) requires institutions to provide written policies regarding residents' leaves of absence, including parental leave, but otherwise offers no specific guidance to programs, and therefore significant heterogeneity exists regarding allowed length of absence for parental leave and whether leave is paid. In a Research Letter published in JAMA in December 2018⁴, a multi-institutional group of researchers described parental and family leave policies at 15 graduate medical education sponsoring institutions associated with the top 12 medical schools based on funding and ranking. To summarize their results, only eight of the 15 residency institutions had policies providing either paid childbearing or family leave for residents; of note, all 12 of the affiliated medical schools have such policies for faculty. The average time given to residents for paid total maternity leave was 6.6 weeks (versus a mean of 8.6 weeks for faculty of affiliated medical schools⁵). In the seven residency institutions which had policies on parental leave for non-birth parents, the mean paid leave was 3.9 weeks. In a related Research Letter published in the same issue of JAMA⁶, researchers compared family and childbearing leave policies for resident physicians among American Board Medical Specialty (ABMS) member organizations, which set the training requirements for US residents. They found that while 22 of the 24 ABMS organizations had written generic leave policies, only 11 of these specifically mentioned parental leave as a reason leave may be required. Furthermore, 20 of the 24 ABMS organizations had a time-based training requirement for board eligibility which allowed a median of 6 weeks leave for any reason during any single training year, and only 8 of the organizations had explicit language allowing program directors to seek exemption of time-based training requirements. Of note, the American Board of Radiology was one of the organizations which did not base board eligibility on time/length of training.

Other industries are significantly ahead of medicine when it comes to paid family leave for both birth mothers and parents in general. Table 1 summarizes the parental leave policies of many recognizable and reputable companies in the fields of technology, finance, and law, at which paid maternity leave ranges from four months to a full year. Given the generally competitive nature of the fields, it may seem surprising that these groups have adopted lenient family leave policies. In a report published by the Boston Consulting Group in February 2017 titled, "Why Paid Family Leave is Good Business," researchers summarized their results after reviewing over 250 company policies and interviewing 25 Human Resources leaders.

Generous parental leave policies were found to result in numerous benefits to the employers, including reduced employee turnover and associated costs of finding and training new hires, the ability to attract talented employees, particularly in competitive fields, and improvement in employee productivity (>70%). In general, companies reported no negative financial effects and an overall positive return on investment. Finally, and perhaps most importantly, leaders felt that supporting parental leave was in keeping with the values of their company and promoted a healthier workplace.

Nationally, physicians are taking note of this issue and lobbying for better family leave policies. The Society of Chairs of Academic Radiology Departments (SCARD) came out with a statement on paid parental leave, pledging to strive for departmental, institutional, and organizational change that will provide 12 weeks of paid parental leave for eligible faculty members of all genders – this does not apply to residents, but is an inspirational example for residency programs. In an article published in the New England Journal of Medicine in December of 2019, Jagsi et al. proposed practical policy solutions to promote change. They recommend that national oversight organizations establish a minimum of 6 weeks of paid leave for all GME trainees, with an intent to move toward 12 weeks, as well as abandoning requirements for making up time and for minimum numbers of cases/procedures, in favor of competency assessments. They suggest that sponsoring institutions ensure that institution-level policies address parental leave and continue full salary for at least 6 weeks of family leave, as well as ensuring sufficient staffing to protect trainees from negative effects when colleagues are on leave. The ACGME and ABMS had a meeting in February of this year to discuss the issue of parental leave, and their conclusions are anticipated to be released this June.

These developments prompted the members of the MRS Committee on Women and General Diversity to conduct an informal survey of parental leave policies at radiology residencies in Southeast Michigan. Not surprisingly, there is significant variability among programs, with maternity leave policies ranging from a protected 6 weeks with full pay following a vaginal delivery, to a requirement that new mothers use their paid vacation time (ranging from 15-20 days) prior to using any protected paid family leave; the results of this survey are summarized in Table 2. We also noted that longer lengths of leave are granted to childbearing mothers than to fathers, same-sex partners, or adoptive parents. While childbearing mothers may medically require a certain length of leave for their own physical recovery, it is essential that their male and same-sex partners be regarded as important caregivers for their children and of paramount emotional and physical importance to their childbearing partners, especially as the childbearing mother returns to work. It therefore follows that they be given equal leave to bond with their newborn and develop their parental and supportive role. Furthermore, providing equal parental leave may be a way to mitigate any potential negative stereotypes surrounding this topic, and further attempt to eliminate gender disparities in medicine. Take into consideration that the proportion of women entering medical school has been increasing, from 46.9% in 2015 to 50.5% in 2019, according to the Association of American Medical Colleges (AAMC), but the proportion of women in radiology training remains 26.4% (ACGME Databook 2018-19). Just as technology and finance companies use leave as another benefit to attract and retain talented employees, radiology can potentially leverage the obstacle of parental leave as an opportunity to attract women trainees and, perhaps more importantly, to champion our existing trainees' physical and mental health. When will our specialty collectively prioritize this need?

Table 1: Paid Parental Leave in Other Industries

Company	Birth Mother	Non-birth Parent
Netflix	Full year	Full year
Microsoft	5 months	3 months
Deloitte	5.5 months	4 months
Prudential	6.5 months	6.5 months
Amazon	5 months	6 weeks
IBM	5 months	3 months
Adobe	6.5 months	4 months
Google (Alphabet)	6 months	3 months
Etsy	6.5 months	6.5 months
Reddit	5 months	4 months
"Biglaw"	range: 4 months - unlimited	range: 2 months - unlimited

Table 1 summarizes the paid leave given to employees of various companies in the technology and financial industry, as well as law firms with greater than 100 attorneys in employment.

Table 2: Paid Parental Leave at Radiology Residencies in Southeast Michigan

Institution	Birth Mother	Non-birth Parent
Beaumont Royal Oak	6 weeks vaginal, 8 weeks c/s, separate from vacation	3 days of paid vacation time
Beaumont Farmington Hills	≤ 15 days paid vacation time	≤ 15 days paid vacation time
Detroit Medical Center	≤ 15 days paid vacation time	≤ 15 days paid vacation time
Henry Ford	6 weeks vaginal, 8 weeks c/s; first must use up available paid vacation time (granted 4 weeks), then HR will pay for additional weeks	3 days parental leave, separate from vacation
University of Michigan	6 weeks vaginal, 8 weeks c/s, separate from vacation	2 weeks (may take at any point in first six months), separate from vacation

Table 2 summarizes paid parental leave given to radiology residents at various programs in southeast Michigan. The policies listed may be institutional or program specific. This table does not take into account FMLA, which may allow residents to take further unpaid leave if they have worked at the institution for 12 months. "c/s" is an abbreviation for cesarean section.

References

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RADIOLOGIC SAFETY

by Charlene Bremer, M.S.



The Joint Commission Sentinel Event Alert - Issue 47, 2019 Revision

The Joint Commission (TJC) Sentinel Event Alert #47 was first released in August 2011. The subject of the alert is "Radiation risks of diagnostic imaging." The initial release of the alert did not cover therapeutic radiation or fluoroscopy. TJC stated "While fluoroscopy is used diagnostically, there are special issues associated with its use that make it inappropriate to be included here." It became appropriate toward the end of 2018 and the alert received a new revision date and title "Radiation risks of diagnostic imaging and fluoroscopy".

The purpose of a Sentinel Event Alert is to identify specific types of sentinel events, describe the underlying causes and suggest ways to prevent occurrences in the future. The impetus for Alert 47 was the large increase in the U.S. population's total exposure to ionizing radiation from medical imaging. The alert addresses contributing factors to eliminate avoidable radiation exposure. In the alert TJC also suggests actions for reducing risks due to avoidable ionizing radiation. The actions suggested and illustrated in the alert are related to the following:

- Right test
- Right dose
- Effective processes
- Safe technology
- Safety culture

As a result of and in conjunction with the alert TJC has incorporated additional requirements specific to fluoroscopy. The new requirements became effective January 1, 2019. Beginning January 1, 2020 hospitals can be "scored" if they are not meeting the updated standards. Being scored is not a good thing! The standards that The Joint Commission revised include:

- EC – Environment of Care Chapter
- HR – Human Resources
- LD – Leadership
- PC – Provision of Care, Treatment and Services
- PI – Performance Improvement

Per the June 25, 2018 TJC Prepublication Requirements, the following elements of performance (EP) within the standards include additional fluoroscopy specific requirements. Note the following EPs are not stated in their entirety.

EC.02.04.03 EP 34: At least annually, a diagnostic medical physicist conducts a performance evaluation of fluoroscopic imaging equipment. (TJC defines annually at +/- 30 days, with emphasis on the +30)

*HR.01.05.03 EP 15: The hospital verifies and documents that individuals (including physicians, non-physicians, and ancillary personnel) who use fluoroscopic equipment participate in ongoing education that includes annual training.

LD.04.01.05 EP 25: The hospital designates an individual to serve as the **radiation safety officer who is responsible for making certain that radiologic services are provided in accordance with law, regulation, and organizational policy.

PC.01.02.15 EP 13: The cumulative-air kerma or kerma area product are documented in a retrievable format. Time and number of images acquired can be used if the K or KAP aren't displayed.

PC.02.01.01 EP 30: The hospital identifies radiation exposure and skin dose threshold levels, that if exceeded, trigger further review and/or patient evaluation to assess for adverse radiation effects.

PI.02.01.01 EP 20: The hospital reviews and analyzes instances where the radiation exposure and skin dose threshold levels identified by the organization are exceeded.

* HR.01.05.03 EP 15 has since been removed from the requirements. The Joint Commission determined the requirement was redundant to other accreditation requirements. However, according to Andrea Brown at TJC the surveyors are being educated to make sure that users of fluoroscopy have the requisite training. Among other standards Andrea referenced HR.01.05.03 – Staff participate in ongoing education and training and HR.01.06.01 – Staff are competent to perform their responsibilities. In other words, the new EP didn't really go away and in fact has always been present. The surveyors will be ensuring that users of fluoroscopic equipment can exhibit and provide evidence of competency.

**The organization designates the r.s.o. This individual may or may not be the same as the R.S.O. who is approved by the NRC or agreement states and is responsible for the licensed radioactive material.

Michigan Radiology PAC

Fellow Members of the Michigan Radiological Society (MRS),

These are unusual times we are living in. The COVID-19 pandemic is affecting the entire world. The US Senate, House of Representatives, and President just passed the largest financial rescue package in history, "The COVID-19 Relief Bill."

Legislative battles will certainly take place in Lansing with the dispersion of the healthcare provision of this Bill. The **Michigan Radiology Political Action Committee (MRPAC)** stands ready to work for our specialty in order to make certain we and our patients are included at the table. Diagnostic radiologists, interventional radiologists, radiation therapists, and physicists are working diligently alongside their clinical colleagues in order to take care of all patients in our State. The MRPAC is here to represent you and work on your behalf.

One of the active issues underway is an attempt to overhaul or eliminate the prior authorization process in Michigan to reduce delays in patient care. Overhauling or eliminating the prior authorization process will improve access to patient care options, eliminate redundancy from the current process, and ensure the process is transparent and evidence based. This could have significant impact on a patient's ability to undergo imaging and radiation therapy. The MRS will be joining the MSMS in attempting to modernize this process.

Surprise Medical Billing legislation continues to move in our legislature. The MRPAC is there to make certain Radiology is well represented.

The economic fall out from COVID-19 will be significant and in many ways incomprehensible. The current home quarantine, by the entire State and essentially the whole World, is likely to be the largest social experiment ever conducted. The results of this experiment will be very enlightening and, in some ways, discussed and responsibility and intent to make certain imaging and particularly Michigan diagnostic radiologists, interventional radiologists, physicists, and radiation therapists are represented.

We need your financial help to be effectively involved in these and other issues. The MRS needs a seat at the table to make certain our members have their interests heard. More importantly, patient care and evidence-based medicine need to prevail.

Please consider making a generous donation to the MRPAC by [clicking here](#) or mailing a check to:

Michigan Radiology PAC
Attn: Shannon Sage
PO Box 128
Clio, MI 48420

Thank you for your time, generosity, and membership.

Sincerely,

Mark Weiss, M.D.
Chairman,
Michigan Radiology PAC



MRS GOLD MEDAL AWARD

The MRS Gold Medal is awarded to individuals for distinguished and extraordinary service to the Michigan Radiological Society or to the discipline of radiology. Any member or fellow of the MRS may nominate a gold medalist. Nominees' professional contributions may be in teaching, basic research, clinical investigation or radiologic statesmanship, and must include outstanding achievements in service to the MRS, other medical societies, government agencies and quasi-medical organizations.



Gary Gustafson, MD, FACR,
Associate Professor,
Oakland University
William Beaumont School of Medicine

Growing up my dad was an obstetrician/gynecologist which gave me guidance to another specialty. I began my career in surgery at Wayne State University looking to do otolaryngology. I saw “the beam” and switched to radiation oncology two years into residency. I completed my residency in radiation oncology at William Beaumont Hospital in 1987.

I have been married to my wife Debbie for almost 41 years! We have three beautiful daughters: Erin, Lindsay and Kelsey. Unfortunately, Lindsay died in an accident in 1992. We have four grandchildren — a favorite past time and always excited to make sure they get home safely.

I began participating in organizations early in medical school joining the American Medical Association (AMA). In residency I continued with the AMA and became more involved with the Resident Section. This also got me involved with some State and County activities. With my first ‘real’ job in Minnesota I participated with State and County activities and went to a state meeting in Duluth.

When I return to Michigan I continued ‘involvement’ and joined MSTRO. Many different chores carried out while the group was active.

As time moved on, Dr. Carla Cook recommended I get involved with MRS and ACR. Again, many different chores and activities through the years holding various positions on the board of trustees from 2002 to 2008 when I served as President.

What a blast it has been!

**Kevin O'Brien, MD, FACR,**

Chief of Radiology, (Diagnostic Radiologist and Nuclear Cardiologist, Senior Attending Physician)
Ascension Macomb Oakland Hospital

My interest in becoming a physician began at about 4 years of age. Perhaps it was because I required so many visits to the ER for stitches, bumps and injuries, as a boy. Yes, I was a bit of an active kid with too many interests and too much energy for limiting days to just 24 hours. Frequent falls, cuts, sports mishaps and other assorted issues resulted.

My parent's good friend, Arlyn Moeller was our family doctor. He was my idol and eventually became my very first mentor in medicine. Arlyn always had time to help others in and out of the hospital and office. He was a remarkable man in so many ways. I owe him a great debt of gratitude.

The only other things that could have interested me for careers were Piano performance, probably didn't quite have "the chops", and flying jets for the Navy. Music and Piano are still among the biggest loves in my life.

My next mentor was, strangely enough, another Arlan, Dr. Edgar of Alma College who taught me critical study habits, how to balance work and enjoyment and encouraged me to follow my dreams. He also taught me how to make wine, the beginning of a long interest and fascination with that amazing array of flavors and scents, colors and textures. I still am fascinated and thrilled by wines and tasting and pairing them with foods.

My real adult life began suddenly toward the end of my second year at WSU School of Medicine when I met Annie Brennan. She literally took my breath away and once we met, we were together every day until we married 5 months later, to the day.... a whirlwind romance, the love of my life. We lost Annie to a glioblastoma in 2014. Nearly 35 years together was nowhere near enough. We were still deeply in love and best friends when she took her last breaths wrapped in my arms with our foreheads touching.

Annie and I brought four beautiful children into our world, loved parenting more than anything else in the world and cherished our family. Patrick, our oldest, is Executive Producer for Cadillac advertising worldwide; Matt is a Radiologist in the Pacific NW, Catherine a Sommelier, currently on hiatus as her husband attends Dartmouth Med School and Maggie is a 3 D Computer modeler and artist. We did everything with our kids, but always took one couples week away together every year for rejuvenation and connecting. Our children are a testament to our love and commitment. Each is wonderful and successful by every social and academic measure, but more importantly each is a fantastic person and gives to others in many ways. True to Annie's artistic nature and my musical interests, our children are both right and left-brain mixtures. Each is an artist and musician, a scientist and social being.

Family is the essence of my life. Since losing Annie, I have learned that I am a way better Dad than Mom but keep trying.

Meeting my fiancée' Connie Buffa has been a blessing that was so unexpected and yet deeply needed. She is the mom of 4 lovely adult children and has enough love to share it beyond her own family and help nurture mine. My goal is to be the same for her family. Together we are a 21st Century Brady bunch with 8 Children, 4 in-law children and 5 grandchildren.

My career in Radiology began with a fascination with imaging. After all, it is a 3D puzzle generally created from 2D images. It fit perfectly with my personal mix of left and right brain interests. It is an art form in itself. Every day radiologists solve puzzles.

In 1983 I began residency at The University of Cincinnati where two of my most important mentors influenced my thinking and showed me how to find every case fascinating. I owe a great deal to Doctors Ben Felson and Tony Proto. They were tough taskmasters, but the learning that resulted was amazing.

It was Dr. Felson who introduced me to Ray Kurtzman, a Cincinnati alum who hired me on the spot, and thus my career at Ascension Macomb Oakland Hospital began in 1986.

I am a lifelong Presbyterian, an Elder, a choir member for more than 20 years and have served on many committees and with many groups.

Personal interests are wide and varied, but classical music is the enduring second love of my life. My piano studies began at age 7 and continued through college and after. Following the death of 2 beloved teachers, a hiatus of 20 years was filled by exploring vocal music and the joy of acapella and accompanied singing.

In the last year or two, studying piano has been resurrected and though the going is slowly progress is certainly being made. Other interests include Yachting and Boating, Snow Skiing, Water Skiing, Wines and Foods, travel and art, reading and cooking. We spend a lot of time on our boat and have cruised the North Channel, Georgian Bay and much of Lake Huron and Lake Erie. As my work schedule begins to slow, boating will be a primary summer activity.

Need a New Job?

Check out the MRS Job Bank!

Mid-Michigan Preview

Advanced Diagnostic Imaging, PC
3400 N Center Suite 400 Saginaw,
MI 48603

Contact Person: Darlene Egerer
degerer@adirads.com
989-799-5600

Advanced Radiology Services
3264 North Evergreen Dr NE
Grand Rapids MI 49525
616-363-7339

McLaren Greater Lansing
401 West Greenlawn Ave Lansing
MI 48910

Contact Person: Michele Bishop
mlbishop@advancedrad.com
517-975-6000
616-363-5085

Northern Michigan Preview

Alpena Regional Medical Center
Contact Person: Steve Smith
(Administrator)
1501 W Chisholm St
Alpena MI 49707-1401
989-356-7000

Munson Medical Center
1105 6th St Traverse City MI
9684-2386

Contact Person: Deb Glicken
(Physician Recruiter)
231-935-6400 - 231-935-5890

Radiology Muskegon, PC
605 Western Avenue
Muskegon, MI 49440
Contact Person: Stephen Vaughan
(Administrator)
steve@radmusk.com
231-722-6005 Ext. 110

Southeast Michigan Preview

Beaumont Health System
Contact Person: Richard
Silbergleit, MD
248-898-5000

Beaumont – Gross Pointe
468 Cadieux Rd Grosse Pointe MI
48230-1507
313-473-1000

Beaumont – Royal Oak
3601 W. 13 Mile Rd
Royal Oak MI 48073
248-898-5000

Beaumont – Farmington Hills
28050 Grand River Ave,
Farmington Hills, MI 48336
Contact Person: Rocky Sanez,
DO
dr.rocky@gmail.com

<https://michigan-rad.org/job-bank/>

An Update from the Sage Family

Dear Members of the MRS,

It has been an interesting and sometimes stressful couple of months for our family. With the cold winter weather in January and February it was difficult to salvage any belongings from the burnt remains of our home. The insulation that covered what was left of our belongings was frozen solid. We were able to salvage a few things before the house was torn down and we to say goodbye to the that chapter of our lives.

Shortly after the fire we started looking for a new home. After many weeks of searching we finally found the perfect home on 7 acres near a lake. We knew the minute we stepped inside that it was going to be our new home. We have run into a few bumps along the way, which has delayed closing by approximately 6 weeks. However, if all goes well, we will close on Friday and start a new adventure. We are an optimistic bunch so we have managed to keep a smile on our faces and a good attitude even when things have gotten tough. These are unprecedented times that we are living in and it's hard to say what will happen tomorrow, let alone a few months from now. Having "life as we know it" cease to exist for a second time has helped us to grow stronger and be ready for whatever comes our way in the future.

Thank you for your continued dedication to your patients during these trying times and we hope that you all stay safe and healthy.

Warm Regards,
Shannon Sage & Family

