

The Report

News from the MRS

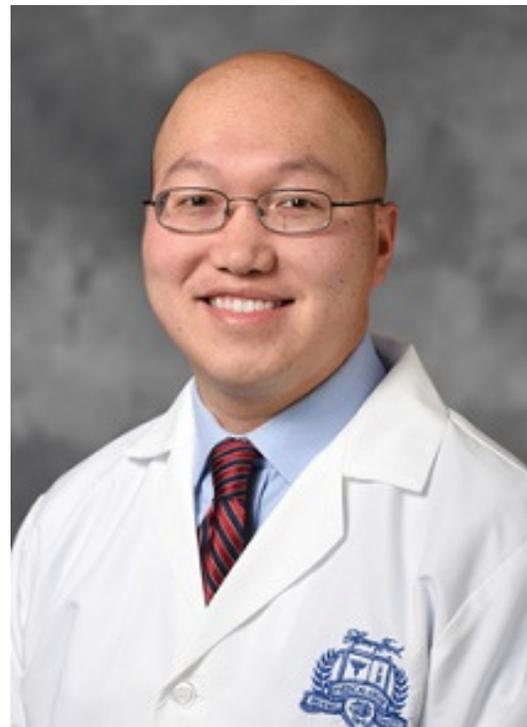
A bi-monthly publication of topics and events relevant to radiologists, radiation oncologists, and medical physicists that practice in Michigan.

In This Issue:

President's Message	2
Leadership Spotlight	4
MRS Foundation	6
Legislative Update	7
Radiologic Safety	9
Resident Section	13
New Fellows	17
Upcoming Events	18
Jobs Bank	19

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

Executive Director
Shannon Sage
shannon@michigan-rad.org



Danny Ma, MD, President

PRESIDENT'S MESSAGE

Dear Fellow Michigan Radiological Society Members,

The early tree buds and chirping birds are sure signs that winter is over, and spring is finally here! Around this same time last spring, Michigan confirmed its first cases of COVID-19 on March 10, 2020. As we reflect on the one-year anniversary of the pandemic turning our world upside down, I am most grateful for our courageous MRS members and other health care workers for their contributions in battling the pandemic.

Much has happened since the pandemic started last spring that offers considerable hope. Daily deaths rates are much lower than a year ago. In Michigan, most health care workers have already received the vaccine. Most adults are projected to get vaccinated by the Fourth of July. Hopefully, we can return to some semblance of normal. Everyone will be eager to make plans for the summer and fall to see old friends, to reminisce, and to celebrate. The MRS has a once in a lifetime event where you will be able to do exactly that, while reflecting on the past 100 years of radiology in Michigan at the **MRS Centennial Gala & Educational Event**. This cannot miss event will be held on **October 22-23, 2021** at the Dearborn Inn in Dearborn. Our program committee and centennial planning committee are busy finalizing speakers and activities for this historic event. Be sure to save the date for an event that only comes once every 100 years.

To recognize their support, radiology organizations with greater than 80% MRS membership will be invited to publish their group's history and contributions to radiology in the upcoming Centennial Gala commemorative brochure. Please contact Shannon Sage at shannon@michigan-rad.org for more details or how to pay for group membership with pretax dollars.

While reflecting back on the past 100 years of the MRS, we need to be proactive and look forward to the next 100 years. Driving the future success of the Michigan Radiological Society will be the creation of our new **MRS Foundation** that will help fund educational and charitable interests of our society. Refer to page 6 for more details. Please consider making a tax deductible donation today by contacting Shannon Sage.

Our most recent meeting, the **Preston M. Hickey Memorial Lecture** on March 4 was a huge success! Many of you logged into our virtual webinar to see Gregory Nicola MD FACR talk about the "Economics of Artificial Intelligence." I would like to congratulate Zachary Beswick MD from Henry Ford Hospital and Anna Laucis MD from the University of Michigan on a wonderful job presenting their research abstracts at the Preston M. Hickey Lecture. They are the abstract winners from the 14th Annual RFS section conference on February 21.

I would also like to take a moment to commend David Smith MD on an outstanding year as President of the RFS. His steady leadership guided the RFS through a very difficult year. Let us welcome our new 2021 RFS Board of Trustees on page 10!

Our next meeting, **MRS Annual Meeting**, will be held virtually on May 6, 2021 and will feature Paul Chang MD as our keynote speaker. At this meeting we will conduct our general membership meeting along with elections and the transition of officers.

Roger Gonda MD, Chair of the Nominating Committee, is looking for a few good women and men. We are always looking for volunteers to serve on committees. Please contact Shannon Sage if you are interested.

Congratulations to the MRS members that have been elected to become a **Fellow of the American College of Radiology** on page 17. This is one of the highest honors the ACR can bestow on an ACR member. None of this would be possible without the fantastic work of Alkis Zingas MD and the fellowship committee.

Additional content in the March-April newsletter:

- Legislative update by James Cavanagh, JD.
- Resident and Fellow Section update
- Leadership Spotlight on Katherine Sharer, MD FACR
- Radiology Safety Section:
 - * Matthew Davenport MD, "New Major Recommendations from the American College of Radiology and the National Kidney Foundation: Imaging Patients with Kidney Disease"
 - * Gauravi Sabharwal MD, "Simulation Based Training in Management of Contrast Reaction at Henry Ford"

Sincerely,
Danny Ma MD,
President





LEADERSHIP SPOTLIGHT

KATHARINE SCHARER, M.D., F.A.C.R.

Interview conducted by Karen Grejewski, MD, Co-Chair
Commission on Women & Diversity

This month the Leadership Spotlight features Dr. Katharine Scharer, former president of the MRS and the second woman to hold the title.

Welcome Dr. Scharer, and thank you for agreeing to participate in the MRS Newsletter's Leadership Spotlight feature. You are the Chief of Radiology at Ascension Providence Rochester Hospital. Please tell us about your department.

Dr. Scharer: "Ascension Providence Rochester Hospital (APRH) is a community hospital served by our group of 8 radiologists. I will have been here for 19 years in July, serving as Vice Chief 10 years and as Chief for six years. Our department is composed of all fellowship-trained radiologists, most of whom also continue to practice general radiology in addition to our areas of expertise. We are a private practice group, contracted with the hospital for over 30 years".

Please tell us about yourself and your background.

Dr. Scharer: "I was born and raised in Rochester, MI, so I haven't moved too far from my roots! My father was a mechanical engineer for GM and my mother was a teacher. As a kid I attended a tent circus on the grounds where the hospital now stands. I also attended the opening day of the hospital—got a cookie and some Kool-Aid!

I came to medicine in a bit of a circuitous route. I was a medical technologist working as a microbiologist in a medical laboratory when I was encouraged to apply to medical school. Because of my laboratory medicine background, my only focus in medical school was toward the specialty of Pathology. One of my last rotations in medical school was Radiology and I was smitten with the imaging bug. Already accepted into the pathology residency at William Beaumont Hospital, I decided to go forward with my original plan of pathology, but after a year of soul-searching (and spending an hour looking for a Reed-Sternberg cell on a lymph node biopsy), I decided to pursue radiology.

My time in pathology was an asset. I did a lot of autopsies and surgical pathology and became much more familiar with gross anatomy and cellular pathology that I ever had during the gross anatomy lab in medical school. Even today, when reading a case, I can picture the gross anatomy - with the advantage of not having red sticky stuff all over me!

My residency at Wayne State University and fellowship at Henry Ford Hospital were a great experience, with the added challenge of raising a young family at the time. My husband was an incredible support to our children and me during my years of medical school, residency and fellowship".

How would you describe your leadership philosophy/style?

Dr. Scharer: "My leadership style is based on observations and mentoring from other leaders that I have had the privilege to know. I try to be fair, honest and allow those with the interest to take responsibility of their areas of expertise with hands off approach unless needed. I try to set an example of strong work ethic and service to patients. I take the same approach when dealing with hospital administration - my goal is having a respected department with primary focus on providing excellent service to our patients and referring physicians. I often wish I had more formal training in leadership. My training has been mostly on the job, reading and most importantly, reaching out to experienced leaders for their advice".

Did you have a mentor? Please describe the impact he or she had on your career.

Dr. Scharer: "I have been fortunate to have multiple mentors during my career. Kathi McCarroll has been a mentor since before I became radiology resident. I approached her when I was still pathology resident about the right way to go about changing specialties. She gave me excellent advice on that and on so many other challenges I have faced. I have had so many other mentors as well: Michael Sandler (I still think of his advice every day - "Read the last case as carefully as you did the first"), both of my former chiefs--Tom "Burt" Weyhing and Rene Loreda.

One of the great things about being involved with the MRS is having a chance to get to know and be mentored by so many great men and women in Michigan radiology. My inexperience in so many areas has led me to consult those with much more expertise in leadership than I could ever hope to accomplish—Drs Reed Dunnick, Manuel Brown, Larry Davis and so many others. Dr. Dunnick encouraged me to serve as president of the MRS, something I would never have considered on my own".

Did you face any adversity related to being a woman in Radiology, and if so, how did you overcome it?

Dr. Scharer: "I don't remember much in the way of adversity, except for a program director at one institution telling me he would kill me if I got pregnant - yikes. I basically focus on doing the best job I can and I have been fortunate to have had so many supportive radiologists over the years that I've turned to for advice. During residency, when there was so much to learn and having two small children at the time, I took the advice from another female radiologist and adjusted my home schedule to get up around 4 am to study instead of trying to do it at night. That gave me time to spend with my kids in the evening.

Do you have any thoughts regarding encouraging women to join the field of Radiology?

Dr. Scharer: "Radiology is an incredible specialty and with teleradiology and other advances it can be very flexible for all lifestyles. I think exposure of women to radiology early in their medical school training is important—I had very little exposure until the end of medical school. Having the opportunity to meet women in radiology in the workplace and in an informal format is also important. My best women friends are radiologists!"

What do you see as some of the biggest issues or challenges currently facing the practice of Radiology or your department in particular?

Dr. Scharer: "The emphasis on productivity/turn-around time is one issue. While I understand the vital role radiology has in patient care, the focus on being a slave to the work list can have an impact on the individual and lead to burnout. Additional challenges include turf issues, reimbursement cuts and all of the messy stuff of the business side of the practice of radiology".

How do you think the ACR and/or the MRS can assist in addressing these issues/challenges?

Dr. Scharer: "The recognition of the issues is the first step and the Committees on Women and Diversity at the ACR and MRS levels have been great. I think gathering information from women who have been in radiology, what challenges they have faced and how they have dealt with them, can be helpful - everyone's experience will be a little different. Also, facilitating meetings between women in medical school or at the undergraduate level and women in radiology can also raise awareness of this exciting career".

Is there anything else that you would like to add?

Dr. Scharer: "Thanks for the opportunity for sharing! I'm so thankful for the rewarding career I've been able to enjoy. A big part of that has been the friendships I've been able to have with other radiologists that I've been able to meet through the MRS and ACR".

MRS FOUNDATION

MRS FOUNDATION: Let's start with the WHY

- Declining membership in the MRS and as a result of declining funds
- Harder to continue the educational and young physician leadership development in the future.
- Increasing corporatization of the radiology landscape tends to decrease membership in societies.
- Decreasing Academic institutional membership involvement. Competing sources for CME and MOC development.
- Goal is to provide a source of funding that will propagate the young physician educational mission of the MRS.

Mission and Vision Statement

- The Michigan Radiological Society Foundation is dedicated to carrying out the educational and charitable interests of the Michigan Radiological Society. By serving the more than 1,400 radiologists, radiation oncologists, and medical physicists in our state, the MRS works to: advance the science, education, and practice of radiology; improve radiologic imaging services to patients and the medical community; foster close fellowship among radiologists; address the economics of radiology; and to establish and maintain high medical and ethical standards in our practice.

Board of Directors

- Goal is to have well respected and highly networked radiologists of the Michigan community preferably with service currently or in the past to the MRS.
- Diverse board representing geographic, gender, practice, and age diversity.

Incentives

- Educate future physician leaders to engage in health care reform, providing high quality healthcare delivery to the population of Michigan in a sustainable financial model.

Here is what we need from you:

- In the coming months we may be reaching out to you and/or your practice. We hope to start a conversation and build a relationship that will meet your needs while fulfilling the mission of the foundation. The time is right, and the time is now to ensure our future as a profession. On the centennial anniversary of the founding of our state society, the Foundation will ensure that we will be relevant and active in providing the best possible imaging and therapeutic care to our patients for the next 100 years.

-Michael J. Kasotakis, MD

-Perry Pernicano, MD,

-Stephen Kilanowski, MD,

Co-chairs and Board members,

MRS Foundation



LEGISLATIVE UPDATE

by James Cavanagh, JD

OVERVIEW

The 101st Michigan Legislature officially convened on January 13. The new Speaker of the House is Jason Wentworth (R-Farwell). Committee assignments have been made and there are some key changes. Rep. Bronna Kahle (R-Adrian) replaces term limited Rep. Hank Vaupel as House Health Policy Committee Chair. The ranking Democrat is Rep. Angela Whitwer (D-Delta Twp.), who before being elected to the legislature was a health systems administrator. The Committee will hold its first organizational meeting this week. The leadership of the House Department of Health and Human Services (DHHS) Subcommittee on Appropriations will remain the same, with Rep. Mary Whiteford (R-South Haven) the Chair and Rep. Abdullah Hammoud as the ranking Democrat.

On the Senate side, the DHHS Subcommittee has undergone some changes. With the election of Chair Sen. Peter MacGregor as Treasurer of Kent County, Sen. Rick Outman (R-Six Lakes) was the surprise choice by the Senate Majority Leader to take over the post. His Republican Vice-Chair for this all-important Committee will be John Bizon, M.D., from Battle Creek. On the Democratic side, Sen. Winnie Brinks from Grand Rapids replaces Sen. Curtis Hertel (East Lansing). Hertel resigned from the Subcommittee in order to avoid any conflict of interest due to his wife being appointed the Director of the Department. On that note, DHHS Director Robert Gordon abruptly resigned on January 22, with no reason given. It had been speculated that Gordon was headed to a post within President Biden's Administration. Almost immediately upon Gordon's resignation, the Governor appointed Elizabeth Hertel, the Chief Deputy.

Relations between the Republican controlled legislature and the Democratic Governor are at a new low. Much of the conflict revolves around the Whitmer Administration's response to the COVID pandemic. Republicans view that response as arbitrary and extreme, causing a huge hardship, especially on small business. The relationship has gotten so bad that the Republican Senate has been off-hand rejecting gubernatorial appointments. In her State of the State Address, the Governor invited the Legislature to work with her. How this turns out remains to be seen.

On January 15, the Budget Revenue Estimating Conference met and surprisingly forecast a significant surplus of \$2.2 billion in the General Fund. This forecast is a complete reversal of the \$3 billion deficit predicted in May, and somewhat less than the \$1 billion in August. This forecast is used to develop target figures for the upcoming FY 2021-2022 budget, which begins October 1.

The Governor recently proposed a \$5.6 billion COVID Relief Plan. \$500 million would be State funds with the balance coming from the federal Government. Republican leaders are skeptical of the size of the proposal and its priorities.

LEGISLATION

Prior Authorization:

Look for a reintroduction of last session's SB 612, a bill to establish protocols and procedures for the establishment of prior authorization steps. The "Health Can't Wait" coalition will hold its initial meeting later this month, and I will attend to represent MRS.

Drug Pricing Transparency:

Late last year, the Governor's Task Force on drug pricing, created by Executive Order, met for the last time. Last week, the Task Force issued its report with recommendations for legislation. Among the recommendations were requirements placed on drug manufacturers to issue reports on how much is spent bringing a drug to market, including advertising costs. Another proposal will require registration of pharmacy benefit managers and their regulation by the Department of Insurance and Financial Services.

OTHER

Virtual Capitol Hill Day:

This year, like last, the ACR Capitol Hill Day is scheduled for May 19. We will be working with the ACR Government Affairs Team to coordinate activities and schedule appointments with lawmakers and staff.

Certificate of Need Commission – MRI Standards:

The Department recommended that Magnetic Resonance Imaging (MRI) services should continue to be regulated by the Commission. Toward that end, DHHS submitted its recommendations for CON standards scheduled for 2021 review. Please contact me if you would care to have a copy of those recommendations.

Positron Emission Tomography:

Review of Positron Emission Standards will be conducted in 2021. The initial work group meeting is scheduled for February 25.

James Cavanagh, JD
jacavanagh@wnj.com
517-679-7410

Radiologic Safety Section

New Major Recommendations from the American College of Radiology and the National Kidney Foundation: Imaging Patients with Kidney Disease

In 2020 and 2021, new major recommendations were released from the American College of Radiology (ACR) and the National Kidney Foundation (NKF) summarizing the CT- and MR-based imaging of patients with kidney disease.

These recommendations supersede pre-existing guidance from the ACR and should greatly improve and standardize contrast media policies across the United States.

A summary of these consensus statements are in tabular format below.



Matthew Davenport, MD, Chair,
ACR Committee on Drugs and
Contrast Media

Table 1. Summary of Major ACR-NKF Consensus Statements on Use of Intravenous Iodinated Contrast Media in Patients with Kidney Disease (from [1])

1. The terms contrast-associated acute kidney injury (CA-AKI) or post-contrast acute kidney injury (PC-AKI) are recommended for use in clinical practice due to the large proportion of AKI events correlated with but not necessarily caused by contrast media administration.
2. Contrast-induced acute kidney injury (CI-AKI) is only feasible to diagnose in the context of a well-matched controlled study.
3. KDIGO AKI criteria are recommended for the diagnosis of AKI, and KDIGO CKD criteria are recommended for the diagnosis of CKD.
4. The risk of CI-AKI from intravenous iodinated contrast media is lower than previously thought. Necessary contrast-enhanced CT without a suitable alternative should not be avoided solely on the basis of CI-AKI risk.
5. CI-AKI risk should be determined primarily by CKD stage and AKI. High-risk patients include those with recent AKI and those with eGFR <30 mL/min per 1.73m ² , including those receiving maintenance dialysis who have significant residual kidney function.
6. Kidney function screening is indicated to identify patients at high risk for CI-AKI. Personal history of kidney disease (CKD, remote AKI, kidney surgery or ablation) are the strongest risk factors indicating the need for kidney function assessment.
7. Radiologist-clinician discussions about risks and benefits of contrast-enhanced imaging can be helpful in patients at high-risk for CI-AKI.
8. There are no clinically relevant differences in CI-AKI risk between iso-osmolality (IOCM) and low-osmolality (LOCM) iodinated contrast media.
9. Prophylaxis with intravenous normal saline is indicated for patients not on dialysis who have eGFR <30 mL/min per 1.73m ² or AKI. In individual high-risk circumstances, prophylaxis may be considered in patients with eGFR 30-44 mL/min per 1.73 m ² at the discretion of the ordering clinician.
10. Prophylaxis is not indicated for patients with stable eGFR ≥45 mL/min per 1.73m ² .
11. Kidney replacement therapy should not be initiated or have the schedule adjusted solely on the basis of contrast media administration.
12. The presence of a solitary kidney should not independently influence decision-making regarding the risk of CI-AKI.
13. In patients at high-risk of CI-AKI, ad hoc lowering of contrast media dose below a known diagnostic threshold should be avoided. Rather, the minimum routine clinical diagnostic dose should be used.
14. When feasible, nephrotoxic medications should be held by the referring clinician in high-risk patients.
15. Data on risk of CI-AKI in pediatric patients is extrapolated from data in adult patients. Pediatric-specific research in this area is a major unmet need.

Table 2. Summary of Major ACR-NKF Consensus Statements on Use of Intravenous Gadolinium-Based Contrast Media in Patients with Kidney Disease (from [2])

1. Patients undergoing renal replacement therapy, patients with AKI, and patients with stage 4 or 5 CKD who are exposed to a group I GBCM, especially repeated doses of a higher off-label dose of a group I GBCM, are at greatest risk of NSF.
2. Risk of NSF differs between GBCM and can be stratified into three GBCM groups (Group I: highest risk, Group II: very low risk, Group III: likely very low risk but insufficient confirmatory evidence).
3. The risk of NSF increases with larger doses of group I GBCM. The dose-related risk of NSF from group II and group III GBCM is unknown, but in general the lowest diagnostic dose of GBCM should be used.
4. Group II GBCM should not be withheld or delayed if harm would result from not proceeding with an indicated contrast-enhanced MRI.
5. Kidney function screening is optional for group II GBCM, but is necessary for group III GBCM.
6. Direct communication between the radiologist and referring provider regarding risk of NSF is not necessary for group II GBCM administration, but is suggested for group III GBCM administration in patients with eGFR <30 mL/min per 1.73 m² or AKI.
7. The risk of NSF is very low for a standard dose (0.1 mmol/kg) of group II GBCM, even in patients with eGFR <30 mL/min per 1.73 m² or AKI.
8. Prophylaxis is not indicated for the prevention of NSF. Risk mitigation strategies can include awaiting kidney function recovery and use of group II GBCM.
9. Dialysis should not be initiated or altered based on group II or group III GBCM administration.
10. On-label dosing of group II or group III GBCM does not have a clinically important risk of nephrotoxicity.
11. If multiple urgent group II or group III GBCM doses are indicated, subsequent dose(s) should not be delayed for fear of NSF. If not urgent, delaying the subsequent dose(s) >24 hours or performing intercurrent dialysis can promote GBCM clearance.
12. The above recommendations should not be altered in patients receiving nephrotoxic medications, chemotherapy, or contrast-enhanced CT.
13. The above recommendations also apply to pediatric patients. The risk of NSF in pediatric patients appears to be low but data are limited. The “Bedside Schwartz” equation should be used to assess eGFR in infants and children.

Acronyms

NKF: National Kidney Foundation

ACR: American College of Radiology

KDIGO: Kidney Disease Improving Global Outcomes

AKI: acute kidney injury

CI-AKI: contrast-induced acute kidney injury

CA-AKI: contrast-associated acute kidney injury

CKD: chronic kidney disease

GBCM: gadolinium-based contrast media

NSF: nephrogenic systemic fibrosis

eGFR: estimated glomerular filtration rate



References

1. Davenport MS, Perazella MA, Yee J, et al. Use of intravenous iodinated contrast media in patients with kidney disease: consensus statements from the American College of Radiology and the National Kidney Foundation. *Radiology* 202; 294:660-668.
2. Weinreb JC, Rodby RA, Yee J, et al. Use of intravenous gadolinium-based contrast media in patients with kidney disease: consensus statements from the American College of Radiology and the National Kidney Foundation. *Radiology* 2021; 298:28-35.

Simulation based training in Management of Contrast Reaction at Henry Ford

Simulation is “an imitation of a situation or process”. It is used in the development and testing processes in many industries including aviation, safety engineering, nuclear energy, video games, etc. Simulation based training is very rapidly becoming an integral part of education in healthcare.



Gauravi Sabharwal, MD

The Henry Ford Health System Center for Simulation, Education and Research has planned and implemented a variety of courses for a broad scope of learners. Such examples of courses are Ultrasound guided central line placement, Fundamentals of Laparoscopic Surgery, Institutional curriculum, Departmental OSCES (Objective Structured Clinical Examination), Fundamentals of Internal Medicine, Contrast Reaction Simulation for Radiology staff, residents and technicians, Advanced Cardiovascular Life Support, Advanced Trauma Life Support, Activities of Daily Living, Critical Care Medicine and Critical Care Nursing courses. The Center is utilized for teaching and evaluating the six core competencies of physician practice – patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism and system-based practice. Participants in these courses can include staff physicians, nurses, medical students, residents, and physician assistants from different fields of medicine.

Radiology at Henry Ford is actively involved in training the residents at the Simulation Center. A curriculum has been developed to utilize various aspects of simulation. These include:

1. Contrast reaction management
2. Ultrasound and CT guided interventional procedures
3. Lumbar puncture module
4. Vascular simulators for angio-interventional procedures

Simulation based training in Management of Contrast Reactions -

Reactions to intravenous contrast media are uncommon, but can be potentially life threatening. These reactions need to be recognized and managed immediately by radiology residents and staff who are often the first responders before the arrival of the Rapid Response Team. Due to the infrequency of these reactions, regular training is required to maintain familiarity in the management of these acute contrast reactions.

At Henry Ford, all the radiology residents undergo structured, periodic training at the Simulation Center to learn and maintain skills in the management of acute contrast reactions. The training is imparted by a staff radiologist actively involved in creating and updating protocols for the prevention and management of contrast reaction for the department. A staff nurse at the Simulation Center with understanding of the operation of the software helps conduct this program. The training closely follows all guidelines set by The Manual on Contrast Media by The American College of Radiology.



The course includes:

1. Pre-Test: This is a 10-question test that assesses baseline knowledge and skills about the topic. The residents must complete this appraisal before proceeding to the remainder of the curriculum.
2. Didactic instruction: This instruction is imparted using a presentation in a lecture room (or via video conferencing) by a staff radiologist. Pocket cards for quick reference are distributed to all participants. These are also made available as pdf document on individual handheld devices.
3. Introduction to the simulated 'patient' and his/her surroundings: The training room is set to represent a computed tomography (CT) scanning room. The patient is a computerized high fidelity manikin designed for use in teamwork training scenarios. The manikin has many characteristics:
 - a. Pre-recorded speech and other vocal sounds
 - b. Various heart, lung and bowel sounds perceived on auscultation
 - c. Palpable pulses with feedback to a computerized program
 - d. Features to emulate tongue edema, laryngeal edema and pharyngeal obstruction
 - e. Monitor displaying various vital signs synchronized with the patient
 - f. Software that allows input of various clinical modules and scenarios
4. Enacting different clinical scenarios using the high fidelity simulated patient: One resident is designated as the leader for managing the event and creates a quick 'radiology code team'. He/she delegates assignments to different members of the team. All the instructions and steps in management are spoken out loudly for the staff nurse to hear so that he/she can advance the scenario. The participants have access to all resuscitation equipment found in the CT suite and to all medications in the radiology crash cart.
5. Debriefing: Feedback is provided by the instructor regarding the appropriateness of actions taken by the 'radiology code team'. Scenarios can be videotaped for the participants to review.
6. Post- Test: This is a 10-question test given after completion of the instructional segment. This is used in conjunction with the pre-test to measure the effectiveness of the program.

This simulation based training provides the residents practical experience in the management of these potentially life threatening events in a safe and non-punitive environment, without compromising patient safety. The high fidelity simulators create a more realistic scenario and foster team based training. This helps residents practice competencies such as leadership and communication skills. This periodic training including both didactic instructions and high fidelity simulation maintains their skills in contrast reaction management. The residents are able to achieve favorable outcomes confidently when faced with actual clinical situations.

References:

1. American College of Radiology, ACR Committee on Drugs and Contrast Media. ACR Manual on Contrast Media. January 2020
2. Robertson H, Paige J, and Bok J. 2012. Simulation in Radiology



RESIDENT SECTION



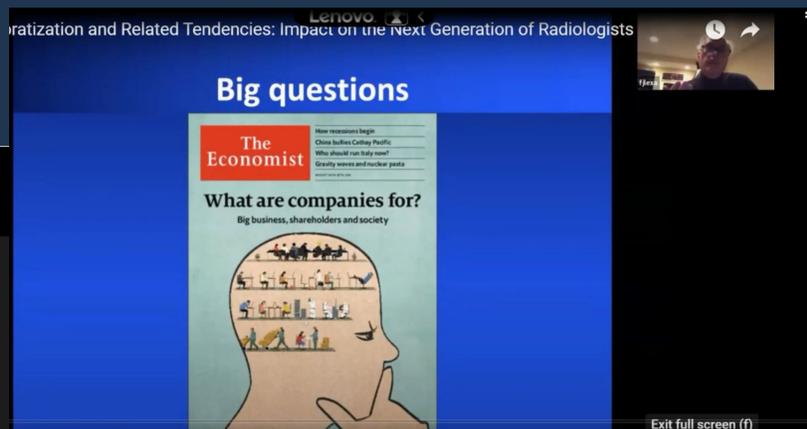
We hosted our 14th Annual Resident & Fellow Section conference on February 21, 2021. The focus of the meeting was on early career development utilizing lectures from the [ACR Radiology Leadership Institute career kickstart curriculum](#). Topics included the differences in an academic vs private practice career, tips on how to succeed in the first year in practice, and retirement and financial planning. Additionally we had an excellent address from MRS president Danny Ma and a legislative update from MRS lobbyist Jim Cavanaugh. Thanks to all the residents for their abstract submissions. Congratulation to Anna Laucis from the University of Michigan and Zachary Beswick from Henry Ford Hospital, our abstract winners.

David Smith, MD

Congratulations to our incoming board members:

- President, Michelle Shnyder, University of Michigan
- President Elect, Tayson Lin, University of Michigan
- Secretary, Karim Nasra, Ascension Providence/MSUCHM
- Treasurer, Peter Cormier, Henry Ford
- Fundraising Chair, Matthew Waldrop, Beaumont Farmington Hills
- Webmaster, Akarshan Monga, Detroit Medical Center
- Resident Liason, Mohammad Al Hameed, St. Joseph Mercy Oakland

[Click here to view the full recording.](#)



Lower Baseline Apparent Diffusion Coefficient Values Associated with Poor Prognosis in Locally Advanced Pancreatic Cancer

Anna M Laucis, MD, MPhil,¹ Yilun Sun, PhD,^{1,2} Yue Cao, PhD,¹ Theodore S Lawrence, MD, PhD,¹ Mahmoud Al-Hawary, MD,³ Thomas Chenevert, PhD,³ Kyle C Cuneo, MD¹

¹Department of Radiation Oncology, University of Michigan, Ann Arbor, MI
²Department of Biostatistics, University of Michigan, Ann Arbor, MI
³Department of Radiology, University of Michigan, Ann Arbor, MI

RADIATION ONCOLOGY | MICHIGAN MEDICINE

Meet the members of the 2021 Resident Section Board of Trustees



President, Michelle Shnyder, University of Michigan - PGY3, R2

I am from Chicago, Illinois in the integrated interventional radiology program. I am interested in ethics, palliative care education in interventional radiology, and quality improvement. I was an all-around Division 1 gymnast at Brown University and now enjoy attending Orange Theory fitness classes. My new husband and I had a COVID wedding in a hot air balloon this past September and look forward to celebrating with our friends and family this upcoming year.



President Elect, Tayson Lin, University of Michigan - PGY2, R1

I am originally from Singapore. Currently, I am undecided on my future subspecialty. My research interests center on medical education. I enjoy snowboarding and skateboarding.



Secretary, Karim Nasra, Ascension Providence/MSUCHM - PGY3, R2

I am originally from London and had my formative years up and down the East Coast. I am in the ESIR program and will be applying for Interventional Radiology. My academic interests include translational IR research, particularly new devices and techniques. I look forward to meeting and working with people whom I can bounce ideas off in the future.



Treasurer, Peter Cormier, Henry Ford - PGY3, R2

I grew up in Rockford, Illinois and am interested in pursuing a fellowship in musculoskeletal imaging. I love running, podcasts, and watching English Premier League soccer. I am very much looking forward to the post pandemic world when I can travel and fully experience the Detroit food scene again.

Meet the members of the 2021 Resident Section Board of Trustees



Fundraising Chair, Matthew Waldrop, Beaumont Farmington Hills - PGY3, R2

I am from Michigan, grew up in the metro Detroit region, where I currently reside in Royal Oak. I am interested in body imaging with a focus in MRI. I grew up playing hockey and baseball and currently try to play as much golf as I can while the weather allows. I enjoy fantasy football, movies, skiing, and taking care of my new rescue cat, Luna.



Webmaster, Akarshan Monga, Detroit Medical Center - PGY3, R2

I am from Port St. Lucie, Florida. I am interested in neuroradiology and MSK radiology. My hobbies include technology, golf, and finance.



Resident Liaison, Mohammad Al Hameed, St. Joseph Mercy Oakland - PGY3, R2

I am originally from Iraq, and currently live in Birmingham, Michigan. I'm interested in neuroradiology. My hobbies are traveling, exploring new cultures, swimming, riding horses, playing the piano, and reading novels.



BOTSFORD RADIOLOGY

14th Annual Resident Section Sponsors

Thank you to our Sponsors

DRS. HARRIS, BIRKILL, WANG, SONGE AND ASSOCIATES, P.C.

Drs. Harris, Birkhill, Wang, Songe and Associates, PC is a large multi-specialty private practice radiology group located in Southeastern Michigan.



Envision Physician Services is committed to transforming healthcare by being the leader in innovating, integrating and optimizing the continuum of care to benefit patients everywhere.



For almost six decades, **Huron Valley Radiology (HVR)** has provided our patients, leading hospitals and networks of care with a full range of diagnostic imaging and image-guided interventional procedures.



The **Radiology Business Solutions** team is completely unique. We are comprised of radiologists, hospital executives, healthcare attorneys, and business consultants with years of practical experience in all aspects of radiology business and practice management.



Southfield Radiology Associates

Conveniently located in Southfield, Michigan, **Southfield Radiology Associates** combines the most sophisticated radiology technology with personal attention to provide you with thorough, individual care.

Fellow of the American College of Radiology

One of the highest honors the ACR can bestow on a member in good standing is recognition as a Fellow of the American College of Radiology. ACR Fellows demonstrate a history of service to the College, organized radiology, teaching, and/or research. Only 10 percent of College members have been awarded this honor.

FACR is awarded to diagnostic radiologists, radiation oncologists, interventional radiologists, medical physicists, and nuclear medicine physicians at the convocation ceremony held during the ACR annual meeting.

The honor of Fellow of the American College of Radiology is conferred on members who have been approved and elected by the ACR Board of Chancellors.



Congratulations New Fellows

2021 New Fellows

JAMES TOMLINSON, MS
ANNETTE I. JOE, MD
MARK WEISS, MD
CRAIG W. STEVENS, MD, PHD
SAMIR J. PARIKH, MD
IMAD TALIB ZAK, MBBS
ASHOK SRINIVASAN, MD



2020 New Fellows

ROBERT M. WEINFELD, MD

HELPFUL INFORMATION REGARDING FACR PROCESS CAN BE FOUND IN THE RESOURCE:
[PATHWAY TO ACR FELLOWSHIP](#)



CENTENNIAL GALA & EDUCATION EVENT



Celebrating 100 Years!

SAVE THE DATE

October 22 & 23, 2021
Dearborn Inn, Dearborn, MI

The Michigan Radiological Society (MRS) is marking an anniversary that few chapters in the American College of Radiology can profess – 100 years of existence! The MRS is proceeding with cautious optimism in planning an in-person celebration of its Centennial which occurs this October. Please mark your calendar for **October 22-23, 2021** to attend the celebration being held at the Dearborn Inn in Dearborn. Both social and educational events are being arranged. A Centennial Committee has been formed which is addressing registration, program, social, fund-raising and memorial functions of the celebration. Plans are to have an informal icebreaker on Friday evening, educational session during the day Saturday, and ending with a Saturday evening gala. This will be a wonderful opportunity to interact with MRS leadership, past and present, meet new and old members, and have an enjoyable time with your radiology, radiation oncology, and medical physics colleagues. Looking forward to seeing you in October!!

Ralph Lieto
Perry Pernicano
Co-chairs, Centennial Celebration Committee

[Click here](#) to take a brief survey to help us estimate attendance as accurately as possible.

Upcoming EVENTS

ANNUAL MEETING
MAY 6, 2021
6:00 P.M.

PAUL J. CHANG, MD, FSIIM

PROFESSOR AND VICE-CHAIRMAN, RADIOLOGY INFORMATICS
UNIVERSITY OF CHICAGO SCHOOL OF MEDICINE
MEDICAL DIRECTOR, ENTERPRISE IMAGING
MEDICAL DIRECTOR, SOA INFRASTRUCTURE
UNIVERSITY OF CHICAGO HOSPITALS



**ARTIFICIAL INTELLIGENCE AND MACHINE
LEARNING IN RADIOLOGY: A REALITY CHECK**

[Register Here](#)

SUMMER CME PROGRAM
JUNE 3, 2021
6:00 P.M.

TOPIC:

Optimizing IPF Diagnosis and Assessment: Key Considerations for Radiologists

[Register Here](#)

Need a New Job? Check out the MRS Job Bank!

Open Positions:

[Diagnostic Radiology Consultants, PC](#) – Diagnostic – Southeast Michigan

[DRS. HARRIS, BIRKHILL, WANG, SONGE AND ASSOCIATES PC](#) – Breast Imager

[DRS. HARRIS, BIRKHILL, WANG, SONGE AND ASSOCIATES PC](#) – Body Imager

[Garden City Hospital](#) – General Radiologist – Southeast Michigan

[Med Centric](#) – Remote, X-Rays Only

[Regional Medical Imaging](#) – MSK or Neuro – Southeast and Mid-Michigan

[Regional Medical Imaging](#) – Breast Imager – Southeast and Mid-Michigan

[Rochester Radiology PC](#) – Special Interest in Neuro – Southeast Michigan

[University of Michigan](#) – Cardiothoracic Radiologist – Southeast Michigan

[USA Vein, USA Vascular, USA Fibroid & USA Oncology Centers](#)

[X-Ray Associates of Port Huron](#) – BE/BE Radiologist – Eastern Michigan

[Click here](#) to view online.

To post an open position on the website contact Shannon Sage at shannon@michigan-rad.org

