

The Report

News from the MRS

A bi-monthly publication of topics and events relevant to radiologists, radiation oncologists, and medical physicists that practice in Michigan.

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President's Message

Dear MRS Members,

I hope that the past holiday season allowed you to gather safely with family and friends and was more enjoyable than 2020. Daily clinical, educational, and professional responsibilities may seem more difficult to accomplish, but I commend our members for continuing to provide quality patient care in what sometimes seems like dark times.

Medical radiology continues to advance in technology and to address changes in professional practice of diagnosis and therapy. The MRS Board and committees are active in meeting their obligations to best represent its members and interact with influences outside MRS in the state of Michigan. Accordingly, we are always looking for volunteers for our committees, which can become a conduit for becoming an MRS Board member, officer, or ACR Fellow. New member involvement is vital for MRS to continue improving its value and better serve the membership. In our virtual environment today, members in the upper parts of Michigan can be viable contributors, and thus please don't let distance be a deterrent to participating. Go to our website (<https://michigan-rad.org>) for a list of committees, send me or our Executive Director, Shannon Sage, an email with your interest to serve.

While the past months have been very difficult in healthcare, I sincerely believe this year will become "more normal". With that confidence, we are currently planning two traditional meetings in-person - our historical Preston Hickey Memorial Lecture on March 17 and our Annual Membership Meeting on May 19. Announcements are in this newsletter and future member emails. Please mark your calendar and plan to attend.

Until we talk again, stay safe and let us know how we can better serve you.

Ralph P. Lieto, MS FACR
President, Michigan Radiological Society





Happy New Year MRS Members!

It was so nice to meet and visit with many of you at the MRS Centennial Celebration in October. We enjoyed getting to know you and answering your questions regarding the Foundation and its future.



The challenge continues!

As was demonstrated at the Centennial Celebration, the MRS is rich in history and well worth celebrating! The future of MRS is alive and promising as evidenced in the vision and start of the Foundation. If you have not already done so, we hope you would consider donating \$100 for 100 years to celebrate the amazing history and future of the Michigan Radiological Society! Your donations are essential in furthering the mission and vision of the Michigan Radiological Society Foundation.

To make your secure online donation please visit the Michigan Radiological Society Foundation webpage (www.michigan-rad.org/foundation) and click on the link. If you prefer to mail your donation, checks can be made Payable to the MRS Foundation and mailed to: PO Box 448, Swartz Creek, MI 48473. The Michigan Radiological Society Foundation is a 501(c)(3) organization and donations are tax deductible. Please feel free to contact us via email at admin@mrsfoundation.com or you may call and speak with us at (810) 373-2719, either way, we would be happy to hear from you.

Amy Kim and Debbie Knox
Foundation Administrators

Diversity, Equity & Inclusion

Paid Family Leave

The Michigan Radiological Society Board as well as the Diversity, Equity and Inclusion Commission would like to make the general MRS membership aware of an upcoming American Association for Women Radiologists (AAWR) proposed resolution regarding paid family leave, which is set to be on the ACR 2022 annual meeting agenda. The current draft of the resolution is summarized as follows:

Be it resolved, that the American College of Radiology (ACR) recommends that diagnostic radiology, interventional radiology, radiation oncology and nuclear medicine practices, departments and training programs strive to provide 12 weeks of paid family/medical leave in a 12-month period for its attending and trainee physicians as needed.

What is the basis for this proposal?

This builds on Amended Resolution 48 (passed at ACR 2021) which pertains specifically to trainees and does not specify whether leave be paid/unpaid, stating that:

The ACR supports allowing a resident in good standing to take 12 weeks paid family/medical leave during residency, with additional leave as approved by the program director, without extension of training.

This new proposal applies not just to trainees or physicians giving birth/adopting new children, but also to those who may need to care for spouses, parents, or older children during a period of illness. This new proposal expands upon the Family Medical Leave Act (FMLA) by requesting that the leave be paid. FMLA currently requires applicable employers to provide eligible employees with 12 weeks unpaid leave in a given year for care of a newborn or newly adopted child or personal or family health condition

Several other organizations in our professional realm have already made the following ground breaking proposals:

- 1) American Academy of Pediatrics (AAP) endorses 12 weeks paid leave based on scientifically proven benefits to the child.
- 2) Society of Chairs of Academic Radiology Departments (SCARD) pledged in 2019 to strive for 12 weeks paid parental leave for faculty members of all genders.
- 3) Per the American Board of Radiology (ABR), residents will be considered eligible for Initial Certification without an extension of training with "Time Off" that does not exceed an average of eight weeks (40 workdays) per academic year over the duration of the residency.



Diversity, Equity & Inclusion

Paid Family Leave cont.

And for additional comparison:

- 1) The *American College of Surgeons (ACS)* supports parental leave of no less than six weeks (vaginal delivery)/eight weeks (cesarean section) and domestic partner leave of no less than six weeks. Payment for parental leave should be negotiated between the surgeon and the employer. The surgeon should not be responsible for costs to the practice during the period of leave.
- 2) The *American College of Obstetricians and Gynecologists (ACOG)* endorses paid parental leave as essential. Paid parental leave includes maintenance of full benefits and 100% of pay for at least six weeks.
- 3) The *American Academy of Family Physicians (AAFP)* believes that all employers should offer paid sick leave to their employees. This leave should be available to use when an employee or their family member is unwell. Employees should be protected from retaliatory action when using sick leave.

While not comprehensive, here is a list of some representative family leave policies in the business and tech world:

- 1) Reddit: 16 weeks of paid leave for all parents. Birth mothers receive an additional 16 weeks of fully paid disability leave so they can physically recover.
- 2) Amazon: four weeks paid pre-partum leave and 10 weeks paid post-partum leave for birth parents, and six weeks of paid leave for all parents.
- 3) Microsoft: 20 weeks of paid leave for birth mothers and 12 weeks of fully paid parental leave for all other new parents. Four weeks of paid leave to care for an immediate family member with a serious health condition.
- 4) Deloitte (Consulting): 16 weeks of paid leave for maternity, adoption and surrogacy; 4 weeks of paid leave for non-birthing partner.
- 5) Kirkland and Ellis, LLP (Big Law): At least 18 weeks of paid leave for primary caregiver; 10 weeks of paid leave for non-primary caregivers.

This new resolution is formally sponsored by the *Radiological Societies of Alabama, Kentucky, Maine, Massachusetts, Missouri, New York, Puerto Rico and Utah*. Voting in support of it at the ACR 2022 meeting would demonstrate our chapter's commitment to diversity and inclusion in our field as well as our support of physician wellness. We invite MRS members to express their opinions to the Board as we establish our chapter's position.

Member of the DEI Committee

LEGISLATIVE UPDATE

OVERVIEW

Before calling it quits for the year, the Legislature passed nearly \$5 billion in appropriations. This included well over \$3 billion for overhaul of the state infrastructure system including replacement of lead pipes in several urban areas. Over \$1 billion was allocated for expansion of COVID testing, especially in schools. There now appears to be some consensus among Democrats and Republicans about how to apply the funds. There is also growing momentum for infrastructure and, in particular, a dramatic increase in behavioral health beds, especially for young people. With regard to policy, there are efforts in both Houses to revamp the way behavioral health services are administered. Specialty nurses are at it again attempting to expand their scope of practice which includes ordering and interpreting imaging. MRS leadership is working with MSMS to combat any such effort. The Independent Citizens Redistricting Commission approved new district maps for congressional, state senate and state house seats. It requires several current legislators to either relocate their residences or run against one another. For instance, Congressman Andy Levin would have to run against incumbent Congresswoman Haley Stevens and State Senators Adam Hollier and Stephanie Chang would face off in the Democratic Primary. Preliminary indications reveal that the districts are much more competitive between the parties than the current ones and tend to give the Democrats a better chance of gaining control of at least one House of the State Legislature.

Nurses Seek to Practice Radiology:

SB 680, sponsored by Sen. Rick Outman, (R-Six Lakes) would establish the category of “certified nurse practitioners” (CNP) in statute and would greatly expand their scope of practice. The bill allows a CNP to determine a diagnosis, which is, in essence, the practice of medicine. The bill also allows CNPs to prescribe pharmacological and non-pharmacological “interventions and treatments” that are within their specialty role. Finally, the bill allows CNPs to supervise others and to order, perform, supervise and interpret laboratory and imaging studies. Clearly, this is the practice of medicine and radiology.

MRS will be working with MSMS to defeat this bill. I will be heading up an initial grassroots effort as an initial step. I have forwarded talking points to the Legislature Committee for it’s review and will be sending them to the membership. While this bill just was introduced and is still with the Senate Health Policy and Human Services Committee, it is “all hands on deck” for this one.

Chiropractors Seek to Amend Limited Liability Law and Business Corporation Act:

HB 5295 and 5296, sponsored by Representatives Roger Hauck (R-Mt. Pleasant) and Kevin Hertel (D-St. Clair Shores) amend Michigan’s Professional Business Corporation Act and Limited Liability Act. The legislation allows chiropractors to be in business with each other or MDs, DOs or Podiatrists. One or more chiropractors could also form a PLLC or a PC with one or more physician assistants, but only if at least one MD or DO also is a member in the company or a shareholder in the corporation. The bills have been referred to the House Committee on Regulatory Reform. This appears to be an attempt to have chiropractic considered one of the “learned professions” traditionally meant for medicine, law, theology and, in some states, engineering and architecture. In addition, listing a chiropractor in practice with a medical doctor or a doctor of osteopathic medicine could be deceptive to the public. I will be working on this issue with MSMS. [Continue reading.](#)

Radiological Safety

Current Practice and Recommendations for Gonadal Shielding in Pediatric Radiography

Authors: Aditya Karandikar MD, R1 Radiology Resident, Gauravi Sabharwal MD, Pediatric Radiologist, Henry Ford Health System, on behalf of the MRS Radiation Safety Committee

Introduced in the 1950s, gonadal shielding was widely recommended as a means of limiting heritable genetic effects from medical exposures to ionizing radiation. The policy was well-intentioned and based on the era's understanding of ionizing radiation and its biological effects on germ cells. With a contemporary evidence-based approach, however, gonadal shielding is no longer "justified as a routine part of radiological protection [1]."

Studies have documented the increased incidence of heritable genetic effects in fruit flies and mice after significant radiation exposure though "studies of human descendants of individuals exposed to high levels of radiation (e.g., atomic bomb survivors and individuals exposed to therapeutic medical radiation) have not demonstrated with statistical significance the occurrence of heritable genetic effects [2]." Current prevailing science acknowledges the "possibility of genetic effects, but not at the magnitude that was previously estimated [1]." As a related concept, though not directly related to heritable genetic effects, the tissue weighting factor for gonads was reduced from 0.20 to 0.08 in 2007 while those of other abdominal and pelvic organs remained "essentially unchanged or minimally decreased [3]." In addition to advances in scientific understanding, three key technological developments since the 1950s also support the contraindication of routine gonadal shielding: increased x-ray beam filtration, improvements in x-ray generators, and faster image receptors [4]. These developments together have dramatically reduced gonadal dose during diagnostic imaging by up to 95% as compared to the doses delivered in the 1950s [5].

A few other factors also merit consideration when advocating for the discontinuation of routine gonadal shielding. One of these is the nearly ubiquitous use of automatic exposure control (AEC) in the imaging of patients over the age of 3 years [6]. AEC is the standard of care in these patients because it minimizes errors due to manual manipulation of imaging technique. Gonadal shielding can have the unintended effect of increasing exposure time – which translates to increased radiation dose – if the AEC detector is covered. The American College of Radiology, American Society of Radiologic Technologists, and the American Association of Physicists in Medicine are all in agreement in recommending against the use of gonadal shielding in conjunction with AEC [1]. Instead of gonadal shielding, the best practice of collimation can be utilized to decrease both gonadal and overall dose when appropriate.

Another factor worth considering is the anatomy and variation of gonadal location which makes effective shielding difficult. Females pose a challenge since the ovaries are "not visible and may be located anywhere in a large area within and occasionally outside of the pelvis [7]." The internal location of the ovaries also leads to a substantial increase in the scatter-related dose they receive. Scatter-related dose is essentially unblocked by surface shields as most scatter results from non-attenuated x-rays which are intended to regionally bypass shielding for the sake of diagnostic imaging. Regarding males, younger patients pose some difficulty with appropriate positioning due to the relatively higher location of the testes. The possibility of unknown retractile, inguinal testes or undescended testes can further complicate gonadal shielding [1]. [Continue reading.](#)

AM I READY TO RENEW?



2022 Michigan Physician License Renewal Checklist

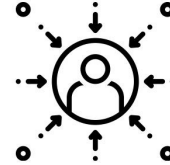
✓ 150 HOURS TOTAL

Physicians must complete 150 Hours of Continuing Medical Education Credits during a 3-year period prior to requesting renewal. Of these 150 hours, a minimum of 75 must come from Category 1 Credits.



Category 1 Credits include live in-person programs as well as web-based programs.

✓ *NEW* IMPLICIT BIAS TRAINING



For initial renewals completed after June 1, 2021, completion of one hour of implicit bias training is required for each year of licensure since June 1, 2021. If renewing prior to June 1, 2022 implicit bias training is not required for that renewal. Once the initial renewal is completed, then 1 hour of implicit bias training will be required for each year of the current license cycle going forward. Please note, this is NOT a one-time training and must be completed for each renewal cycle prior to the renewal being completed.

✓ 3 HOURS-PAIN AND SYMPTOM MANAGEMENT

Of the 150 Hours, A minimum of 3 hours must be in the area of Pain and Symptom Management. 1 of the 3 hours should cover controlled substance prescribing.



✓ 1 HOUR- MEDICAL ETHICS

Of the 150 Hours, A minimum of 1 hour must be in the area of Medical Ethics.



ONE-TIME TRAININGS

✓ OPIOIDS AND CONTROLLED SUBSTANCE AWARENESS TRAINING



Beginning with the 2022 renewal cycles and all renewal cycles thereafter, controlled substance licensees or individuals who are licensed to prescribe or dispense controlled substances must certify on their renewal application that prior to renewing their license they have completed a 1-time training in opioids and controlled substance awareness that meets the standards established in Administrative Rule 338.3135

✓ HUMAN TRAFFICKING VICTIM IDENTIFICATION TRAINING



Beginning with the 2017 renewal cycle and all renewal cycles thereafter, licensees seeking renewal must certify on their renewal application that prior to renewing their license they have completed a one-time training in identifying victims of human trafficking that meets the standards in Administrative Rule 338.2413

RESIDENT & FELLOW SECTION

The 25th Annual MRS Resident Conference is coming up on February 11th. We are excited to be bringing forth a meeting that really empowers one to set their career trajectory in the direction they want to take it. From avoiding mistakes that seem like opportunities and creating actual opportunities where there are none, to important legal and practical life advice. As always, we have great speakers, speaking plainly about topics that are important to them, and to all of us.

Given the smaller audience of attendees this year due to hybrid platform of in-person and virtual, this more intimate setting will allow all to engage not only with the other attendees, but with the speakers and potential future employers as well. For those of you who want to stay in the beautiful state of Michigan post-training, there will be networking and business cards a-plenty. What better way to start off Valentine's Day Weekend? Think of all the easy radiology punchlines...



15th Annual Resident Research Forum Winners

Courtney Cave M.D.

Henry Ford Hospital

Variability in Clinical and Imaging Follow-up of Pediatric Breast Masses

Adrien Nguyen, D.O.

MSUCHM Ascension Providence Hospital

3D Tomosynthesis: Are we Missing Calcifications That Matter?

Alexandra Morris, M.D.

Henry Ford Hospital

Increased Bleeding Risk After Image Guided Percutaneous Random Liver Biopsy
in Patients Undergoing Workup for Cardiac Transplant

Kaitlin M. Zaki-Metias, M.D.

St. Joseph Mercy Oakland

Breast Arterial Calcifications: Reporting Preferences and Impact on Screening for
Coronary Artery Disease



[Click here](#) for more information on the 25th Annual Resident & Fellow Section Conference.

UPCOMING EVENTS

Annual Hickey Lecture - March 17, 2022

The MRS Program Committee is pleased to announce that **Dr. Clifford Matthew Hawkins will be presenting the 85th Annual Preston M. Hickey Lecture scheduled for March 17, 2022.** The topic of the lecture and the venue location will be decided in the next few weeks. Please stay tuned for more details as they become available.



Clifford Matthew Hawkins, MD - Pediatric IR Radiologist.

Dr. Hawkins received his Medical Degree from Michigan State University; completed his Internship at St. Vincent and his Residency at the University of Cincinnati College of Medicine. He also completed his Fellowship at both Cincinnati Children's Hospital Medical Center and University of Washington, Seattle Children's. Currently, Dr. Hawkins practices as Associate Professor - Department of Radiology and Imaging at the Emory University School of Medicine.

MRS Annual Meeting and Gold Medal Presentation - May 19th, 2022

The programs committee has also selected Dr. Vikas Gulani to be the Keynote Speaker for the Annual MRS Meeting to be held on May 19, 2022. Dr. Gulani has been gracious and has accepted our invitation. Presentation topic and venue will be forthcoming in the next few weeks.



Vikas Gulani, MD, PhD – Board Certified Diagnostic Radiologist

Dr. Vikas Gulani, is the Fred Jenner Hodges Professor and Chair of Radiology at the University of Michigan. He received his PhD in Physiology from the University of Illinois, Champaign/Urbana in 1998. Received his MD degree from the University of Illinois College of Medicine in 2000. He completed his Residency in Diagnostic Radiology at the University of Michigan in 2005 and completed a Body MRI Fellowship 2006 from the University of Michigan.

The Programs Committee is excited to have such a distinguished faculty presentation in 2022

Save the Date

2022 BREAST IMAGING CONFERENCE

NOVEMBER 5 & 6, 2022

This will be a virtual event

More information coming soon.