ISSUE 12 SUMMER 2021

The Report

News from the MRS

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

In This Issue:

Editor-in-chief
Jessica Leschied, MD
jessicale@rad.hfh.edu

Executive Director
Shannon Sage
shannnon@michigan-rad.org

MICHIGAN RADIOLOGICAL SOCIETY

100 YEARS

1921-2021

Ralph Lieto, MS, FACR
President
2021-22 term

PRESIDENT'S MESSAGE

I hope that all of you are getting back to some semblance of normal family and work routines. The past year has been unprecedented in its impact on family, practice of radiology, and country. However, we still need to remain vigilant in the near term and to remember to wash hands, maintain distance and wear masks in large indoor gatherings.

The summer has been busy with the continued planning for our MRS Centennial Celebration on October 22-23, 2021. We are still optimistic that there will be no difficulty in hosting our first face-to-face meeting in over 18 months. This is consistent with RSNA and several other radiological organizations that have begun to renew their annual meetings with their membership. NOW is the time to register for our Centennial. Go to the website - https://michigan-rad.org/100years/ - where registration, venue, educational program featuring nationally recognized speakers with strong Michigan ties, and other information is available. This will be a wonderful opportunity to renew acquaintances, meet current and past MRS leadership, and enjoy a once-in-a-lifetime MRS celebration as we enter our second century!! I look forward to seeing you in Dearborn!!

An area of current concern by not only MRS but also ACR is the extension of scope of practice (SOP) by non-physician groups. Non-physician provider societies, specifically for Advanced Practice RNs (APRN) and Physician Assistants (PAs), have ramped up their fight to increase their members' SOP and gain independent practice – particularly at the state level. State and national agencies have encouraged use of these physician extenders — especially during the COVID-19 public health emergency. This is not just an issue for Michigan, where there are three bills in the legislature addressing non-physician SOP; but this year, Florida, Rhode Island, and Oregon approved legislation opposed by ACR that extended such non-physician SOP. The MRS will be discussing possible coalition efforts with Michigan State Medical Society on actions to protect patient access to safe, high-quality, radiologist-led medical imaging care by working to ensure that non-physician providers only provide care as part of a physician-led team. While SOP will be an area of active interest and participation by your MRS Board, you can find other ACR resources to keep current on latest developments with scope of practice and to learn more about expansion efforts at the interactive ACR [https://www.acr.org/Advocacy-and-Economics/State-Issues/Scope-of-Practice] website.

Finally, in the next few months members will receive notices for comments on ACR Technical Standards and Practice Parameters that are up for renewal. All existing standards and parameters must be renewed every five years after their creation. This is a valuable opportunity for every ACR member to provide input on the current revision for change or correction. All comments are taken seriously. Having co-chaired technical standard writing groups, submitted comments personally, and chaired comment Reconciliation committees, I assure you that submitted comments, corrections, and suggested changes are taken seriously. A tip in submitting comments is if you want something changed, suggest alternative language for replacement or brief reason for language to be revised. When you see the email postings to comment on a technical standard or practice parameter in your area of expertise or interest, please read and respond accordingly.

Have a great summer!

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

THE MICHIGAN RADIOLOGICAL SOCIETY
BOARD OF TRUSTEES CORDIALLY
INVITES YOU TO ATTEND

CENTENNIAL GALA

&

EDUCATION EVENT

October 22 & 23, 2021

DEARBORN INN
20301 OAKWOOD BLVD, DEARBORN, MI 48124

For more inforamtion or to register online go to
www.michigan-rad.org/100years

Preliminary Program

Friday, October 22, 2021

6:00 pm Cocktail Reception

Saturday, October 23, 2021

7:30 am *Breakfast w/sponsors*

8:00 am Welcome and Introduction, *Ralph Lieto, MD, FACR*

8:10 am Radiology in Michigan: People and Progress, *N. Reed Dunnick, MD, FACR*

8:50 am Women in Radiology: Looking Backward and Forward, *Kay Vydareny, MD*

9:30 am Artificial Intelligence in Radiology: Panacea or Snake Oil?, *Safwan Halabi, MD*

10:10 am *Break w/sponsors*

10:30 am Breast Cancer Screening: Addressing Disparities and Screening for Average Risk, *Debra Monticciolo, MD*

11:10 am Towards Equitable Patient Care in Radiology, *Ella Kazerooni, MD*

11:50 pm *Lunch (with sponsored presentation)*

1:00 pm Challenges of Creating, Validating, and Deploying Artificial Intelligence Tools Into Radiology Practice, *Safwan Halabi, MD*

1:40 pm Use of Breast MRI in Women of Higher than Average Risk, *Debra Monticciolo, MD*

2:20 pm Reinventing Radiology in the Twenty-first Century, *James Thrall, MD*

3:00 pm Adjourn

5:30 pm Cocktail Reception

6:30 pm Dinner and Gala Celebration

The Michigan Radiological Society Foundation is dedicated to carrying out the educational and charitable interests of the Michigan Radiological Society.

Greetings from your new Foundation Administrators!

We are excited to be a part of the newly formed Michigan Radiological Society Foundation. Working with the MRS Foundation Board, Michael Kasotakis MD, Stephen Kilanowski, MD, and Perry Pernicano, MD, FACR, is a pleasure. Their passion and input are remarkable and appreciated.

Much has been accomplished for the MRS Foundation over the past couple of months. We are pleased to roll out our Logo and revised Mission Statement in this edition of The Report. The Foundation is looking forward to developing opportunities for giving but also opportunities for participation in our educational endeavors as we move forward to advance the charitable and educational interests of the MRS.

Another recent accomplishment is the thoughtful establishment of Annual and Lifetime Giving Levels for the Foundation. We believe they are both challenging and attainable. It is with great enthusiasm we present them for your consideration. Whether you choose to give a commemorative gift, monthly or annually, your contribution(s) help keep the MRS Foundation operational and fund our mission into the future.

Annual Giving

- Supporter $1.00 to $99.00
- Friend of the Foundation $100.00 to $249.00
- Education Circle $250.00 to $499.00
- Leadership Circle $500.00 to $999.00
- Preston Hickey Circle $1,000.00 and up

Lifetime Giving

- Bronze $1,000.00
- Silver $2,500.00
- Gold $5,000.00
- Platinum $10,000.00
- Titanium $20,000.00
- Diamond $40,000.00

If you would like to begin your giving, please make your check payable to: **Michigan Radiological Society Foundation.Checks can be mailed to: P.O. Box 448, Swartz Creek, MI 48473**. The Michigan Radiological Society Foundation is a 501(c)(3) organization and donations are tax deductible.

We would like to extend our Congratulations to the Michigan Radiological Society on their 100-year anniversary! We are looking forward to meeting many of you at the MRS Centennial Celebration in October. The Foundation is pleased to be part of the Centennial Celebration as we challenge all attendees to donate $100.00 for 100 years to the Michigan Radiological Society Foundation. What a wonderful way to begin the next 100 years of the MRS and support the newly formed MRS Foundation. We hope you will accept the challenge and be a part of this historical and exciting giving opportunity!

The MRS Foundation Webpage is currently under construction, and we will be adding more information, other giving opportunities, and updates as they become available. In the meantime, check us out at www.michigan-rad.org/foundation

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

Fighting the Leading Cause of Cancer Death – Are You In?

Ella Kazerooni, MD, MS
Professor of Radiology & Internal Medicine
University of Michigan Medical School
Chair, National Lung Cancer Roundtable @ the American Cancer Society
Chair, American College of Radiology Lung Cancer Screening Registry

For most of my life, a diagnosis of lung cancer has been equated with a terminal illness, a hopeless battle, and considered self-inflicted. We've ignored the evidence that addiction to nicotine isn't just a simple habit that could be overcome by willpower. Thankfully we're at a turning point and the face of lung cancer is changing.

Lung cancer is the leading cause of cancer death in the United States for both men and women.Back in 1975, 90% of lung cancer was diagnosed in men. Today that number is just over half. Lung cancer kills more people every year than breast, colon, and cervical cancer, the other cancers for which we screen, combined. Across the US this year it is estimated that lung cancer will cause 135,000 deaths of which 5,040 are here in Michigan; to put that in perspective, that's 1 in 5 cancer deaths nationally, and nearly 1 in 4 in our State.

If you detect lung cancer early, there's a 60-80% chance you'll be alive in 5 years. If detected late, it's closer to 10%. Just over 8 in 10 patients who are diagnosed with lung cancer have smoked cigarettes – a highly addictive substance that hooks teenagers long before they understand how the exposure will impact them as they grow older. The other 20% of patients with lung cancer have no history of cigarette smoking.

It has been 8 years since the United States Preventive Services Task Force (USPSTF) first recommended screening to find lung cancer early, and insurance covers this screening without a copay, including all private payors, Medicare, and nearly all State Medicaid plans. Yet, depending on where you live, only 5-14% of individuals eligible for screening have been tested, and even among them, only 1 in 4 are coming back for their next annual screening exam.

Family, friends, acquaintances, and even doctors, nurses, and other medical staff blame patients for being diagnosed with lung cancer, using subtle and sometimes not-so-subtle language… "If only you'd quit smoking when I told you to." Patients sometime feel no one wants to be around them, let alone come in for the medical care they need. Patients who never smoked watch people roll their eyes when they say they never smoked, as if it's a lie. If these same people had breast cancer or colon cancer, would they be treated this way? This is the stigma of lung cancer due to cigarette smoking, and it has been shown to reduce the likelihood that people who have smoked will come forward for health care, screening, and cancer care, contributing to poor outcomes.

Lung cancer screening with low dose chest CT for detection saves lives, as proven by two large randomized trials, the National Lung Cancer Screening Trial and the Dutch-Belgian NELSON trial. Together with advancements in staging, surgical techniques, and biomarker-based targeted therapy, the face of lung cancer is changing from one of doom, to one of hope.

FIGHTING THE LEADING CAUSE OF CANCER DEATH – ARE YOU IN? (CONT.)

In March of this year, the USPSTF updated their lung cancer screening guideline. Individuals who are 50-80 years of age (previously 55-80), and have a 20 pack-years or more smoking history (previously 30 pack years), who either currently smoke or have quit in the last 15 years are eligible for screening. This update is projected to double the number of individuals eligible for screening, and will help to reach Black Americans and women who have a higher risk of lung cancer at a younger age and with a lower smoking history, helping to reduce disparities in eligibility for screening. Within only a few weeks, the American Academy of Family Physicians**,** the US's largest primary care professional organization, advised their membership to follow the USPSTF recommendations, and updated their own lung cancer screening guideline accordingly. Although the language in the Affordable Care Act requires payors to cover all preventative services for which they have a grade A or B recommendation, they have up to 12 months from the date that their private payor contract renews, which means this can take into 2023 for all private payors to make the change. The American College of Radiology has already **written to the top five national private insurers (Aetna, Anthem, Cigna, Health Care Services Corporation, and United Healthcare)** to urge them to make this change in their plans now. In addition, Medicare has also reopened their National Coverage Decision (NCD) for lung cancer screening, and we hope they will follow with the changes made by the USPSTF.

What can you do now?

- Work with your local insurance companies to urge them to update their coverage policies now and not wait until they are required to. The ACR has created a draft letter that you can customize with your information to do this. It can be found at this link: ACR lung cancer screening advocacy letter. Questions about private insurer coverage of LCS should be directed to Katie Keysor, ACR Senior Director of Economic Policy.

- Make sure that all of your lung cancer screening facilities are listed on the new American College of Radiology Lung Cancer Screening Locator Tool to make it easier for patients and families to quickly find a place to get screened by entering their zip code. It is based on the information your practice may have provided for the ACR's Lung Cancer Screening Registry, or as an **ACR Designated Lung Cancer Screening Center** through the CT accreditation program. There is a link on the locator tool page that can guide you on how to update or add your facility. Sometimes practices have listed their primary practice location only for the Registry, and may not have included information for all of their locations. Updating this information will mean patients have an easier time finding you.

- If you are new to reading lung cancer screening CTs or need a refresher, check out the free on-line ACR Lung Cancer Screening Education e-learning co-sponsored by the Society of Thoracic Radiology, which comes with 15 AMA Category 1 CME credits, and SA-CME too. It has been made free to both ACR members and non-members to increase access to this important resource. It includes cases to test your skill at using Lung-RADS with feedback. Powered by state-of-the-art eLearning tools and technology, it prepares you to implement a comprehensive multidisciplinary lung cancer screening program that applies a patient-centered approach to shared decision making, complies with best practices, and helps meet requirements for ACR CT Chest Accreditation.

- Reach out to your primary care providers, and share information to help educate them about who to screen and why. Some resources you may want to take a look at and use include:

FIGHTING THE LEADING CAUSE OF CANCER DEATH – ARE YOU IN? (CONT.)

  - The highly respected and award-winning LuCa National Training Network at https://lucatraining.org/ has lots of education resources including:
    * A free online course “Lung Cancer and the Primary Care Provider” from the highly respected and award-winning LuCa Training Network that gives 2.5 AMA PRA Category 1 credits
    * A new educational printable tri-fold “What Every PCP Should Know About Lung Cancer Screening” to share with primary care physicians at https://lucatraining.org/services/luca-tools/what-every-pcp-should-know-about-lung-cancer-brochure

- Place materials in your waiting rooms to increase patient awareness. Some practices are starting to do this specifically in their breast imaging waiting rooms where patients are already participating in screening, and evidence shows that women have considerable influence on the health care of their families. There also is evidence that some women who are undergoing mammography screening have not been informed that they also are eligible for lung cancer screening. They may consider this for themselves or discuss it with their families and friends.
  - If your practice or facility has a website, consider using materials to help patients understand their risk, such as https://shouldiscreen.com/English/home
  - The Lung Cancer Project has a series of customizable documents, posters, and letters in both English and Spanish focused at increasing awareness among patients

- Check out The White Ribbon Project, including their social media advocacy on Twitter at https://twitter.com/TheWRP4LC - consider joining the movement to create awareness, host an event and get your white ribbon.

Across the U.S., health professionals, professional societies like the American College of Radiology, the American Cancer Society and its National Lung Cancer Roundtable, federal and state agencies, and advocacy organizations are getting more involved to reduce lung cancer deaths by increasing screening.

Join the NLCRT/ACR Lung Cancer Screening Webinar Series that launched on June 30, 2021. This series is aimed at narrowing the knowledge gaps regarding the new USPSTF lung cancer screening eligibility criteria, and features perspectives from key stakeholder groups, including patients, primary care physicians, pulmonologists, radiologists, thoracic surgeons, oncologists, epidemiologists, and behavioral scientists.

Register at https://acr-org.zoom.us/webinar/register/WN_09_nm6OPQIa5YCHvj--i2A

Radiologists are poised to change the future of lung cancer for future generations. Are you in?

Ella A. Kazerooni, MD, MS
Professor of Radiology & Internal Medicine
University of Michigan Medical School
Chair, National Lung Cancer Roundtable @ the American Cancer Society
Chair, American College of Radiology Lung Cancer Screening Registry
https://nlcrt.org/
https://www.acr.org/Clinical-Resources/Lung-Cancer-Screening-Resources

Vivek Kalia, MD MPH
Twitter: @VivekKaliaMD
Member, MRS Young and Early Physicians Committee

SOCIAL MEDIA: A VITAL TOOL FOR GROWTH AND CONNECTION IN RADIOLOGY

Now in the summer of 2021, to say that social media use in radiology is important feels like an understatement. Not only has social media use exploded among radiologists, radiology residents & fellows, radiology organizations, and so on in the last decade or so, it has become a movement unto itself. I often tell those who ask me why I feel it's so vital to have a professional presence on social media these days, "there are entire worlds of productive and educational conversation that you don't even know are occurring." Beyond that, connections are being made that would have never been possible otherwise and lastly, opportunities such as scholarships, new job availabilities, industry offerings, and so on often are first announced on social media. There is so much going on that you're only privy to if you choose to swim in the shared pool. These are things that are often not included in newsletters and e-mail blasts (and who has the time to read all of their e-mails anyways these days?).

To successfully navigate the waters into the world of social media as a neophyte, there are many resources available. In fact, more and more space in the radiology literature is being devoted to topics of leadership, social media, and personal branding, and the interplay between all 3. Personal branding, a topic of tremendous importance in today's day and age, is the practice of actively cultivating the person you are known as and things you are known for. However, a detailed discussion of personal branding and successful methods to build a successful personal brand are beyond the scope of this article. Look for high-impact and highly user-friendly articles in the Journal of the American College of Radiology (JACR) and RadioGraphics, among other journals. Several articles you might consider to get you started are included in the References below.

To put social media in tangible terms, it is perhaps best to start by devoting your efforts into a select few platforms and to cultivate a list of contacts with whom you build relationships over time. Many in radiology find Twitter to be the most fruitful platform for ongoing conversations, idea sharing, educational content, announcements, and much more. LinkedIn is also a great platform for professional growth. To successfully broadcast your ideas on Twitter however, you must first build an audience of "Followers," as any brilliant, clever, or even any basic news tweet you craft will only be seen by those who follow you. Twitter is a platform that rewards those who use it actively – if you take the time to look at different radiologists' pages and organizations' pages; and most importantly to interact with their tweets in valuable ways (e.g. commenting, retweeting), others will choose to follow you. And in social media terms, that is priceless – an audience holds tremendous value and must be treated with care. The audience you build understands your personal brand as you've crafted it over time.

YOUNG & EARLY CAREER PHYSICANS REPORT (CONT.)

I like to think that we have entered what I call the “post-digital” era. By post-digital, I don’t mean an age where we stop using or benefitting from our digital lives. If anything, this will increase forevermore as current trends suggest. What I mean by post-digital is that we’re entering an era in which the idea of thinking “digital” or “not digital” will be anachronistic. Everything will be digital. The concept of it will entirely move into the background, as a presumed truth, much like oxygen or electricity. And human connection and relationship upkeep are increasingly done in that digital space; though of course nothing can replicate an in-person smile, handshake, or hug. Digital has been and will continue to be transformative, through social media and other means. In the present and for the foreseeable future, digital will be the seamless backbone of life. And social media, a digital means of sharing and professional growth, is an absolutely vital tool to use in this new world. There has never been a better time to get involved.

References:

1. Gupta S, Kattapuram TM, Patel TY. Social media's role in the perception of radiologists and artificial intelligence. Clin Imaging. 2020 Dec;68:158-160.
2. Ishak R, Fishman EK, Bedi H. Social Media in Radiology: A Primer. J Am Coll Radiol. 2017 Feb;14(2):290-293.
3. Kalia V, Patel AK, Moriarity AK, Canon CL. Personal Branding: A Primer for Radiology Trainees and Radiologists. J Am Coll Radiol. 2017 Jul;14(7):971-975.
4. Kauffman L, Weisberg EM, Zember WF, Fishman EK. Twitter and Radiology: Everything You Wanted to Know About #RadTwitter But Were Afraid to Ask. Curr Probl Diagn Radiol. 2021 Jun 30:S0363-0188(21)00097-9.
5. Koontz NA, Kamer AP, Dodson SC, Capps AE, Tomblinson CM, Brown BP, Frank MS, Heitkamp DE. Social Media Utilization at an Academic Radiology Practice. Acad Radiol. 2018 Jan;25(1):111-117.
6. Ranginwala S, Towbin AJ. Use of Social Media in Radiology Education. J Am Coll Radiol. 2018 Jan;15(1 Pt B):190-200.
7. Spieler B, Ballard DH, Mazaheri P, et al. Social Media in Radiology: Overview and Usefulness of Online Professional #SoMe Profiles. Acad Radiol. 2021 Apr;28(4):526-539.

REISDENT & FELLOW SECTION UPDATE)

Hello all,

The executive committee for the resident/fellow section met last month. As this was our first meeting, there was a lot of initial housekeeping; we refined the by-laws and streamlined the election process and define our roles so we can start serving sooner and serving better.

Primarily we dealt with planning for the annual meeting. We are eager to make up for the dearth of functions, outings, and CME opportunities last year, and we want to make sure the annual meeting this year is something that really brings us back out and interfacing. Further, we are requesting your input or suggestions down the road. Have you recently heard a truly exceptional speaker that reinvigorated your love for radiology or made you optimistic for the future of our field? Did you find a particular event or excursion at your last conference particularly memorable or noteworthy? Do you have a favorite local caterer or bartender? We welcome any and all suggestions, so please let us know.

The tentative date is **Friday, February 11th, 2022,** so mark your calendars.

Thanks,
Your RFS Executive Committee
Shnayder@med.umich.edu

"This month we would like to share a poem by Dr. Carole Roseland (Southfield Radiology Associates) to the graduating class of 2021, including her daughter Dr. Molly Roseland (University of Michigan).

This special mother daughter radiologist duo shared some insights into their career and lives as women in medicine and radiology."

Tell us a little bit about your experience which led you to pursue a career in radiology?
Carole Roseland (CR): *"I've always liked analyzing pictures and detective work, and I also like to write. It was in college that I got to know a radiologist—he sat behind me in church choir. He encouraged me to attend medical school and introduced me to the fascinating albeit small world of radiography, presenting me with Lucy Squire's classic textbook, and later, with many other radiology books. I did radiology electives during medical school, including in the department where I would later become a resident, holding my first ultrasound transducer, one the size of a brick! Not a day went by on internship where I didn't spend some time in the radiology department going over my patients' films. I'd originally thought I'd just go into general practice, but it was the radiologists in that department with whom I consulted every day who encouraged me to join their ranks and apply for residency.The rest is history."*

What was it like being a woman in medical school and then radiology residency?
CR: *"I was fortunate to be in a medical school and a residency where women were well-represented, and, in fact, my chief resident and one of my greatest mentors was a woman. Although females were in the minority in the general world of medicine and particularly in radiology at that time, they were still achieving great things and being recognized as equals, even then, and it was only a matter of time before more women discovered the field and excelled in it."*

Your daughter graduated from radiology residency this year. How did you feel, and were you surprised when she chose to follow in your footsteps?
CR: *"I was a bit surprised, as my strong-willed daughter often resists my suggestions, but I was proud and pleased that she finally chose radiology over all the other specialties she considered. It seems only natural, since she was raised on radiology!"*

Women represent only 25% of radiologists. Why do you feel women should pursue a career in radiology?
CR: *"I think a better question would be, "why not?" Radiology is interesting, intellectually challenging, rewarding, diverse and always changing, and it allows for individual interests and abilities be utilized fully. Radiology is also a field that is family-friendly, and it helps patients and doctors alike."*

Are there unique challenges that you feel you or women in general face in medicine and radiology?
CR: ***"****Time management is probably the biggest challenge I face. There is always more work to be done, more things to learn, but never enough hours in the day to balance those with family events, hobbies, work around home and sleep."*

What advice do you have for women in medicine and radiology?
CR: *"Get smart, study hard, keep learning and be the best doctor you can. Help and support your colleagues. Don't be discouraged if sometimes you fail. And remember, if you're a radiologist, that there's a patient behind every image you interpret who's counting on you."*

Interview with Molly Roseland

Dr. Molly Roseland is a recent graduate of the University of Michigan Diagnostic Radiology residency, and will be remaining at the University of Michigan to complete her abdominal imaging fellowship. We asked her a few questions about her perspective on radiology and her mom's career as a radiologist -

What was your impression of your mother's career while you were growing up?
Molly Roseland (MR) - "*I always saw my mom's career as a defining part of her identity. Whenever she came up in conversation among my peers, I would proudly declare she was a radiologist, not a "regular" doctor, which, of course, often required a little explanation. I recognized early on how rare it was (and how lucky I was) to have a mother in this field, responsible for looking inside the sickest patients in the hospital. Of course, I knew her job was the reason why we might need to move or why we wouldn't get every holiday or dinner together – or why my December birthday was always associated with RSNA week! But this was easy to excuse whenever I saw the satisfaction radiology afforded her, especially when she would come home from work after tackling challenging cases or performing a successful procedure. I also saw firsthand how a radiology career could change over time, both technologically and intellectually, as I watched her transition from analog films and transcriptionists to long PACS reading lists and voice recognition, collecting an ever-growing stack of journals on our countertop to brush up her skills. She always managed to navigate these transitions smoothly, which gave me a sense of the flexibility and drive required to be a successful radiologist.*"

What influenced you to follow your mother's footsteps and become a radiologist?
MR: "*I never directly intended to take after my mom – I had to find myself before I finally found my way back to radiology. After immersing myself in pathophysiology and memorizing (what felt like) everything in my first two years of medical school, my interests on the clinical side were difficult to pin down. I enjoyed taking on complex cases on inpatient services more than working in busy clinics, and came to realize the essential role of imaging in this setting. After extra trips to the reading room and a fourth year rotation, I was able to see how much "pure medicine" the radiologists were practicing, reviewing imaging alongside notes and labs, and using what seemed like encyclopedic knowledge to piece together a diagnosis. I finally knew I wanted to be in radiology, and that I had a lot more in common with my mom after all! Having her as a role model also eliminated any concern I might have about the male dominance of the field, since she was proof that I too could find success*."

What are you most excited about for your future career?
MR: "*After all the COVID disruptions of residency, I'm starting fellowship excited to learn from the best in abdominal imaging while I gain more expertise and confidence. Going forward, I'm eager to carve out the career I want for myself in radiology, integrating my skills in abdomen and nuclear medicine to do good clinical work, teach and learn from trainees, and hopefully contribute something more to the field. I am optimistic about hybrid imaging, novel PET agents, and theranostics, plus the continued growth of advanced imaging as a whole. I'm grateful to have found a career that will never give me a chance to get bored."*

Would you change anything about radiology/your career path?
MR: "*Increasing case volumes and clinical expectations for "instant answers" with rapid turnaround times has been an ongoing challenge and source of anxiety since early on in residency. I would push back against the emphasis on speed above all so we can maintain the highest quality work and avoid burnout. I hope that radiologists are able to advocate for reasonable workloads as volumes only continue to rise, recognizing our own limitations (and those of trainees), and the need for additional support and staffing."*

Interview with Molly Roseland (cont.)

What advice do you have for medical students and junior residents, especially women, either considering or beginning their radiology career?

MR: "*Radiology is easy to overlook in medical school, where you may have limited exposure to the field, and potentially less access to women mentors. It can be challenging to imagine what a career in radiology would look like before you commit. But if you are drawn to the field, don't be afraid to dive in, knowing your training will be much more than watching someone else dictate. You will be making a difference in patient care and you will ultimately have the opportunity to find a career in radiology to your liking. For young residents, starting in radiology can feel like starting over, no matter how much you learned in medical school. Know that residency is a long, well-worn path and you will soon grow into a competent radiologist. Read as much as you can, and learn whenever and wherever you can – you never know exactly what you might be reading on call or at your next job. Start thinking early on about your values and networking for the career you want. And no matter your phase of training, find your people – seek out colleagues and attendings who can provide mentorship, support, and friendship. Gender disparities in radiology are not a given, and aligning with other women in the field only opens more opportunities and breaks down barriers for the future of women in radiology."*

Carole Roseland, DO

Molly Roseland, MD

Dedicated to the Graduating Radiology Residents of 2021

Just the Start

Think back, to just four years ago, when you became a radiology resident.
The experience was new and awkward—it was something without precedent.

You immersed yourself in a new language, mostly foreign to your tongue—
dictating a report was one big challenge, way back then, when you were young.
The convoluted world of PACS and evil PowerScribe,
you managed to master in matter of months after joining the radiology tribe.
Bewildered at first by images that made absolutely no sense,
you gradually picked out findings, and you gained some confidence.

There were times when you acted cocky, when in truth, you had no clue,
so, you'd ask one of your attendings, and hoped they'd tell you what to do.
You learned good stuff from them—and I hope not too much bad,
and you grew in knowledge daily, beyond those basic facts you had.

You cut your teeth on ER cases, when you were put in charge,
and you finally learned to move quickly when the worklist grew too large.
You puzzled over plain films, scrolled through many a CT,
you got your fill of mammograms and neuroradiology.
Your plate was full of tough MR's, with nucs your head would spin;
the paras and the thoras and the flouros you'd fit in.
From the shaking and the clammy hands to one determined grip,
you hit that mass precisely with your 14-Gauge needle tip.
At some point, things were making sense, and you made a decent call,
and by now, you've developed many skills, but probably, not all.

Well, it seems that you've been working all your life to do things right,
Some things came really easy, while others were one long fight.
You've been serious about your career, and you've studied all so much,
Four years ago, you couldn't have imagined all those cases you would touch.
There've been many demands upon your time, many doctors to appease.
Not much time was all for you, with the others you had to please.
There were days you blew off studying, when you were sick or bored or tired,
yet, you knew that it was learning that would someday get you hired.

You just jumped another hurdle as you took that epic test!
It was such a relief you passed your boards, and you gave it all your best.
Now, from a novice to a graduate, you get to join the ranks,
and for all that scut-work, weekends, call and nights, we come to offer thanks.

So, graduates, this is just the beginning of one interesting career,
But expect to have some failures, disappointments and some fear.
Realize that your first job may not necessarily be your last,
and that what's to come in the future will be nothing like your past.
You might end up with a couple of rads who'll dump and complain and attack,
but you'll find with most of your colleagues, they'll always have your back.
You might never know just how it was that you helped to make someone well,
and your feedback may be very sparse, as the good they'll seldom tell.
However, there will be those wonderful times, when you make an astute diagnosis,
and because of you, the patient will recover and have a good prognosis.

Just be the best at what you do, and try to do what's right,
because when you're dedicated to your work, you know, your future will be bright.
Years from now, you will look back, and I know that you'll be glad
that you made the career choice that you did when you decided to be a rad!

Congratulations!

Carole Williams Roseland, DO
2021

John Kalabat, M.D.
Chair radiological safety committee
Henry Ford Medical Group/ Henry Ford Macomb Hospital

Radiologic safety committee survey results

107 MRS members took the recent survey from the radiological safety committee. Please click here to view the detailed results of the survey.

Much of the information is a 2021 follow up to important suggestions introduced by Dr. Bradford Betz in the last vignette of 2020.

Most respondents knew about the Image Wisely pledge and Image Gently pledge. However, several members who know about it have not taken the pledges. The ACR / MRS encourages all members to take those pledges.

The majority of respondents felt that their respective hospitals and institutions had an adequate response to keeping patients safe in radiology and radiation therapy departments.

The majority of respondents are aware of the ACR Practice parameters and technical standards and feel that they are fair.

1 in 10 respondents' facilities are not ACR certified in CT, MRI, breast US, MRI breast, digital breast tomo, or screening and diagnostic mammography. The goal of these is to "narrow the variability among radiology practices and provide guidance to achieve quality in radiology" (https://www.acr.org/Clinical-Resources/Practice-Parameters-and-Technical-Standards)

While the majority of respondents are aware of the ACR contrast manual, 45% do not utilize it in their daily practice. Please be aware of the PDF that can be downloaded in the link as well as short PDF cards for adult contrast reactions AND pediatric contrast reactions.

The vast majority of respondents are aware of the ACR appropriateness criteria, but 39% do not use it as a reference in daily practice. Order your "introduction to AC module", available free to ACR members.

Looking for a New Job? Check out the MRS Job Bank!

Open Positions:

- Diagnostic Radiology Consultants, PC – SE MI - Diagnostic
- Drs. Harris, Birkhill, Wang, Songe and Associates - Breast Imager
- Drs. Harris, Birkhill, Wang, Songe and Associates - Body Imager
- Garden City Hospital – General Radiologist – Southeast Michigan
- Med Centric – Remote, X-Rays Only
- Regional Medical Imaging – SE MI Body Imager
- Regional Medical Imaging – SE & Mid MI - Breast Imager
- Rochester Radiology PC – SE MI - Special Interest in Neuro
- University of Michigan – SE MI - Cardiothoracic Radiologist
- X-Ray Associates of Port Huron – East MI - BE/BE Radiologist

Click here to view online.

To post an open positon contact Shannon Sage at shannon@michigan-rad.org