MSE134

Ethical, Medicolegal and Financial Considerations of Teleradiology

Education Exhibits
Location: MS Community, Learning Center

Participants
Aparna Srinivasa Babu MD (Presenter): Nothing to Disclose
Amanda Lea Steinberger DO: Nothing to Disclose
Michael Lee Brooks MD, JD: Nothing to Disclose

TEACHING POINTS
- Overview of telemedicine in general
- Financial factors driving teleradiology
- American College of Radiology (ACR) guidelines for teleradiology
- Teleradiology models
- Pros and cons of teleradiology
- Legal implications of teleradiology
- Changes in state laws to accommodate issues pertaining to this field

TABLE OF CONTENTS/OUTLINE
This exhibit will provide a comprehensive insight into the impact of teleradiology on our day to day practice. Brief introduction to telemedicine. Economic implications of telemedicine, with emphasis on teleradiology and reimbursement patterns that drive the market. Models of teleradiology, including the controversial outsourcing model. Pros and cons of teleradiology. Legal intricacies surrounding the practice of teleradiology. Confidentiality, licensing, credentialing, quality control and liability. ACR white paper on teleradiology including practice guidelines based on ACR teleradiology task force recommendations. Pointers on avoiding teleradiology related legal debacles. Means to utilize teleradiology to the best advantage in a radiological practice.

SPMT11

Mock Jury Trial

Special Courses

AMA PRA Category 1 Credits ™: 5.00
ARRT Category A+ Credits: 6.00

Sun, Nov 30 10:30 AM - 3:30 PM Location: S406A

Participants
Moderator
Leonard Berlin MD: Nothing to Disclose
Attorney for Defense
Timothy G. Nickels Nothing to Disclose
Judge
Clare Elizabeth McWilliams Nothing to Disclose
Attorney for Plaintiff
Keith A. Hebeisen Nothing to Disclose
Defendant Radiologist
Jonathan W. Berlin MD Stockholder, Nuance Communications, Inc Radiology Advisory Board, Nuance Communications, Inc
Expert Witness
Lincoln L. Berland MD Consultant, Nuance Communications, Inc Stockholder, Nuance Communications, Inc
Expert Witness
Mark E. Baker MD Research Consultant, Bracco Group Researcher, Siemens AG Research support, Siemens AG

LEARNING OBJECTIVES
1) Learn the various components of a medical malpractice lawsuit trial that is conducted in front of a jury in a courtroom.
2) Understand the specific roles of the presiding judge, the attorney for the plaintiff, the attorney for the defendant, and the expert witnesses who testify that the defendant radiologist either complied with, or breached, the standard of medical care.
3) Become apprised of how a jury of lay persons evaluate and judge the testimony of the witnesses, and the arguments of the opposing attorneys, by observing and listening to the jurors' deliberations.
4) Appreciate the dilemma faced by radiologists when observing an incidental finding which is observed on a radiologic exam obtained for unrelated reasons.

ABSTRACT
A mock trial will be held that focuses on an allegation of negligence against a radiologist who observed an incidental finding on an abdominal CT scan that was obtained for reasons unrelated to the finding. The radiologist evaluated the finding, and determined that it was an insignificant and clinically unimportant finding, and thus reported that the finding can be ignored by the referring physician. The finding was forgotten until 18 months later when it was determined that the incidental finding had in fact been an early carcinoma. By that time the patient was inoperable, and despite treatment, died 8 months later. The deceased patient's family filed a malpractice lawsuit against the defendant-radiologist, alleging negligence because the deceased patient's family filed a malpractice lawsuit against the defendant-radiologist, alleging negligence because the radiologist had failed to raise the suspicion of malignancy and suggest additional studies. Attempts to settle the lawsuit out of court were unsuccessful, and thus the lawsuit was ready to be tried before a jury. Ordinarily such a trial would last one to two weeks, but because of time restraints, the trial will be conducted over a period of 3 hours. A real Judge who presides over malpractice trials in Chicago's courtroom, and prominent plaintiff's and defense attorneys, will conduct the trial, in an abbreviated fashion, as they would in a real trial. Two radiologist- expert witnesses will testify, one critical, and the other supportive, of the defendant radiologist. When the testimony is over, there will be a video and audio feed of the jury's deliberations to the audience. Following the rendering of a verdict, an open discussion among the participants and the audience will be held.

RC127

Changing the Culture of Radiology: How to Thrive in Turbulent Times
**Refresher/Informatics**

**PR HP**

AMA PRA Category 1 Credits ™: 1.50  
ARRT Category A+ Credits: 1.50  
**Sun, Nov 30 2:00 PM - 3:30 PM  Location: E353B**

**Participants**

**Moderator**
David C. Levin MD : Consultant, HealthHelp, LLC Board of Directors, Outpatient Imaging Affiliates, LLC  
Vijay Madan Rao MD (Presenter): Nothing to Disclose  
William T. Thorwarth MD (Presenter): Nothing to Disclose

**LEARNING OBJECTIVES**

1) Understand the threats facing radiology. 2) Be aware of ways to counter the trend toward commoditization of the specialty. 3) Learn how to improve relationships with hospital administrations. 4) Understand how radiologists can add more value to patients and referring physicians. 5) Be aware of some ACR initiatives that will help radiology practices alter their culture in a positive way.

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**RC216**

**Communicating Effectively with Your Referring Physicians (Sponsored by the RSNA Public Information Committee)**

**Refresher/Informatics**

**PR HP**

AMA PRA Category 1 Credits ™: 1.50  
ARRT Category A+ Credits: 1.50  
**Mon, Dec 1 8:30 AM - 10:00 AM  Location: S403A**

**Participants**

**Moderator**
Judy Yee MD : Research Grant, EchoPixel, Inc  
Sally Reynolds MD (Presenter): Nothing to Disclose  
Stephan G. Wyers MD (Presenter): Nothing to Disclose  
Mary F. Mulcahy MD (Presenter): Nothing to Disclose

**LEARNING OBJECTIVES**

1) Discern what referring physicians need from radiologists at various stages of patient care. 2) Recognize referring physicians' preferences in communication methods. 3) Identify referring physicians' needs regarding structured reporting and appropriateness criteria. 4) Understand how to improve your communications and work more effectively with referring physicians to enhance patient care. 5) Recognize opportunities to improve/expand your interactions with referring physicians.

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**MSES31**

**Essentials of Non-interpreative Skills**

**Multisession Courses**

**SQ PR HP**

AMA PRA Category 1 Credits ™: 1.50  
ARRT Category A+ Credits: 1.50  
**Tue, Dec 2 8:30 AM - 10:00 AM  Location: S100AB**

**Sub-Events**

**MSES31A**

**What Every Radiologist Needs to Know about Medicare**

Geraldine B. McGinty MD (Presenter): Nothing to Disclose

**LEARNING OBJECTIVES**

1) Understand the history, current administration and future directions of the Medicare program and how it impacts radiologists. 2) Understand their role in influencing Medicare policy to the benefit of our patients.

**MSES31B**

**Intravenous Contrast Media**

Matthew Scott Davenport MD (Presenter): Book contract, Wolters Kluwer nv

**LEARNING OBJECTIVES**

1) Understand the current thinking regarding risk of contrast-induced acute kidney injury from intravenously administered iodinated contrast media. 2) Learn the recent updates to the American College of Radiology’s Manual on Contrast Media. 3) Remember the correct dose of epinephrine for the treatment of anaphylaxis.
ABSTRACT

Recent changes to the ACR Manual on Contrast Media will be reviewed, with an emphasis on contrast-induced acute kidney injury. Other topics, including gadolinium-based contrast media-related complications, external warming of iodinated contrast media, and management of acute contrast reactions will be reviewed.

MSES31C Quality: What It Is and How to Improve It
David B. Larson MD, MBA (Presenter): Nothing to Disclose

LEARNING OBJECTIVES

1) Understand the basic definition of quality and how it is applied in practice. 2) Understand how quality improvement principles developed in service and manufacturing are relevant to radiology. 3) Be familiar with basic improvement strategies that can be applied in a local radiology practice.

MSES31D Professionalism
Milton J. Guiberteau MD (Presenter): Nothing to Disclose

LEARNING OBJECTIVES

1) The learner should be able to explain the elements of professionalism as they apply to the practice of radiology. 2) Attendees should be able to use available resources to comply with the requirements of professionalism. 3) Attendees will be be able to choose appropriate courses of action that apply to solving issues related to lapses in professional behavior. 4) The learner will gain ability to articulate how professionalism can impact the quality of patient care. 5) The learner will be able to devise appropriate goals for professionalism within their practice.

RC316 The Aging Radiologist: How to Cope, When to Quit (Sponsored by the RSNA Professionalism Committee) (An Interactive Session)

Refresher/Informatics

AMA PRA Category 1 Credits ™: 1.50
ARRT Category A+ Credits: 1.50
Tue, Dec 2 8:30 AM - 10:00 AM Location: E353B

Participants
Moderator
Donald M. Bachman MD: Nothing to Disclose
Stephen Chan MD (Presenter): Nothing to Disclose
Bruce Jonathan Barron MD (Presenter): Stockholder, Immunomedics Inc
William J. Casarella MD (Presenter): Nothing to Disclose
Robert Albert Schmidt MD (Presenter): Medical Advisory Board, Three Palm Software LLC Stockholder, Three Palm Software LLC Spouse, Advisory Board, Bayer AG Consultant, VuComp, Inc Spouse, Consultant, VuComp, Inc

LEARNING OBJECTIVES

1) Identify physiological and psychological manifestation of aging specific to performance as a radiologist. 2) Institute non-prejudicial evaluation of function and performance of radiologists in their department as they age. 3) Understand economic, health, emotional and professional factors that stimulate radiologists to either continue working or retire. 4) Identify strategies for instituting meaningful and satisfying activities after retirement from active radiology practice.

RC327 Medical Malpractice in Radiology: Policy and Practical Perspectives

Refresher/Informatics

AMA PRA Category 1 Credits ™: 1.50
ARRT Category A+ Credits: 1.50
Tue, Dec 2 8:30 AM - 10:00 AM Location: S403A

Participants
Moderator
Jonathan W. Berlin MD: Stockholder, Nuance Communications, Inc Radiology Advisory Board, Nuance Communications, Inc
Leonard Berlin MD (Presenter): Nothing to Disclose
Graham Billingham MD (Presenter): Officer, Medical Protective Company
LEARNING OBJECTIVES

1) Understand the frequency and economic impact of radiology litigation. 2) Consider the role of communication of radiologic results in certain types of radiology litigation. 3) Describe common perceptual and cognitive errors in body imaging and their role in potential radiology litigation.

ABSTRACT

Allegations of medical negligence are not infrequent in radiologic practice. This course will cover the demographics of radiology malpractice from the perspective of a medical director at a major malpractice insurance carrier, with an emphasis on the frequency and economic impact of radiology litigation, and a description of how cases are evaluated by a major malpractice carrier. Additional topics covered by the remaining two lecturers will be the importance of communication between radiologists and other health care providers, emphasizing examples of how communication breakdowns between healthcare providers can occasionally result in allegations of negligence. Finally, the topics of radiologic interpretive errors and their potential role in radiology litigation will be explored, focusing on body imaging.

MSAS34

Normalization of Deviance: What Is Happening in Your Department (Sponsored by the Associated Sciences Consortium) (An Interactive Session)

Multisession Courses

AMA PRA Category 1 Credits ™: 1.50
ARRT Category A+ Credits: 1.50

Tue, Dec 2 3:30 PM - 5:00 PM Location: S105AB

Participants

Moderator
Susan Crowley RT, MEd : Nothing to Disclose
Moderator
Kathleen Kath : Nothing to Disclose
Andrew P. Woodward MA, RT (Presenter): Educator, Siemens AG
Melissa Jackowski Ed.D, RT(R)(M) (Presenter): Nothing to Disclose

LEARNING OBJECTIVES

1) Define Normalization of Deviance. 2) Discuss the History of Normalization of Deviance as it relates to NASA and health care in general. 3) Reflect on current practice and describe normalization of deviance as it is applied in imaging. 4) List negative consequences of normalization of deviance in imaging. 5) Explain ways that management can combat normalization of deviance in imaging.

ABSTRACT

As an imaging professional we are taught to be a patient advocate, to be technically competent and to have a patient safety mindset. Why is it then that often times we see “seasoned” imaging professionals taking shortcuts and exhibiting behaviors that don’t necessarily embody those characteristics? This lecture will explore “Normalization of Deviance” as a possible cause of this phenomenon. “Normalization of Deviance breaks the safety culture, substituting a slippery slope of tolerating more and more errors and accepting more and more risk, always in the interest of efficiency and on-time schedules,” (Prielipp, Mago, Morell and Brull, 2010) Simply, we take short cuts and veer from standards in the interest of patient flow and these short cuts become the norm because we don’t “see” any extreme negative outcome. Overtime, these new norms push the boundaries more and more. Normalization of Deviance theory has been applied to the Challenger space shuttle accident. Before the space shuttle blew up, O-ring erosion problems were documented numerous times. Over many occurrences and time, the engineers and managers started believing that these flaws were acceptable. This deviance became the new norm UNTIL the space shuttle accident. This lecture will discuss some of the new norms that may be becoming acceptable in imaging and possible negative outcomes. The role of management in combatting Normalization of Deviance will be explored. Reference: Prielipp, R. C. (2010-05). The Normalization of Deviance Do We (Un)Knowingly Accept Doing the Wrong Thing?. Anesthesia and analgesia, 110(5), 1499-1502. doi:10.1213/ANE.0b013e3181d5adc5

RC402

How to Be the Speaker Everyone Wants You to Be

Refresher/Informatics

AMA PRA Category 1 Credits ™: 1.50
ARRT Category A+ Credits: 1.50

Tue, Dec 2 4:30 PM - 6:00 PM Location: E352

Participants

Dorothy Isabella Bulas MD (Presenter): Nothing to Disclose
Eric J. Stern MD (Presenter): Nothing to Disclose
LEARNING OBJECTIVES

1) Apply adult learning principles. 2) Demonstrate effective presentations skills.

ABSTRACT

Effectiveness of an oral presentation depends on the ability of the speaker to communicate with the audience. An important part of this communication is focusing on two to five key points and emphasizing those points during the presentation. Every aspect of the presentation should be purposeful and directed at facilitating learners' achievement of the objectives. This necessitates that the speaker has carefully developed the objectives and built the presentation around attainment of the objectives. A presentation should be designed to include as much audience participation as possible, no matter the size of the audience. Techniques to encourage audience participation include questioning, brainstorming, small-group activities, role-playing, case-based examples, directed listening, and use of an audience response system. It is first necessary to motivate and gain attention of the learner for learning to take place. This can be accomplished through appropriate use of humor, anecdotes, and quotations. This course will review adult learning principles and effective presentation skills. ©RSNA, 2004

URL's

http://www.med.uc.edu/radiology/contact/directory/colljl4.aspx

RC502

What's New from the American Board of Radiology

Refreshers/Informatics

PR  LM  ED  PR  LM  ED

AMA PRA Category 1 Credits™: 1.50
ARRT Category A+ Credit: 0

Wed, Dec 3 8:30 AM - 10:00 AM  Location: S403B

Participants

Moderator
Valerie P. Jackson MD : Nothing to Disclose

LEARNING OBJECTIVES

1) Explain the Core and Certifying Exams; describe the relationship to/evolving impact of the new exams on training and practices. 2) Describe the ABR Board Eligibility policy and how a hospital credentials committee might apply it. 3) Describe recent ABR MOC program changes including: efforts to align MOC with practice requirements and incentives, self-assessment CME, and Continuous Certification. 4) Plan and execute a practice-relevant PQI project. 5) List the meaningful participation criteria for individual MOC Part IV credit when doing a group Part IV project. 6) Explain how IR/DR primary certification differs from VIR subspecialty certification; describe a likely sequence and timeline for its full implementation.

ABSTRACT

This is an era of rapid change in board certification processes. During this presentation, leaders from the American Board of Radiology will discuss multiple aspects of the Core and Certifying Exams and the Maintenance of Certification process. The new certification program for Interventional Radiology will be reviewed.

Sub-Events

RC502A  President's Perspective
Milton J. Guiberteau MD (Presenter): Nothing to Disclose

LEARNING OBJECTIVES

View learning objectives under main course title.

RC502B  Executive Director's Perspective
Valerie P. Jackson MD (Presenter): Nothing to Disclose

LEARNING OBJECTIVES

View learning objectives under main course title.

RC502C  Initial Certification Examinations
Dennis M. Balfe MD (Presenter): Nothing to Disclose

LEARNING OBJECTIVES

View learning objectives under main course title.

RC502D  MOC Examinations
Vincent Paul Mathews MD (Presenter): Speakers Bureau, Eli Lilly and Company
LEARNING OBJECTIVES

View learning objectives under main course title.

RC502E

IR/DR Certificate

Matthew A. Mauro MD (Presenter): Nothing to Disclose

LEARNING OBJECTIVES

View learning objectives under main course title.

RC616

Service Excellence in Radiology (Sponsored by the RSNA Professionalism Committee) (An Interactive Session)

Refresher/Informatics

AMA PRA Category 1 Credits ™: 1.50
ARRT Category A+ Credits: 1.50
Thu, Dec 4 8:30 AM - 10:00 AM Location: S103AB

Participants

Moderator
Kenneth A. Buckwalter MD : Nothing to Disclose
Ella A. Kazerooni MD (Presenter): Nothing to Disclose
Brent Joseph Wagner MD (Presenter): Nothing to Disclose
Bruce Jonathan Barron MD (Presenter): Stockholder, Immunomedics Inc

LEARNING OBJECTIVES

1) Understand who the customer is in Radiology and why customer satisfaction scores are important. 2) Review how Radiology can document the added value role it plays in the enterprise. 3) Discuss how to manage workplace interruptions.

ABSTRACT

Service Excellence in healthcare is used generally to refer to patient or customer satisfaction, and our ability to consistently meet if not exceed the expectations of patients, their families and visitors. It can be more widely expanded to include interactions among staff within a group, across groups or job descriptions or across departments. Inherently it is the concept that healthcare is more than just the technical act of delivering service, in radiology that would be the performance of a diagnostic test for example that hit high marks for classic quality metrics like image quality, radiation dose optimization and clarity and accuracy of the interpretation. Service excellence embraces the notion that healthcare must address the psyche, emotions and worries of those we care for, who come to us for service because they are ill and concerned about their health, the impact of disease on themselves and their families. It is about HOW we deliver the care too. From looking people in the eyes at check in, asking if there is anything else we can do for them, letting then know how they will get their test results, acknowledging when we can do better without blame, and knowing when to say thank you. On a more tangible level, high marks for Service Excellence also translates into higher employee engagement, retention of staff and a drop in time and resources spent doing service recovery. Hiring for Service Excellence is important to having the right people in your organization, and sometimes letting those go who cannot live up to those expectations may be necessary to move forward. In the end, a commitment to Service Excellence is not about an expensive program delivered by others to you to train to, it is about treating everyone with respect and both setting and often exceeding expectations. With higher patient satisfaction scores comes retention of patients/customers, and word of mouth marketing that your program is THE destination for care now and in future.

RC624

Reviewing Manuscripts for the RSNA Journals (Sponsored by the RSNA Publications Council)

Refresher/Informatics

AMA PRA Category 1 Credits ™: 1.50
ARRT Category A+ Credit: 0
Thu, Dec 4 8:30 AM - 10:00 AM Location: S403B

Participants

Moderator
Herbert Y. Kressel MD : Royalties, Bayer AG
Jeffrey S. Klein MD (Presenter): Nothing to Disclose
Herbert Y. Kressel MD (Presenter): Royalties, Bayer AG

LEARNING OBJECTIVES

1) Discuss the similarities and differences in the peer review process for the RSNA journals. 2) Discuss the functions of the reviewer in the peer review process. 3) Enumerate the desired elements for peer review of a manuscript 4) Detail how a
ABSTRACT

Peer review is, in a major way, responsible for the quality of the manuscripts published in a given journal. In this refresher course, the Editors of both of the peer-reviewed journals published by the RSNA will discuss the peer review processes of their respective journals. The Editors will also emphasize the important functions served by the peer reviewers and will indicate the types of information which they would like the peer reviewers to consider when the peer reviewers review a given manuscript. There will be ample time for questions and answers.

URL's


Active Handout


MSRT53

ASRT@RSNA 2014: Practice Standards and Ethical Considerations in Daily Practice

Multisession Courses

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AMA PRA Category 1 Credits ™: 1.00
ARRT Category A+ Credit: 1.00

Thu, Dec 4 10:30 AM - 11:30 AM Location: N230AB

Participants

Ann Obergfell JD (Presenter): Nothing to Disclose

LEARNING OBJECTIVES

1) Access the Practice Standards for Medical Imaging and Radiation Therapy and the Rules of Ethics. 2) Analyze practice scenarios to determine if the practice meets acceptable professional performance. 3) Apply the Rules of Ethics to determine if behavior complies with professional expectation and patient safety guidelines.

ABSTRACT

The changing healthcare environment may produce anxiety among imaging professionals as they navigate new clinical expectations balanced against professional performance guidelines. This presentation will discuss the Practice Standards for Medical Imaging and Radiation Therapy adopted by the ASRT and the Standards of Ethics adopted and enforced by the ARRT and the application and implication of each on daily practice. Specific scenarios related to practice will be analyzed utilizing the Practice Standards to determine the appropriateness of practice and the Standards of Ethics to ascertain professional ethical compliance.

RC716

Mitigation of Litigation (Sponsored by the RSNA Professionalism Committee)

Refresher/Informatics

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AMA PRA Category 1 Credits ™: 1.50
ARRT Category A+ Credits: 1.50

Thu, Dec 4 4:30 PM - 6:00 PM Location: S403A

Participants

Moderator
David M. Yousem MD: Royalties, Oakstone Publishing, LLC Author with royalties, Reed Elsevier Research Grant, Bayer AG

LEARNING OBJECTIVES

1) To understand the implications of the four components of a medical negligence case: a) duty to the patient, b) breach in the standard of care, c) causation between breach and harm, and d) damages (economic, pain and suffering, punitive). 2) To reflect on the patient and physician experience in going through a malpractice trial. 3) To apply practice habits that reduce the chance that you will be the subject of a medical malpractice suit, enhance patient safety, increase the likelihood of good outcomes, and prevent frivolous lawsuits. 4) To learn dos and don’ts once sued. 5) To comprehend the role of medical experts in establishing the standard of care and ensuring an equitable and fair judicial process. 6) To discuss ethics of testifying as expert.

ABSTRACT

A medical malpractice case requires establishing four components of the case: 1) the duty of the physician to the patient, 2) a breach in the standard of care (what a reasonably prudent person would do in a similar situation), 3) the establishment that the breach caused the subsequent harm to the patient, and 4) damages to the patient. Most malpractice cases are won or lost in determining whether a deviation in the standard of care occurred and whether that deviation truly caused the patient's damages. Expert witnesses are commonly employed to help establish the standard of care for the setting in question, although some experts also provide guidance as to the expected economic costs that will be incurred by the damaged plaintiff. Because of the high cost of medicolegal litigation, most cases that have minor damages never come to court but may be dropped or settled out of court. One can reduce the chances that one will be sued by being cognizant of professional standards and guidelines that dictate certain behaviors such as timeliness of reporting, communication of important/relevant/critical/unexpected findings, and establishing good peer review systems that identify errors before they occur. Applying behaviors or work habits that enhance accuracy and efficiency and good practice patterns while also developing good physician-patient relationships are helpful for mitigation of litigation. Effective expert witnesses can help a lay jury understand the nuances of a case and establishing whether negligence has occurred. The credibility of expert witnesses is enhanced when they are impartial, do blinded unbiased reads, understand the specific practice patterns in which the defendant physicians are employed, and can explain complex issues to non-medical jury members.
Elements of Legal Suits: Duty, Breech, Causation, Damages and the Links between Them
Rosemary Schnall (Presenter): Stockholder, Johnson & Johnson, Kelly Yousem JD (Presenter): Nothing to Disclose

LEARNING OBJECTIVES
View learning objectives under main course title.

Mitigation of Litigation: What the Radiologist Can Do To Reduce the Risk of Being Named in a Lawsuit
Michael Mester Raskin MD, JD (Presenter): Nothing to Disclose

LEARNING OBJECTIVES
1) Identify the different types of errors radiologists may make. 2) Analyze and compare specific actions to reduce errors. 3) Demonstrate understanding why failure to communicate is one of the greatest problems facing radiologists today. 4) Apply survival strategies to reduce the risk of being named in a lawsuit.

ABSTRACT
Failure to diagnose and failure to communicate are the two most frequent reasons why a radiologist is named in a lawsuit. Perception and interpretation errors will be analyzed and specific actions to reduce these errors will be compared. The communication of unexpected findings directly impacts on the ability of the radiologist to deliver quality patient care. The courts have consistently held that timely communication may be as important as the diagnosis itself. Radiology is so advanced in imaging technology but not in communicating imaging findings. Specific examples of communication errors will be discussed and analyzed. Potential solutions involving closed-loop communication will be addressed. Finally, a plan for implementation of specific strategies will be suggested.

Active Handout

Expert Witness Testimony: Issues of Ethics, Equality, Qualifications etc for Being an Expert Witness
Ronald L. Eisenberg MD, JD (Presenter): Nothing to Disclose

LEARNING OBJECTIVES
1) Understand the role of an expert witness in malpractice lawsuits and ethical issues to consider to become a more effective and valuable expert witness.

ABSTRACT
Expert witnesses play essential roles in malpractice lawsuits. Radiologists considering becoming expert witnesses need to clearly understand that their duty is to provide honest opinions on technical issues to educate members of the jury so that they can render a more accurate verdict, rather than being advocates for the party that engaged them.

The Ethical Power of Radiologic Technology: Reviewing the Past to Prepare for the Future (Sponsored by the RSNA Professionalism Committee) (An Interactive Session)

Refresher/Informatics
AMA PRA Category 1 Credits ™: 1.50
ARRT Category A+ Credits: 1.50
Thu, Dec 4 4:30 PM - 6:00 PM Location: S103CD

Participants
Bruce Jonathan Barron MD (Presenter): Stockholder, Immunomedics Inc
Ingrid M. Burger MD, PhD (Presenter): Nothing to Disclose
Stephen Chan MD (Presenter): Nothing to Disclose
Stephen David Brown MD (Presenter): Nothing to Disclose

LEARNING OBJECTIVES
1) Examine the ethical implications of radiological technology. 2) Describe how imaging technologies may be assessed from a bioethical perspective. 3) Discuss the ethical challenges generated by evolving prenatal imaging technologies. 4) Review the ethical questions that have arisen out of neuroimaging advances.

ABSTRACT
Radiological technologies rank among the most important medical innovations of the past 100 years. Their value to patients and to society is undeniable. The assessment of such value has typically considered these technologies’ medical dimensions, with larger public health appraisals evaluating their impact on disease mortality, morbidity, quality of life, and health care costs. Radiologists have paid less attention to the ethical dimensions of their technologies - that is, the degree to which the technology has strained or eased the capacity of individual patients' and society to make well-grounded ethical decisions. Yet, bioethicists have long recognized that the technologies developed by radiologists have been central to some of society’s most intense ethical dilemmas. Radiological technologies contribute frequently to clinical decision-making predicaments that are not only exercises in the assessment of probability and risk, but also of values, faith, social morays, and emotional capacity. When is the fetus a person? What is consciousness? What defines death? The answers to these questions are perennially subject to the evolving power of radiological technologies. This RSNA Centennial Professionalism Committee refresher course will examine the interface of ethics and radiological technology. We will discuss: 1) how imaging technologies may be assessed from a bioethical perspective; 2) the evolution of prenatal imaging technologies, and the ethical challenges that these technologies have helped to generate; and 3) the role of neuroimaging technologies in spawning the robust new discipline of “neuroethics”, and the pressing ethical questions that have arisen out of neuroimaging advances. As the RSNA enters its second century, and into an age of molecular and genomic imaging, reviewing the ethical implications of radiological technologies developed in the past century may offer insights into ethical dilemmas that new imaging technologies may create in the future.

**ABSTRACT**

Modern medicine has become so complicated and sub-specialized that patients and their families often are confused. Frequently patients are not even aware that a radiologist is providing important services or the nature of those services. Increasingly, patients are turning to the Internet for answers. In the current era of consumer-driven healthcare, patient portals, online health resources and social media, radiologists must provide personal and patient-friendly services and use a variety of means to connect with patients. This course will provide specific examples and strategies for harnessing the power of the Internet and social media to become more patient centered.

**LEARNING OBJECTIVES**

1) Understand the rationale for and growing value of increased personalization of patient interactions in diagnostic radiology. 2) Communicate patient-centered radiology principles to residents and other colleagues. 3) Identify different avenues, including traditional, digital and social media, to engage our patients.

**Participants**

Moderator
Deborah Levine MD (Presenter):
Herbert Y. Kressel MD:
Alexander A. Bankier MD, PhD (Presenter):

**LEARNING OBJECTIVES**

1) Understand the rationale for and growing value of increased personalization of patient interactions in diagnostic radiology. 2) Communicate patient-centered radiology principles to residents and other colleagues. 3) Identify different avenues, including traditional, digital and social media, to engage our patients.

**ABSTRACT**

More than 2000 manuscripts per year are submitted to RADIOLOGY. Despite their variety in their subject matter and content, many manuscripts share common problems in the research design, description, and style which need improvement. The
Publication Information for Authors is available on-line at http://pubs.rsna.org/page/radiology/pia. This provides a basic set of guidelines for manuscript preparation and submission. This presentation will complement and extend beyond these guidelines by further illustrating points from the Publication Information for Authors with realistic examples and tangible scenarios based on our experience with the submission, review, and decision making process. The Editor, three Deputy Editors, and statistician of RADIOLOGY will provide practical tips as well as Do's and Don'ts for preparing the major elements of a RADIOLOGY manuscript. In addition, we will discuss the most common statistical problems we encounter in reviewing manuscripts, and discuss the issue of why many published research results turn out to be incorrect. At the end of the session, the registrants will gain an enhanced understanding of the required elements of an original submission, and have a better understanding of common author pitfalls encountered during manuscript review and the editorial process.

URL's

http://pubs.rsna.org/page/radiology/pia