

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.

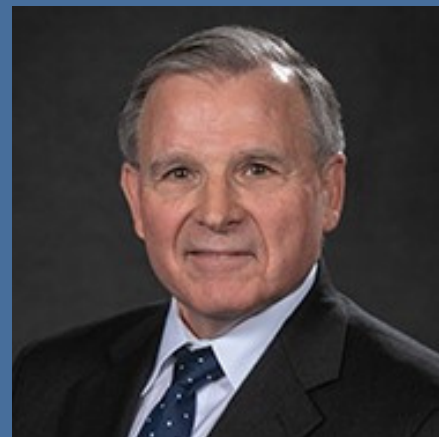
In This Issue:

Foundation	2
Diversity, Equity & Inclusion	3
Legislative Update	5
Radiological Safety	6
Resident & Fellow Section	7
Upcoming Events	9
Job Bank	10



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Happy Spring, MRS Members!

In an effort to fulfill our Mission, Foundation Board Members have been meeting with various MRS Committee Chairs regarding collaboration and seeking ways the Foundation can partner with them to further their initiatives. Recent opportunities included our financial support of the 2022 MRS Resident Section Annual Conference & Research Forum and the upcoming MRS Medical Student Section Symposium scheduled for May 2022. We have made substantial progress in this regard and are excited about future opportunities that have been presented to us to support these Committees efforts while fulfilling the Foundation's Mission.

We are also pleased to announce we have established our Corporate Giving Levels. They are as follows:

Foundation Patron – Gifts up to \$2,000

- Listing on Foundation Website as a Corporate Partner which would include a Corporate Logo
- Verbal or written recognition at Annual MRS Meeting

Foundation Builder - \$2,000 to \$5,000

- Listing on Foundation Website as a Corporate Partner which would include a Corporate Logo
- Verbal or written recognition at Annual MRS Meeting

Foundation Ambassador - \$6,000 to \$9,000

- Listing on Foundation Website as a Corporate Partner which would include a Corporate Logo
- Verbal or written recognition at Annual MRS Meeting

Foundation Leader - \$10,000 +

- Listing on Foundation Website as a Corporate Partner which would include a Corporate Logo
- Two Tickets to Annual MRS Meeting Dinner or Annual Preston Hickey Lecture
- Verbal or written recognition at Annual MRS Meeting
- Commemorative Gift recognizing company's loyal support to be awarded at the MRS Annual Meeting

In the coming months we will be reaching out to private practice Radiology Groups and various Corporations to schedule appointments for a brief presentation regarding the Foundation. We are looking forward to meeting with these entities (virtually or in-person) and sharing more about the Foundation and how Corporations can become supporters of the MRS Foundation.

To those of you who continue to give and make donations to the Foundation, Thank you!
We appreciate every gift we receive. Donations can be made at any time for any occasion.

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.

Debbie and Amy
Foundation Administrators

Women in Radiology, Looking Backward and Forward

Presented at the Michigan Radiology Society Centennial, Oct 23, 2021

Author: **KayVydareny, MD, FACR**
Professor of Radiology,
Emory University School of Medicine,

"I long to hear that you have declared an independency. And, by the way, in the new code of laws which I suppose it will be necessary for you to make, I desire you would remember the ladies and be more generous and favorable to them than your ancestors. Do not put such unlimited power into the hands of the husbands. Remember, all men would be tyrants if they could."

Letter from Abigail Adams to husband John, March 31, 1776

The number of women in diagnostic radiology residency has been remarkably stable, despite the increase in women medical students. In 1981, according to AAMC data, less than 30% of medical students and 21% of diagnostic radiology residents were women. By 2019 the number of female medical students nationwide had risen to 52% - but only 26% of DR residents were women. A survey of radiology organizations in 26 countries, showed that, although globally 33.5% of radiologists were women, in the United States only 27.2% of radiologists were women. This was the lowest percentage of all the included countries. (1)

There have been numerous reasons offered for the relative lack of women in our profession. These include: a lack of early exposure in medical school, a lack of role models and mentors, a feeling that women don't like or can't understand medical physics or complex technology, a perceived lack of patient contact, the length of the residency and subsequent fellowship, a fear of the effects of radiation exposure on pregnancies, and the lack of desire of a woman to be the "lonely only" (ie fewer women in a field means that fewer women are attracted to that field.).

What could practice leaders do to help this situation? There are multiple actions that could be taken. Practice leaders could market radiology to women medical students by placing women radiologists in visible roles to help the students feel welcome. It has been shown that there are a greater number of women residents in programs with female program directors (2). Forming medical student interest groups, including medical students in existing Women in Radiology groups and increasing female resident involvement in medical student teaching could lead to personal mentorship and help to dispel negative myths.

Practices could follow the Family Medical Leave Act (FMLA, 1993), the ABR leave (2021) policy and the Fair Labor Standards Act (FLSA, amended in 2010). The FMLA requires that 12 weeks of unpaid job-protected leave be provided for eligible employees (those who have worked at least 12 months or 1250 hours) for the birth and care of a newborn or adopted child, care for immediate family member with serious health conditions or personal medical leave. Residents except for those in the first year, are eligible for FMLA. In 2021, the ABR published its leave policy which states that "Beginning with the 2021-2022 academic year, 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." (3) This time off includes vacation days, bereavement leave, interview days away from the institution, parental leave, caregiver leave, medical leave and other leaves as granted by the Program Director. This policy does not supersede local policy which could be more limited. The FLSA states that eligible employers (those with 50 or more employees) must provide break time for nursing mothers to express milk in a private space, not a bathroom, for 1 year after giving birth. An ACR survey in 2017, 7 years after this act was amended, noted that only 13% of practices could meet these requirements. The ACGME common program requirements also mandate private lactation facilities (ACGME Common Program Requirement I, D, 2, c)

Because women physicians report burnout more frequently than men, practices could address burnout and physician wellbeing for all residents and associates. Practices and residency programs must not tolerate harassment, bullying, or discrimination. In a recent survey of radiologists, more women than men (24.4% vs. 4.4%) reported being a victim of sexual harassment and less than 30% report the incident. (4)

Even though clinical demands must be met, practices could offer more flexible work schedules. These could include alternate hours from the traditional workday, longer workdays/fewer workdays a week, offering more part time positions or job-sharing of a full work week between several individuals. Creativity may be needed to design alternative work schedules.

All policies, including salary structure, bonuses, and promotion criteria, should be equal, fair and transparent. Leadership must see these efforts as opportunities to promote a sense of well-being and inclusion rather than a hassle! Both men and women need mentorship throughout their professional careers and practices could mentor all new associates. Men can mentor women and vice versa but commonality and appreciation of life circumstances help ensure success.

Is there gender balance in leadership positions? A close look at 18 American radiology societies in 2018 showed that 33% of society membership were women but that only 21% of the leadership positions were held by women. (5). What about in academic departments? A review of the websites of 51 major academic departments in 2016 showed that 34% of the radiologists were females, but that only 25% of the vice chairs and section chiefs and 9% of department chairs were women. It was only in the position of Program directors of the residency program did the gender distribution (37% of program directors were women) resemble the gender distribution of the faculty. (6) . In academic departments, promotion of women to associate or full professor still lags that of men. A comparison of rates of promotion in 2017 showed that women are significantly less likely to be full (16.5% vs. 26%) or associate professors (18% vs. 21%) (7). Perhaps this is because women have fewer opportunities to meet the academic standards (e.g., less frequently asked to speak at national meetings, less likely to be asked to serve on departmental committees or be involved in collaborative research projects) or perhaps this is because the opportunities are present but women have less free time than their male colleagues because of bearing a disproportionate share of childcare or household responsibilities.

Take away points:

1. Despite the increase in female medical students, the percentage of female residents in diagnostic radiology has remained nearly constant for more than 40 years!
2. It remains more difficult for women than men to have leadership positions in academic radiology departments and radiology organizations.
3. Promotion of women in academic radiology departments has been slower than their male counterparts.
4. With the recognition that there are problems comes a responsibility that all of us, beginning with practice leaders and department chairs, can bring about change.

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LEGISLATIVE UPDATE

OVERVIEW

Based upon January's Revenue Estimating Conference and continued updates from the House and Senate Fiscal Agency, Michigan's revenue outlook is rosy. So much so that both the Governor and the Republican majority in the Legislature are talking about significant investments in infrastructure and access to behavioral health. At the same time, the Whitmer Administration and Republican leadership are talking about significant tax cuts, albeit with much different emphasis. The Governor has proposed an expansion of the Earned Income Tax Credit and an elimination of the tax on pensions enacted during the Snyder Administration. On the other hand, House and Senate Republicans propose to roll back the State individual income tax to the 2008 level from 4.35 percent to 3.9 percent. In addition, the GOP proposes to scale back the corporate income tax from 6 percent to 3.9 percent as well. Legislative leaders will work through the spring in order to enact a budget by the middle of June. Thereafter, legislators that are eligible to run again will be concentrating on their primary election for newly drawn districts in August.

LEGISLATION

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 its review and will be sending them to the membership. While this bill just recently introduced, and is still with the Senate Health Policy and Human Services Committee, it is "all hands on deck" for this one.

Prior Authorization: Last year, Sen. Curt VanderWall (R-Ludington), the Chair of the Senate Health Policy Committee, introduced legislation calling for procedures and protocols to be established before the use of prior authorization by insurance companies. MRS has been a member of the "Health Can't Wait" coalition, which has been advocating prior authorization reform. Unfortunately, major insurers such as Blue Cross/Blue Shield were successful in amending last session's version of the legislation to the point where even the Coalition opposed its passage. Consequently, the bill died at the end of session. In March, Sen. VanderWall introduced SB 247, a revised version of last session's bill. While SB 247 is not as strong as last session's bill as originally introduced, it is still supported by the Coalition. SB 247 has unanimously passed the Senate and was sent to the House. At long last, SB 247 will receive a hearing before the House Health Policy Committee this week. It is anticipated the House will take action on the bill by the end of this month.

Upgrade Standards for Radiographic Technologists: HB 5116, sponsored by Rep. Rodney Wakeman (R-Saginaw) establishes education and training standards for those who operate sophisticated imaging equipment. Currently, Michigan is an outlier among states, mandating requirements for only mammography and CT operation. MRS is supportive but has suggestions as to how to make the bill stronger. The legislation is with the House Health Policy Committee and has received its first hearing. Another hearing on the bill is expected prior to the legislature's spring break in late March.

Essential Health Provider Legislation: SB 246, sponsored by Sen. VanderWall, would increase the debt limit the State would pay for an individual who has taken part in the essential health provider repayment program from \$200,000 to \$300,000 over a ten-year period. SB 435, sponsored by Sen. Michael MacDonald (R-Macomb), expands the list of health care professions that would qualify for the program to include behavioral sciences. These bills have passed the Senate, been reported out of House Committee and are now on the floor of the House awaiting passage.

REGULATORY

The next regularly scheduled meeting of the Certificate of Need Commissions is scheduled for March 17 at the February 17 meeting of the MRI Workgroup, a draft of revised standards were submitted. Please contact me if you would like a copy of the same.

Radiological Safety

Computer Vision Syndrome (CVS)

John Kalabat, MD, Chair,
MRS Radiological Safety Committee

There are many aspects of radiological safety; work safety environment is an important one. One often overlooked area is the eye damage that can occur to radiologists staring onto several computer screens for hours on end. The term that is often used to describe this is Computer Vision Syndrome (CVS).

CVS is like other work-related repetitive motion injuries. At a computer screen, your eyes are constantly focusing and refocusing. There is a large workload on the eye muscles. This is made worse from the contrast and glare of computer screens. What's more, it is known that work at a computer screen is associated with a decreased blink rate; this contributes to dry eye and periodic blurry vision. Symptoms of CVS include eyestrain, headaches, blurry vision, dry eyes, neck, and shoulder pain. Causes of CVS include poor lighting, glare on the screen, improper viewing distance, poor seating posture, and uncorrected vision problems. The possibility that these factors can negatively impact radiologist accuracy and burnout must be considered.

The prevalence of CVS among radiologists varies depending on the study. It was found to be as high as 65.4% in radiologists in Saudi Arabia. In addition, the prevalence and severity tend to be worse in female compared to male radiologists.

Whether you are a young radiologist without any vision problems or a seasoned radiologist with many of the above symptoms, it is important for you to know of treatment and preventative options.

- Try to commit to the 20-20-20 rule: take a 20 second break to view something 20 ft away every 20 minutes.
- Blink frequently and achieve full corneal coverage with each blink. This can be challenging when trying to concentrate on patient care.
- View the center of the screen with eyes looking downward (15-20 degrees). This is both comfortable for eyes and neck.
- Use a screen to eyes distance of 20-28 inches.
- Avoid screen glare from overhead lighting or windows.
- It is important to get regular eye examinations to diagnose (and treat) CVS.
- Lens prescribed specifically for computer viewing are available. This can be very helpful not only for optimal vision of images, but also for optimal comfort and less strain on the eyes. (I have my own pair of prescription "computer glasses.")
- Vision therapy (exercise) is an option for those who have difficulty in focusing despite optimized eyeglasses/contacts.

Computer Vision Syndrome is an underappreciated problem among radiologists. More awareness of this problem (and solutions to the problem) is important to reduce its negative impact on the work environment.

References

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<https://www.webmd.com/eye-health/computer-vision-syndrome>

Resident & Fellow Section

Karim Nasra, MD

The outgoing MRS-RFS executive board again thanks the speakers, attendees, and, most importantly, sponsors who helped make the 25th Annual Resident Section Conference a great success. The theme of this year's event was about securing a meaningful and rewarding career in the changing radiology landscape.

Dr. Sonia Gupta spoke about the benefits of incorporating AI into your workplace as well as how to get involved in consultation and development to shape the future of radiology AI. Dr. Matthew Davenport then underscored that a successful and fulfilling career can mean a lot of different things to a lot of different people and shared a few tips (as well as a poem) on how to find out what that means to you. Finally, Robert Schaffer spoke on the continued, behind-the-scenes work on advocacy that is necessary to ensure the radiology we envisioned practicing is the same that we will end up with.

The conference ended with a residency vs residency quiz bowl which Ascension Providence/MSUCHM managed to win and take home the trophy... and along with their triumph came the sobering realization that they would be responsible for coming up with next year's set of challenging cases!

At the end of the day, we had a good time, got to know our colleagues across the state a little better, and reaffirmed our strong belief that Radiology really is the best specialty out there.



2022 Quiz Bowl Winners
Ascension Providence Hospital

Resident & Fellow Section

Each year the Resident & Fellow Section (RFS) hosts an annual resident research forum where residents are invited to submit an abstract. Four winners are selected to present their abstract at the Annual RFS Conference in February and receive a monetary award. The RFS leadership then select two final winners that present their abstract at the Annual Preston M. Hickey Memorial Lecture in March.



Courtney Cave M.D.,
Elizabeth Dobben, M.D.



Alexandra Morris, M.D.

15th Annual Resident Research Forum Winners

**Courtney Cave M.D.,
Elizabeth Dobben, M.D.**

Henry Ford Hospital

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

Alexandra Morris, M.D.,

Henry Ford Hospital

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

Adrien Nguyen, D.O.,

MSUCHM Ascension Providence

Anicia Mirchandani, M.D.,

WSU/DMC

Hospital 3D Tomosynthesis: Are we Missing Calcifications
That Matter?

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](#) to view the 2022 Abstract Booklet

2022 RFS Executive Board

Tayson Lin, MD - U of M - President

Vishwas Tiwari, MD - HFH - President Elect

Khalid Eteer, MD - HFH - Secretary

Aditya Karandikar, MD - HFH - Treasurer

Joshua Gaudette, MD - HFH - Webmaster

Anicia Mirchandani - DMC/WSU - Resident Liaison

Alexander Tsibulski, MD - St Joseph Mercy - Fellow Liaison,

UPCOMING EVENTS

Annual Meeting & Gold Medal Award Presentation

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 in Brighton, location TBD**. 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

[Click here](#) to register now.

2022 Biennial Breast Imaging Conference

November 5 & 6, 2022

This will be a virtual event

15 AMA Category 1 CME credits will be offered

More information coming soon!



WE ARE HIRING!

- Ascension Michigan, Mid-North Region - Position available March 1, 2022
- C. S. Mott Children's Hospital - Pediatric Radiology
- Diagnostic Radiology Consultants, PC - Diagnostic - Southeast Michigan
- Drs. Harris, Birkhill, Wang, Songe and Associates - Breast Imager
- Drs. Harris, Birkhill, Wang, Songe and Associates - Body Imager
- Drs. Harris, Birkhill, Wang, Songe and Associates - Night Shift Radiologist
- Garden City Hospital - SE MI - General Radiologist
- Med Centric - Remote, X-Rays Only
- Regional Medical Imaging - SE MI - Body Imager
- Regional Medical Imaging - SE and 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 position contact Shannon Sage
at shannon@michigan-rad.org