

Society of Chairmen of Academic Radiology Departments

FALL MEETING PROGRAM

Silverado Resort, Napa, California

October 6 – 8, 2005

IN JOINT SPONSORSHIP WITH THE RADIOLOGICAL SOCIETY OF NORTH AMERICA

Accreditation and Designation Statement

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the Radiological Society of North America (RSNA) and the Society of Chairmen of Academic Radiology Departments (SCARD). The RSNA is accredited by the ACCME to provide continuing medical education for physicians.

The RSNA designates this educational activity for a maximum of 13.25 category 1 credits toward the AMA Physician's Recognition Award. Each physician should claim only those credits that he/she actually spent in the educational activity.

Evaluation

In compliance with the ACCME requirements, you must record your attendance and evaluate the sessions you attend in order to receive category 1 CME credit.

The evaluation instrument is supplied to you at registration in a booklet format. The session evaluations appear in chronologic order. Please write your name and address in the space provided, and complete the evaluations for the sessions you attend. At the end of the meeting, submit this completed evaluation booklet to the SCARD registration desk. A record of the CME credit earned at this meeting will be mailed to you six to eight weeks after the meeting.

Content Codes

To better help the participants of this CME activity organize their CME records, two-letter content codes have been indicated throughout the program. The content code for all sessions has been designated as HP (Health Policy/Management/Informatics).

Target Audience

Radiologists holding appointments in academic medical centers and engaged in research and teaching as well as clinical practice.

Learning Objectives

By participating in the SCARD Annual Meeting, attendees will be able to: Appreciate the concepts involving malpractice actions and specific geographical and procedural risks related to the likelihood of related tort claims against radiologists; become familiar with quality initiatives that could be applied to your practice; share in discussions with other Chairs to obtain insight into managerial problems and solutions; and learn about education innovations that may be instituted in your training program.

Disclosure Statements

RSNA, as an accredited provider of continuing medical education, must obtain signed disclosure statements from faculty at the SCARD Fall Meeting and New and Prospective Chair Orientation programs. Disclosures for presenters, who have or have had an affiliation or financial relationship with companies or organizations about whose products or services they are reporting (within the previous 12 months or at the time the research was conducted), are included at the end of the session description. A star indicates the presenters had nothing to disclose. A triangle indicates disclosure information was unavailable at press time.



This icon indicates discussion of uses not approved by the FDA. The RSNA and SCARD recognize that at scientific meetings faculty may discuss the application of some devices, materials, or pharmaceuticals that are not FDA approved. In keeping with the highest standards of professional integrity and ethics, RSNA and SCARD require that faculty fully disclose to their audience that there will be discussion of the unlabeled use of a commercial product, device, or pharmaceutical that has not been approved for such purpose by the FDA.

Financial and FDA off-label disclosure information submitted after the printing of the SCARD Fall Meeting program will be available onsite. A list of those authors failing to submit signed disclosure statements prior to the meeting will also be available onsite.

★ = Author stated no financial disclosure

▲ = Disclosure information unavailable at press time

THURSDAY, OCTOBER 6

7:00 AM – 5:00 PM **Registration**
LOCATION: SILVERADO EAST FOYER

7:00 AM – 8:00 AM **Breakfast**
LOCATION: FAIRWAY DECK

7:00 AM – 11:00 AM **Hospitality Suite**
LOCATION: ROYAL OAK

8:00 AM – 10:00 AM **Newly Appointed Chairs: Successes and Challenges – Part 1**
AMA PRA Category 1 Credit: 2.0, Content Code: HP
LOCATION: SILVERADO EAST

Krishna Kandarpa, MD, PhD★

Jonathan S. Lewin, MD★

Norman J. Beauchamp Jr, MD, MHS

Learning Objectives: Imaging and the Imaging Sciences are transforming the manner in which medicine is practiced. An area of great impact is the transition from open vascular surgical interventions to endovascular techniques. Whereas this transition represents a tremendous advance for the care of patients with vascular disease it also has introduced significant tension between departments of radiology, surgery, and medicine (cardiology) regarding the role each department should fulfill in endovascular therapy. If inadequately managed, these conflicts can be particularly detrimental to the department of radiology's clinical, educational, and research mission. At the University of Washington, we have implemented a collaborative model that brings together the strengths of vascular surgery, cardiology, and radiology. The effort has been largely successful albeit requiring of compromise in emphasizing an approach that is in the best interest of the patient. In this presentation, our collaborative model will be presented as well as lessons learned along the way.

(N.J.B.: Department has research agreements with Philips Medical and GE.)

Donald A. Podoloff, MD★

Learning Objectives: List challenges for Chairs. Understand the need for balance among academic and clinical missions. Define techniques for successful recruitment and retention.

Alexander Norbash, MD

Learning Objectives: Experiences and impressions de-scribing the greatest challenge and greatest success in the first year as Chair at Boston University.

(A.N.: Stockholder, speakers bureau, and proctor, Boston Scientific.)

THURSDAY, OCTOBER 6

10:00 AM – 10:30 AM **Break**

LOCATION: FAIRWAY DECK

10:30 AM – 12:00 PM **SCARD Survey Results**

AMA PRA Category 1 Credit: 1.5, Content Code: HP

LOCATION: SILVERADO EAST

Interventional

Donald A. Podoloff, MD★

Sedation

Kathleen D. Eggli, MD★

Learning Objectives: Sedation services, heretofore provided by departments of radiology, are increasingly being ceded to other providers. At a time of workforce shortages, this will likely be to the overall advantage of the professional and hospital practice and bottom line. Maintaining cohesive practices and keeping productivity of MRI units at previous levels remains a challenge.

Ancillary Personnel

Valerie P. Jackson, MD★

Learning Objectives: This presentation will give data from a survey of SCARD members in 2004. The survey asked about who pays for support personnel, such as PAs, secretaries, film assistants, in academic radiology departments. This session will discuss the survey results, which identified that the majority of practices have all or part of these ancillary personnel paid for by the hospital rather than by the radiology department alone.

10:30 AM –12:00 PM **SCARD Survey Results** (continued)

LOCATION: SILVERADO EAST

General Attending Radiologist On-Call and Late- Evening Duties

Mihra S. Taljanovic, MD★

Purpose: To assess general radiologists on-call and late-evening duties at academic institutions in the United States.

Methods: An e-mail questionnaire was sent to all SCARD members concerning general radiologists on call and after hours duties. We asked the institutions if they have a general attending in-house for 24-hour or not, if not how late does the general radiologist stay in-house after hours. We asked about teleradiology coverage after hours from home. We asked about the residents and fellows support. We wanted to know if the general radiology call is divided by subspecialties, and if the part time radiologists participate in on-call duties according to the percent of full time work they perform.

Results: We received responses from 29 (24%) institutions. The number of radiologists in the general call pool varied from 2-100 full-time, and 0-32 part-time. In 72% of institutions the part time radiologists take call according to % of their part time. Only 10% of institutions have 24-hour attending radiologist's coverage in house, and 4% until midnight. In 68% of institutions radiologists assigned for the evening duty start their day at 7-8 AM. 48% institutions have on-call residents for general radiology (0-4), and 52% both residents and fellows. The number of residents in programs varied from 5-56. In 58% of institutions general radiology attendings participate in dictation of the on-call studies. 56% of institutions allow in-house moonlighting, and 64% have the extra compensation for call (41% time off, and 61% additional salary). In 74% institutions call is divided equally among the faculty members. 79% of institutions provide attending teleradiology coverage from home, and the number of cases varies from 1-20 per night. How frequently the radiologists stay late and the number of call days varies depending on number of individuals in call pool.

Conclusions: Ten percent of institutions have 24-hour general radiology attending in-house coverage, and 79% provide teleradiology coverage from home. The majority of attendings dictate the cases on call. A large number of those assigned for evening duty start their days at 7-8 AM.

Five-Year Training Program

Robert F. Mattrey, MD★

Learning Objectives: Learn the results of the survey. Know the number of programs that are developing or that have a research track. Become aware of AUR/RRA efforts to retain research residents.

10:30 AM –12:00 PM **SCARD Survey Results** (continued)
LOCATION: SILVERADO EAST

**Diagnostic CT Scans: Institutional Informed
Consent Guidelines and Practices at Academic
Medical Centers**

Harry Flaster★

Purpose: To characterize current informed consent practices for diagnostic computerized tomography (CT) scans at U.S. academic medical centers.

Materials and Methods: We surveyed 113 radiology chairpersons associated with U.S. academic medical centers using a survey approved by our institutional review board. The need for informed consent for this study was waived. Chairpersons were asked if their institutions have guidelines for non-emergent CT scans (by whom; oral and/or written), if patients are informed of the purpose of their scans (by whom), what specific risks are outlined (allergic reaction, radiation risk and dose, others; by whom), and if patients are informed of alternatives to CT.

Results: The study response rate was 80% (91/113). Of the respondents, two-thirds (60/90) currently have guidelines for informed consent regarding CT scans. Radiology technologists were most likely to inform patients about CT (38/60, 63%) and possible risks (52/91, 57%) while ordering physicians were most likely to inform patients about CT's purpose (37/66, 56%). Fifty-two percent (30/58) of sites provided verbal information while 5% (3/58) provided information in written form. Possible allergic reaction to dye was explained at 84% (76/91) of sites while possible radiation risk was explained at 15% (14/91) of sites. Nine percent (8/88) of sites inform patients of alternatives to CT.

Conclusion: Radiology technologists are more likely to inform patients about CT and associated risks than their physician counterparts. While most academic medical centers currently have guidelines for informed consent regarding CT, only a minority of institutions inform patients about possible radiation risks and alternatives to CT.

FRIDAY, OCTOBER 7

7:00 AM – 5:00 PM **Registration**
LOCATION: SILVERADO EAST FOYER

7:00 AM – 8:00 AM **Breakfast**
LOCATION: FAIRWAY DECK

7:00 AM – 11:00 AM **Hospitality Suite**
LOCATION: ROYAL OAK

7:45 AM – 9:30 AM **Malpractice in Radiology – Part 1**
AMA PRA Category 1 Credit: 1.75, Content Code: HP
LOCATION: SILVERADO EAST

Claims Data Analysis

Stephen R. Baker, MD★

Learning Objectives: To acquaint the audience with the specifics of malpractice issues in radiology with respect to cost of claims, settlements, and trial case preparation changes in a historical context over the past twenty years. To compare the frequency of liability suits against radiologists and other specialties, especially cardiologists and gastroenterologists, over the past decade and a half. To offer contemporary data about the geographic variations among radiologists with respect to the likelihood of a malpractice claim. To present data on the frequency of the various causes of malpractice claims. To detail breast disease malpractice claims with respect to radiologist gender and patient age.

Dynamics of Malpractice

Leonard Berlin, MD★

Learning Objectives: Understand the elements that determine the relationship between the “missing” of significant Radiologic abnormalities and the breaching of the standard of Radiologic care (“negligence”). Recognize the importance of appropriate communication of results of Radiologic examinations to referring physicians, other relevant medical personnel, and patients. Understand the nuances of vicarious liability and how this concept is applicable to radiologists in relation to technologists, hospital personnel, residents, and other employees. Implement changes in practice behavior and adopt corrective measures that will reduce the likelihood of incurring a medical malpractice lawsuit, assist in providing an effective defense if one is filed, and enhance good patient care. Appreciate that the fair and equitable administration of the American Civil Justice System is dependent upon the availability of accurate, nonpartisan, and honest Radiologic expert witness testimony.

FRIDAY, OCTOBER 7

7:45 AM – 9:30 AM **Malpractice in Radiology – Part 1** (continued)
LOCATION: SILVERADO EAST

View of a Defense Attorney

Michael Keating★

Learning Objectives: Identify the potentially problematic patient/injury at the time of treatment. Discuss analysis of those factors which may place a particular patient or medical condition at higher risk than usual for generating a professional malpractice claim. Describe methods for reducing risk of potential professional negligence claims. Understand issues relating to documentation, recordkeeping, patient relations, and dealing with hospital administration, medical staff co-members, clerical and support staff, and hospital quality assurance personnel. Describe anticipated future issues in malpractice. Understand relationship between status of professional liability insurance coverage and future claims. Discuss likely developments in this area and strategies for physicians for dealing with the current situation.

View of a Plaintiff's Attorney

John Blume★

Learning Objectives: After attending this session, participants will be able to discuss and describe medical malpractice in radiology from the point of view of a plaintiff's lawyer.

9:30 AM – 9:45 AM **Break**
LOCATION: FAIRWAY DECK

9:45 AM – 10:45 AM **Malpractice in Radiology – Part 2**
AMA PRA Category 1 Credit: 1.0, Content Code: HP
LOCATION: SILVERADO EAST

Questions and Panel Discussion

Leonard Berlin, MD
John Blume
Michael Keating
Stephen R. Baker, MD

10:45 AM – 11:00 AM **Break**
LOCATION: FAIRWAY DECK

11:00 AM –12:00 PM **Recent Government Initiatives**

AMA PRA Category 1 Credit 1.0, Content Code: HP
LOCATION: SILVERADO EAST

Edward C. Nagy★

Learning Objectives: Understand the legislative process involved in reauthorizing NIH programs. Be knowledgeable about reauthorization issues of particular interest to radiology and the activities of the Academy of Radiology Research related to those issues. Understand the legislative process related to appropriating funds for NIH Institutes. Be familiar with the current status of NIH appropriations, with particular emphasis on funding for research in imaging sciences.

Ronald L. Arenson, MD★

Learning Objectives: Be familiar with the functions and workings of NIH Institute Advisory Councils, with particular reference to the National Advisory Council on Biomedical Imaging and Bioengineering (NACIBIB). Be familiar with current NIBIB programs, properties, and plans. Understand the process of developing a Blueprint for Imaging in Biomedical Research (BIBR). Be familiar with the scientific issues raised at the BIBR conference and the conclusions that will be included in the BIBR white paper.

SATURDAY, OCTOBER 8

7:00 AM – 5:00 PM **Registration**
LOCATION: SILVERADO EAST

7:00 AM – 8:00 AM **Breakfast**
LOCATION: FAIRWAY DECK

7:00 AM – 11:00 AM **Hospitality Suite**
LOCATION: ROYAL OAK

8:00 AM – 10:00 AM **Newly Appointed Chairs: Successes and Challenges – Part 2**

AMA PRA Category 1 Credit: 2.0, Content Code: HP

LOCATION: SILVERADO EAST

Sanjay Saini, MD★

Learning Objectives: Describe unique organizational structure, specific financial strains and operational imperatives, and strategic demands at Emory. Describe successes and failures related to managing above constraints. Describe plans for coming year.

Reuben S. Mezrich, MD, PhD★

Learning Objectives: I've been fortunate to be chair at two different institutions. At Penn, where I was Interim Chair the challenge was to maintain, and possibly enhance, the accomplishments for the former Chair. At Maryland the challenge is to maintain clinical expertise but create a culture for, and an expertise in, Academics. These are very different challenges, with different metrics for success, but the approach is similar. I describe my thought processes and share what worked, what didn't, and what I'd do the next time (not likely).

The Basic Rules, which you all know, are:

1. Define the goals that you would like the department to achieve (short term; long term).
2. Understand how to help the members of the department share those goals.
3. Appreciate the resources that will be necessary to achieve those goals.
4. Understand the need to negotiate, before signing on, the availability of those resources.
5. Learn to deal with the fact that you didn't ask for enough resources (or didn't negotiate adequately) and that "facts on the ground" will alter, or at least delay, your goals and the path towards them.

James A. Brunberg, MD★

Kathleen D. Egli, MD★

Learning Objectives: Recruiting academic radiologists remains the biggest challenge at a mid-size semi-rural department, but is easier as chair than as intern. Reducing financial incentives direct to departments dramatically reduces turf battles and improves patient care. Creating funding streams for educators is a problem yet to be solved.

Laurie L. Fajardo, MD★

10:00 AM – 10:20 AM **Break**

LOCATION: FAIRWAY DECK

10:20 AM – 11:30 AM **SCARD Survey Results**

AMA PRA Category 1 Credit: 1.0, Content Code: HP

LOCATION: SILVERADO EAST

On-Call Age

Stephen R. Baker, MD★

Overhead

James H. Thrall, MD★

Learning Objectives: Review a summary of overhead charges at academic medical centers. Learn similarities and differences between different academic centers. Learn key points to look at in assessing overheads. Learn about non-financial issues that affect overhead.

ABR

Stephen R. Baker, MD★

Learning Objectives: This presentation will give data from a survey of SCARD members in 2004. The results of a survey of practice performance activities in academic radiology departments was presented at a Maintenance of Certification meeting of the American Board of Radiology. This session will discuss the results of the survey, which showed that most departments have some sort of practice performance evaluation in place, but methods varied.

Relative Value Units (RVUs)

Eric J. Russell, MD★

Learning Objectives: Learn the results of a recent SCARD survey related to University HealthSystem Consortium (UHC) benchmarking data. Understand the methodology employed by UHC Faculty Practice Solutions Center to calculate relative value unit benchmark data, including issues related to full-time employee reporting. Understand the utilization of this data by radiology departments and parent institutions.

Pathology Training at AFIP

Stephen R. Baker, MD★

Learning Objectives: To introduce the AFIP questionnaire, its purpose, and chronological impetus. To describe the results of the questionnaire, its major trends, and its limitations. To frame the issue of pathology training in relation to the possibility that the AFIP experience will be either eliminated or cur-tailed.

11:30 AM – 12:00 PM **Quality Initiatives — Part 1**

AMA PRA Category 1 Credit: 0.5, Content Code: HP
LOCATION: SILVERADO EAST

James V. Rawson, MD★

Learning Objectives: To be effective, quality improvement cannot be a program. It must be an attitude, a culture, and a way of managing.

1. Explore different mechanisms for implementing quality improvement programs in imaging.
2. Explore roles of administrators, faculty, residents, technologists, patients, and their families in implementing quality.
3. Explore mechanisms for communicating quality initiatives.
4. Explore mechanisms to create a culture of quality.

Steven E. Seltzer, MD

Learning Objectives: By attending this session, registrants will learn about the benefits of quality improvement initiatives aimed at introducing computerized physician order entry and electronic medical records into practice.

(S.E.S.: President, Brigham Radiology Research and Education Foundation, which is a stockholder in the Medicalis Corporation, manufacturer of medical records management technology.)

12:00 PM – 2:00 PM **SCARD Luncheon/Business Meeting (CHAIRS ONLY)**

LOCATION: VINTNERS COURT

2:00 PM – 3:00 PM **Quality Initiatives — Part 2**

AMA PRA Category 1 Credit: 1.0, Content Code: HP
LOCATION: SILVERADO EAST

Herbert Y. Kressel, MD★

Vijay M. Rao, MD★

Learning Objectives: The goal of this quality initiative was to reduce time from completion of imaging examinations to dissemination of results. Methodology for performance improvement was utilized: **Plan; Design; Measure; Analyze; and Improve**. The report turnaround time improved from 65 hours to an average of 10 hours. Implementation and physician behavior modification will be emphasized.

Arnold C. Friedman, MD

Learning Objectives: Communication of final attending interpretations that differ from residents' preliminary reports to the ER requires documentation and tracking. This is also true of discrepancies between the interpretations of the ER physicians and the radiologists. An RIS-PACS solution to this problem is presented.

(A.C.F.: Member, Customer Advisory Panel, Merge Healthcare.)

Gregory C. Postel, MD★

SATURDAY, OCTOBER 8

3:00 PM – 3:30 PM

Break

LOCATION: FAIRWAY DECK

3:30 PM – 5:00 PM

Training Innovation Updates

AMA PRA Category 1 Credit: 1.5, Content Code: HP

LOCATION: SILVERADO EAST

Donald P. Harrington, MD★

Mark D. Murphey, MD★

Learning Objectives: Review the current strengths and weaknesses of the didactic approach to physician learning. Describe the AFIP approach to the transition to learner directed point of care education and online CME. Discuss the utilization of the AFIP as a learning laboratory for quantitative assessment of on-site and distance education.

Stephen R. Baker, MD★

Learning Objectives: To offer the rationale for a Master of Public Health with Concentration in Radiology Informatics, concurrent with a radiology residency program. To describe the curriculum of this three-year program. To present the linkages of this program with existing learning opportunities such as the RSNA and with other didactic applications such as web-based learning, both proximate and distant.

Faculty List

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