

News from the MRS

THE REPORT

Winter 2023 | Issue 20

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Mark Weiss, MD, FACR
President
2022-23 Term

Dear MRS Members,

I hope your holiday season was filled with joyful family gatherings and many festive occasions.

As we begin this new year, I cannot help being reflective. As a nation we are approaching our third year of the Covid 19 virus. It has spread throughout the US and globally like a wildfire never witnessed before. March of 2020 was the start of the worldwide shut down and the grandest social experiment in the history of the world. The consequences of the pandemic and the human response to the pandemic will be studied for many decades.

On New Year's Day I had the opportunity to attend the swearing in ceremony of our Governor, Lt. Governor, Attorney General and Secretary of State, as well as the other elected officials in the State of Michigan. My wife and I had not attended an inauguration in the past, however, upon receiving the invitation we happily looked forward to attending the event in Lansing. Luckily, the weather was mild, and we enjoyed witnessing the culmination of our democracy in action.

As the ceremony proceeded, the one observation which became apparent was the significant number of amazingly bright, hardworking women with remarkable credentials who are committed to work tirelessly for the State of Michigan. It does not matter if you are a Democrat, Republican, or Independent, these women, from both sides of the aisle, are impressive.

My mother was born in Romania, in a small village. When she was in fourth grade her family pulled her out of school. My mother was determined to make sure my sister and I had an opportunity to obtain the education she never had. Fortunately, both my sister and I did obtain advanced degrees. My mother respected the fact that education and intelligence are not always hand in hand, as she knew many successful people who were not formally educated but were bright and successful. However, education can be the great equalizer.

It was only 100 years ago, that women in this country fought for and obtained the right to vote. (Passed by Congress June 4, 1919, and ratified on August 18, 1920, the 19th amendment granted women the right to vote.)

The first woman to graduate from the University of Michigan Medical School was Amanda Sanford, receiving her Medical School degree in 1871. Anna Rankin, M.D., was the first female to graduate from what is now Wayne State University School of Medicine in 1881.

Today 51.9% of matriculated students in the US medical schools are women.

It is wonderful women such as these that have the same standing as men in medicine today, however it is mind boggling to realize how much potential has been lost in medicine because women did not always have equal opportunity.

Katalin Karikó, PhD, a biochemist and researcher, is best known for her contributions to mRNA technology and the COVID-19 vaccines. Karikó and co-collaborator, Drew Weissman, MD, PhD, invented the modified mRNA technology used in Pfizer-BioNTech and Moderna's vaccines to prevent COVID-19 infection.

It is good to know we now are successful at tapping most of our human resources, in the United States. Unfortunately, much work needs to be done to make sure that not just Caucasian women, but people from all races, backgrounds and nationalities have the same opportunities as their white counterparts. We also need to strive for equal pay for women and minorities in all fields.

There have been many accomplishments in medicine, radiology, and medical education in the past 100 years. However, we must continue to strive for inclusiveness in education and especially in radiology.

I am thankful for women in MRS and radiology. They are a large and significant part of the future of our organization. Just like the impressive women I met in our State's government, I believe we have the same quality and hardworking women in radiology and medicine. I hope these women, with help from their male counterparts, will work together to make sure everyone has access to medical education and radiology. Not just for their sake, but for the advancement of radiology for generations to come.

This year marks the 100-year anniversary of the inception of the ACR (American College of Radiology). A great organization that has advanced the field of radiology in so many ways and truly deserves celebration!

Much has transpired in the past century in medicine, and especially medical imaging. With our continued support of the ACR, MRS and each other, I am confident this new year and the next century will make advancements which we cannot even imagine. What would Wilhelm Roentgen think of imaging/radiology today? Not in his wildest dreams could he have imagined imaging today. The next century will be equally ingenious as we work hand in hand with our diverse pool of colleagues in order to improve our world of medical imaging. I am thankful and optimistic for the future of MRS, ACR and medicine.

Happy New Year!



Diversity, Equity & Inclusion

Serve as a Preceptor for the ACR PIER Internship (Pipeline Initiative for the Enrichment of Radiology)

The American College of Radiology is proud to offer the [PIER](#) internship to first-year medical students at institutions across the U.S. This initiative began through the Commission for Women and Diversity in hopes of giving underrepresented minorities (URMs) and women an opportunity to explore the radiology specialty and engage in research. Upon selection, scholars will be paired with at least one Preceptor in the student's area of interest.

The 2022 [PIER](#) program was held virtually in the summer and culminated with a presentation of the students' research of their Case in Point projects to the Radiology/Radiation Oncology Section at the annual meeting of the National Medical Association in late July/early August. The [PIER](#) Program provides a stipend for selected scholars during their Summer Internship, as well as continued mentorship and support throughout the years leading to your radiology residency application. Thirty-nine students have completed the internship in the last five years.

Preceptors are an invaluable part of the [PIER](#) internship. As a preceptor, you'll supervise a [PIER](#) Student for six weeks; help them develop and complete a research project for presentation and publication; and provide valuable mentorship to them throughout their medical school career, as they hopefully prepare for a career in Radiology or Radiation Oncology.

The [PIER](#) internship begins in May/June and ends in mid-July to accommodate the student's school schedule; and pairings will be made in March/April 2022. For more information, please see the detailed [preceptor information](#) and our [FAQ](#) for preceptors.

"My experience with my mentee, Laura Minton, was great! One of the things I love about this program is the great batch of students who are extraordinarily energetic and engaged. It is gratifying to work with a student like Laura who asks thoughtful questions and is a reliable research partner. I hope to be involved in the PIER program in the future." - Nicholas M. Beckmann, MD



APPLY NOW



Preceptor Testimonials

"The PIER program is an unparalleled experience for first year medical students to be exposed to the breadth of the radiological sciences. Being a preceptor is a joy to be matched with an enthusiastic student who wants to explore a future career. Their hands-on experience of learning radiology enriches their academic study and future clinical experiences. I'm humbled and inspired by the number of ACR preceptors who volunteer to create this experience every year."

-Leah Sieck, MD, Breast Imager,
Indiana University School of
Medicine



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Introduction

Special care must be taken to ensure patient and operator safety in the increasingly complex MR environment. Standardized practice guidance from the ACR Committee on MR Safety was initially published in 2002, with multiple updates most recently in 2019, with important editorial insights from Jordan and Gulani.(1-3) Specifically, the 2019 update refined Zone IV access, introducing the “full-stop and final check” which has been shown to be effective in reducing projectile events, a serious type of Zone IV infraction. We review zones of the MR environment and report the results of an MR Safety survey recently offered to the membership of the Michigan Radiological Society which will inform future MR safety education and improved surveys.

To aid in the standardization of safety protocols, the regions surrounding an MRI machine are divided into four zones within which special precautions must be taken to prevent harm. Failure to adhere to the appropriate precautions of each zone constitutes an “infraction.” Unintentional introduction of ferromagnetic objects into the MR environment poses significant safety risks including projectile injury, burns, implanted device malfunction, and injury related to implant motion. Mitigating this risk requires constant vigilance and a just-culture safety environment. Reporting of safety events should be supported with process improvement as the central focus. This ensures balanced accountability for both individuals and the organization responsible for designing and improving workplace systems.

The MR environment can benefit from such an approach to analyze and mitigate risk. We conducted a survey with the goal of understanding the current state of MR safety practice in radiology departments across the State of Michigan to inform future educational efforts.

A review of the ACR defined MR Safety Zones(4) may be helpful:

Zone I: All areas that are freely accessible to the general public.

Zone II: The area between Zone 1 (Public Access) and the strictly controlled Zone 3 (Control Room) and Zone 4 (Magnet). This is the area just outside of the restricted area Zone 3.

Zone III: The MR Control Room. All access to Zone 3 is to be restricted with access to regions within it controlled by and entirely under the supervision of MR personnel.

Zone IV: The Magnet Room. This zone has restricted access for both personnel and equipment. No individual has access to the magnet room without supervision by trained MR personnel. This zone is by definition located within Zone III. Only MR compatible objects, devices, and equipment are allowed within Zone IV.(4)

Zone IV infractions refer to the unintentional introduction of a ferromagnetic metallic object, device, or equipment into MR Zone 4. The time-out memory tool “SAVE” acronym has been proposed by Loudill and colleagues for use prior to Zone IV entry(5):

S-Screening: Has the patient been screened by an MR Technologist and approved for the scan?

A-Ancillary Staff: Have all ancillary staff potentially entering Zone 4 been screened and all ferromagnetic objects removed from their person?

V- Visual Inspection with ferromagnetic detection: Have all non-MR personnel, including the patient been visually inspected and passed metal detection?

E-Equipment: Has all medical equipment entering Zone 4 been confirmed MR Safe or conditional?

Survey Methods:

A voluntary response survey evaluating MRI screening protocols, MRI safety, and documentation requirements was sent by email to members of the Michigan Radiological Society. All survey responses were kept confidential and aggregate results are reported. Respondent site identification was optional. The results were compiled and evaluated for trends. Statistical validity of the response data was very limited by a low number of responses, and summary conclusions regarding MRI safety protocols in Michigan were formulated. The survey included an area for free text to allow for clarification of responses as deemed necessary by the respondent.

Results:

The survey was sent to the 1800 members, and the survey was clicked on at 750 unique IP addresses. Thirty-seven responses were completed for evaluation. The ability to reconcile duplicate and conflicting data was limited without mandatory site information.

Surveys were completed by a relatively even mix of private practice, academic, and hybrid groups, with 31%, 31%, and 39% belonging to each group respectively. One respondent did not indicate site type. Most respondents had a hospital-based practice (35/37, 95%), with 13/37 (35%) also having outpatient practices. One respondent was an outpatient-only site. A majority of respondents utilized an MR Safety Officer (23/37, 62%) with 16 of these also having a physician MR Medical Director. Most respondents (87%) utilized technologists for pre-MR screening with 17/37 (46%) indicating sole usage of technologists for the task. However, pre-screening at the time of scheduling for the MR exam, either in the department (25/37) or at a centralized scheduling center (18/37) was reported. Screening at the time of patient arrival (62%) and prior to entry into the Zone IV scan room (70%) provided multiple disclosure opportunities and safety redundancies. Metal detectors were also used by 8/37, 22% of respondents.

All respondents that knew their site policies for healthcare personnel accompanying patients (33/37) reported screening. Twenty-two of 33 (67%) respondents utilized at least two of four screening mechanisms for healthcare personnel accompanying the patient into Zone IV.

For respondents that were aware of their site policies for family or friends accompanying patients, 24/30 reported screening and the other 6 sites do not allow family or friends to accompany patients. Of those that do allow accompaniment, 18/24 (75%) use multiple mechanisms for screening and the other 6 used only screening prior to entry into the scan room Zone IV.

Of the respondents aware of their policies for MR Safety training prior to entry to Zone IV (26/37), 25 require such training for ancillary medical personnel, 6 respondents require it for family and friends, and 5 state that they require it for patients.

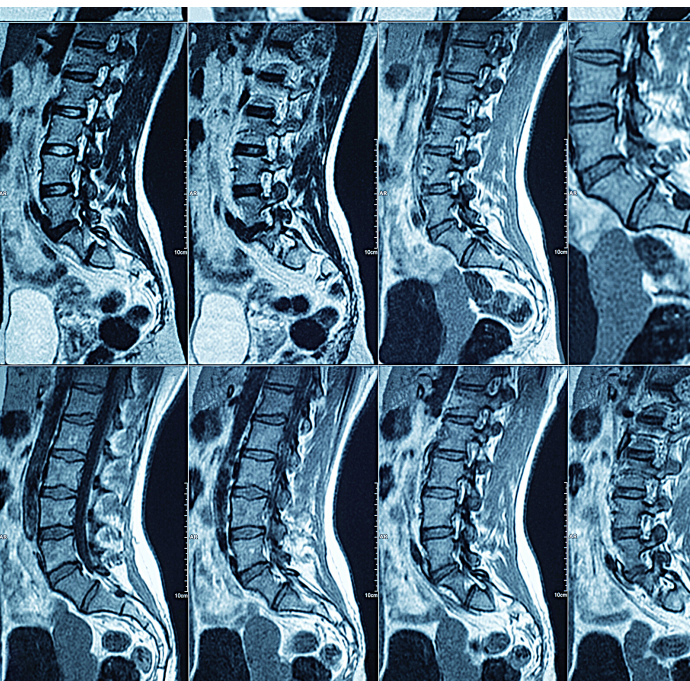
Twenty-five of 37 respondents knew their documentation policies for Zone IV infractions. Of these, 12 tracked MRI Zone IV infractions by number, type, and whether there was patient harm. At least 27/37 (73%) groups tracked thermal incidents, 2 respondents stated they did not track thermal incidents, and 8/37 did not know.

Utilization of time-outs prior to transferring patients into Zone IV was reported for 35% of respondents, with 22% reporting they do not. Thirteen sites use the "S.A.V.E." acronym for time-outs, including 6 respondents who stated they either did not do time-outs or did not know if they did time-outs. This inconsistency may be attributed to ambiguity in the survey.

Discussion:

A key take-away point from this safety survey is the common utilization of multiple safety redundancies. Patients frequently note and occasionally complain that they are repeatedly asked the same questions. While this survey did not address the efficacy of these redundant practices, practical experience supports their utility in preventing patient harm, as repetition often stimulates a more robust memory. Future studies could address the relative effectiveness of the various methods and combination of methods to avoid patient harm. Significant knowledge gaps regarding MR safety protocols were identified by this survey that will inform future educational efforts.

The limitations of this survey highlight the importance of an appropriately targeted representative sample. Response bias severely limits the validity of conclusions drawn from our data. While the membership of the MRS is very broad, many are clustered from the same institutions. The responses were anonymous and the few who offered their affiliation made it likely that there were multiple respondents from the same institutions. Future opportunities include a more selective survey of lead technologists or MR managers on the front lines of implementing policy. This, and removal of anonymity, would likely help reduce duplicate site reporting and inconsistent policy reporting.



MR SURVEY RESULTS

It was hoped that an anonymous survey would improve participation, but response rates were nevertheless low and duplicate site responses could not be resolved. This current state assessment provided some insight into the variability in radiologists' understanding and implementation of ACR recommendations. We did not quantify Zone IV violations, and the authors plan to characterize these in the future.

The State of Michigan MDHSS website lists 88 hospital-based MR facilities, 43 freestanding facilities, and 213 mobile host sites.(6) Many of these sites are operated by common entities or hospital systems thus reducing the complexity of standardization. That being said, standardization within even a single large hospital system can be challenging. Increasingly common mergers and consolidation of practices and hospital systems may afford streamlined opportunities for dissemination of best practices and standardization. Continued education and reinforcement is needed for broader adoption of ACR Guidance Document on MR Safe Practices.

Reference:

1. Kanal E, Borgstede JP, Barkovich AJ, et al. American College of Radiology White Paper on MR Safety. *AJR Am J Roentgenol* 2002; 178: 1335–1347.
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3. Jordan D, Gulani V. Editorial on "ACR Guidance Document on MR Safe Practices: Updates and Critical Information 2019." *J. Magn. Reson. Imaging* 2020;51:339-340.
4. ACR Manual on MR Safety. Version 1.0. 2020. (accessed on 12/27/2022) <https://www.acr.org/-/media/ACR/Files/Radiology-Safety/MR-Safety/Manual-on-MR-Safety.pdf>
5. Loudill C, Webb J, Rogg J, Volpe J. "S.A.V.E." MRI Time Out protocol for reducing Zone 4 infractions. (accessed on 12/28/2022) <https://www.rsna.org/uploadedFiles/RSNA/Content/Science/Quality/Storyboards/QS108-ED-MOA1.pdf>
6. State of Michigan, Department of Health and Human Services- Certificate of Need Program. (accessed on 12/28/2022) <https://www.michigan.gov/mdhhs/doing-business/providers/certificateofneed/program/misc/mri-service-utilization-lists>

AN INTERVIEW WITH THE PRESIDENT

The MRS Foundation is looking forward to 2023 with great anticipation and enthusiasm. We continue to be committed to our Mission of carrying out the educational and charitable interests of the Michigan Radiological Society.

We can only accomplish this mission as a result of the generous support we receive from MRS Members, Radiology Private Practice Groups and other individuals.

In this article we would like to feature one of those MRS Members.

In October 2022, Mark Weiss, MD, FACR, became the newly appointed MRS President. Dr. Weiss has been a supporter of the MRS Foundation since its inception.

Recently, the Foundation Administrators sat down with Dr. Weiss to visit with him regarding the future of MRS and the MRS Foundation.

Below is an excerpt from our interview....

Q. Why did you become involved with the MRS and the MRS Board?

A. Dr. Weiss: "MRS is a platform for all radiologists to get involved and associate with their colleagues. This is at a local level and a national level with ACR, if you choose to be involved at that level.

Having lived in the Flint area, I really wanted to interact with my fellow radiologists in Southeast Michigan and MRS provided that opportunity. I really liked the MRS members and their work ethic and how they gave back to radiology and medicine. I never considered or planned to serve on the Board or as President of MRS. Through MRS I can associate with physicians from all different types of radiology practices, from all across our State."

Q. It is our understanding that you are excited about the MRS Foundation, can you elaborate on that and tell us why?

A. Dr. Weiss: "MRS is more than 100 years old. It needs to continue its good work and expand in the future. I think the Foundation is the platform for this to occur. It is my hope MRS will expand into education, patient quality and patient advocate service. They will need resources to accomplish these things. The foundation is the avenue to help start these projects that will ultimately expand MRS."

Q. Why did you want to become a financial supporter of the MRS Foundation?

A. Dr. Weiss: "I believe you support things you are passionate about. As I watch the next generation of radiologists starting on their road, I want them to know the prior generation worked hard to leave the field of radiology the same or better than they found it."

Q. Would you encourage others to give?

A. Dr. Weiss: "Yes, however I would encourage them to also participate. Giving financially to the MRS Foundation is important so the next generation will have access to the same resources we have but, I also want the next generation to understand and learn about gifting and giving back."



Mark Weiss, MD, FACR

President,
Michigan Radiological Society

Q. Is there something you would like to see the MRS Foundation accomplish?

A. Dr. Weiss: "It would be nice to have the MRS Foundation and MRS have educational/social meetings for radiologists to meet and learn from each other. It may be structured similar to a residents meeting with an interesting case session, followed by refreshment and food or possibly lectures of interesting topics.

I am concerned radiologists and physicians are becoming isolated. Zoom and other meeting platforms have isolated physicians from each other. No longer do we meet in the doctor's lounge or have noon conferences, residence conferences etc. in person. The sterility of Zoom and Team Meetings have isolated medical professionals.

MRS/ MRS foundation could try in person meetings and social events, combined with education."



Dr. Weiss is one of many MRS Members who give their time, abilities, and financial resources in support of the MRS. We appreciate Dr. Weiss taking time to share his thoughts with us regarding the MRS and we are especially grateful for his support of the MRS Foundation. Thank you!

The MRS Foundation has many opportunities to fulfill our Mission, however, as stated earlier, we need the support of MRS Members, Radiology Private Practice Groups and other individuals.

We encourage each of you and/or your Private Practice Groups to consider a gift in 2023 to support the MRS Foundation so the next generation will not only benefit from our generosity but, understand and learn about gifting and giving back.

On behalf of the MRS Foundation Board, we would like to wish everyone a Happy New Year!

We look forward to serving all of you in 2023!

Amy Kim and Debbie Knox
Foundation Administrators

LEARN MORE





LEGISLATIVE UPDATE

James Cavanagh, JD
MRS Lobbyist

The 102nd Michigan Legislature convened at Noon on Wednesday, January 11, as required by the State Constitution. Democrats control both Chambers by a 20-18 margin in the Senate and a meager 56-54 majority in the House. Senator Winnie Brinks (D-Grand Rapids) was elected Senate Majority Leader and Senator Jeremy Moss (D-Southfield) was elected Majority Floor Leader. On the Republican side, Senator Aric Nesbitt (R-Lawton) was elected Minority Leader. In the House, Representative Joe Tate (D-Detroit) was elected Speaker, and Representative Matt Hall (R-Marshall) was elected Minority Leader. While committee assignments have yet to be made, two key Chairs have been named. Newly elected Senator Sarah Anthony (D-Lansing) will Chair the Senate Appropriations Committee. On the House side, Representative Angela Witwer (D-Delta Township) will be the Chair of the House Appropriations Committee. At this time, it now appears that Senator Kevin Hertel (D-St. Clair Shores) will Chair the Senate Health Policy Committee and Representative Julie Rogers (D-Kalamazoo) will Chair the House Health Policy Committee.

The Governor is scheduled to deliver her State of the State Address on January 25. She is also expected to submit her Executive Budget recommendations for FY 2023-24 by mid to late February. It is expected that the budget process will be, at least initially, driven by the Whitmer Administration as many of the legislative Democrats are new to this endeavor. By winning her re-election by more than 10 percentage points, the Governor now has a strong mandate to pursue her agenda which includes narrowing the disparities that exist in health equity.

Finally, Democratic U.S. Senator Debbie Stabenow announced her intention not to run for re-election in 2024. Stabenow has served in the Senate since being elected in 2000. Prior to that she served in the U.S. House of Representatives, Michigan Senate, Michigan House and Ingham County Board of Commissioners. Many of you have met and spoken with her during ACR Capitol Hill visits. Several names have been mentioned as candidates for the post. On the Democratic side, there are Congresswomen Haley Stevens, Elyssa Slotkin and Debbie Dingell. Other Democrats who have been mentioned as possible candidates included Transportation Secretary Pete Buttigieg, Michigan Secretary of State Jocelyn Benson and Michigan Attorney General Dana Nessel. On the Republican side, State Senator Ruth Johnson from Holly is considering a run and former Congressman Fred Upton from St. Joseph has been mentioned as well. Time will tell and stay tuned.

LEGISLATION

What issues do we expect?

Scope of Practice:

Look for the nurses and possibly the chiropractors to wage a vigorous effort to be statutorily enabled to practice medicine generally and radiology specifically.

Prior Authorization:

Providers including physicians, will likely attempt to make further gains to reform the prior authorization practice.

Radiation Technology:

Look for another attempt by radiation technologists to establish education and training criteria and get certification and/or credentialing for operators of imaging equipment.

Graduate Medical Education:

Working with other physician organizations, efforts will be made to obtain adequate funding for this program.

Legislative Day:

It is expected that the MRS will have at least one Legislative Day this year, one in the spring and possibly another in the fall.

26th Annual RESIDENT & FELLOW SECTION CONFERENCE

16TH RESIDENT RESEARCH FORUM



24 February 2023

Marriott Auburn Hills Pontiac

KEYNOTE SPEAKER

AMY PATEL, MD

Medical Director,
Breast Care Center,
Liberty Hospital,
Liberty, MO

CALL FOR CANDIDATES

We are looking for volunteers to fill the following position on the 2023 MRS Resident & Fellow Section Executive Board. This is a one-year term that begins immediately after the Annual Resident & Fellow Section meeting, which will be held on Friday February 24, 2023 at the Marriott Auburn Hills Pontiac

Open Positions:

- President-Elect
- Secretary
- Treasurer
- Fundraiser
- Webmaster
- Residency Liaison
- Fellow Liaison

Prior to the yearly MRS Resident & Fellow Section Conference, candidates will be asked to complete an application which will be anonymized. Each application will receive a numerical score (1-10) ranked by select members of the resident affairs committee. The average score will be utilized to rank candidates. The highest-ranking applicant from each program (which applied) will have the "first-choice" in position. The second-highest ranking applicant from each program will have the "second-choice" in position, and so forth. If an applicant's first-choice position has already been filled, they will fill their next choice position until no other positions are available. A second position may not be filled by a member of the same residency program until all residency programs are represented. If there is a tie in applicant score, the chair of the resident affairs committee will make the tie-breaking decision. All winners will be announced at the yearly MRS Resident & Fellows Conference.

Deadline for applications is January 27, 2023.

[CLICK HERE
to View the
Position Descriptions](#)

[CLICK HERE
to Download the
Application](#)

[CLICK HERE
for more information on the Conference](#)

AGENDA

8:30 AM	Registration
9:00 AM	Breakfast
9:30 AM	Introduction
10:00 AM	Amy Patel, MD on radiology careers
11:00 AM	Chad Whipple on financial management
12:00 PM	Faculty Panel on various practice environments
12:30 PM	Lunch
1:30 PM	Abstract Presentation
2:30 PM	Quiz Bowl
3:00 PM	Announcement of 2023 Board Members
3:15 PM	Adjourn

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- IR Tri Cities
- Breast Imaging Lansing
- Breast Imaging Grand Rapids
- Breast Imaging Kalamazoo
- Breast Imaging Tri Cities
- Neuro Remote Weekend Only
- Thoracic Grand Rapids
- PT or FT Associate Physician Plain Films Remote

C. S. Mott Children's Hospital, Ann Arbor

- Pediatric Radiologist
- Radiologist-In-Chief and Associate Chair for Pediatric Radiology

Drs. Harris, Birkhill, Wang, Songe and Associates

- Body Imager
- Night Shift Radiologist
- Vascular Interventional

Huron Valley Radiology

- Daytime Body Radiologist
- Daytime Neuro Radiologist
- Off-Hours Body Radiologist
- Off-Hours Neuro Radiologist
- Ultrasound Radiologist
- General Radiologist

Garden City Hospital – SE MI

- General Radiologist

Med Centric

- Remote, X-rays Only

Regional Medical Imaging – SE MI

- Body Imaging MSK
- 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

