

TiP-TV™ Training in Partnership Program Supplement and Test for Imaging Professionals

Leadership Education

The AHRA 35th Annual Meeting: An Overview – Part 2

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1.0 ASRT-approved Category A CE Credit



imagination at work

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Program Summary

This page provides an overview of the program content and learning objectives. Please refer to the Table of Contents for a detailed list of the topics covered. We encourage you to file a copy of this Program Summary and the Table of Contents with your continuing education certificate. We also recommend that you provide a copy of this information to your manager as a record of your educational achievement.

Program Description

This program is part two of an overview of selected educational content and events that occurred during the American Healthcare Radiology Administrators' (AHRA) 35th annual meeting in Orlando, Florida. Interviews with primary presenters and AHRA members focus attention upon issues that pertain to a host of diagnostic imaging issues to include: management operations, leadership, professional development, and asset management.

Program Objectives

By the end of this program, the viewer should be able to:

1. Analyze educational content as presented through interviews with many primary speakers at the AHRA meeting.
2. Find five primary categories to include: management operations, human resources, professional development, leadership, and asset management.
3. Recognize the extraordinary educational and networking opportunities available through the AHRA annual meeting and exposition.
4. Define many prevalent issues currently facing radiology administrators.

Target Audience

Course objectives for this program specifically target radiology administrators. Other administrators and management personnel may also benefit from viewing this program.

NOTE: While not limited to this audience group, the technical content is most effective when applied to people with this training. Regardless of your imaging specialty, you may apply for continuing education credit. Refer to the Continuing Education Credit page for additional information.

Continuing Education Credit

1.0 ASRT-approved Category A CE Credit

Continuing Education Credit

After viewing the TiP-TV video presentation and reading this program supplement, please complete the required online CE credit activities (test and feedback form). The TiP-TV test measures knowledge gained and/or provides a means of self-assessment on a specific topic. The feedback form provides us with valuable information regarding your thoughts on the program's quality and effectiveness.

Online Process for CE Credit



TiP-TV satellite broadcast subscribers can go online to obtain CE credit – quickly and easily!

hls.gehealthcare.com

1. View the entire video presentation – this is a requirement for obtaining CE credit. This supplement is **not** intended to replace watching the video presentation.
2. Go to the GE Healthcare Learning System (HLS) web site at **hls.gehealthcare.com** and complete the feedback form.
3. Complete the post-program test.
 - ◆ You have up to three attempts to successfully complete the test with a minimum passing score of 75% (ASRT-approved programs) or 80% (SNM-approved programs).
 - ◆ The test must be completed without aids or assistance of any kind; this is an **individual effort**.
4. Upon successful completion of the online CE information, you can instantly print a certificate.

Continuing Education Credit Eligibility – Important Notice!

A GE Healthcare TiP-TV course may be available in several different formats, such as, but not limited to, a broadcast, online web course, or videotape. You may only be able to receive CE credit once for a particular course, regardless of the format in which it was viewed.

If you have already received CE credit for this course, you are encouraged to contact your CE certification organization (ARRT, ARDMS, NMTCB, etc.) to determine if you can repeat this course for CE credit.

Thank you for choosing GE Healthcare as your continuing education partner. We hope you will join us for other TiP-TV programs in the future. For more details and program schedule information, please visit: **www.gehealthcare.com/education**

If you have a question or comment on the program content, please send a message to:
PSTIPApps-ct@med.ge.com

Introduction

This program is the second of a two-part series that provides an overview of many of the issues, sessions, and discussions that took place at the 35th annual meeting and exposition of the American Healthcare Radiology Administrators in Orlando, Florida. The opportunity to interview session and workshop presenters, speakers, and AHRA officers resulted in this overview of the five-day meeting.

In the first program, fiscal management and regulation, electronic imaging, picture archiving communications system (PACS), and management operations were discussed. This program offers an expansion of the earlier episode by continuing to look at management operations, as well as human resources, professional development, leadership, and asset management.

Management Operations

Historically, rural markets have been served by itinerant radiologists, but the model is changing due to technological and communications advancements. Joe Moore of Radiology Consultants of Iowa in Cedar Rapids described the conditions under which rural communities have been served. In Iowa, the electronic exchange of patient images and clinical data has provided a terrific solution to time, distance, and access issues in rural communities. However, this is not without challenges, particularly regarding bandwidth. Iowa is one of the most bandwidth starved states in the United States. Another issue concerns the change brought about by operational processes on the radiologists working within the system.

Joe Moore mentioned having to work very hard to effectively amend the entire work culture. The challenges involved in revising culture are extraordinary no matter where they take place. Manual processes such as checking for exam conflicts, creating multiple entries of the same patient information, the reams of paper used for tracking, management reports, productivity documents, and joint commission compliance authentication have largely been replaced by automated systems.

Workflow, performance improvement, transition management, customer satisfaction, employee satisfaction, quality initiatives, and other elements are all part of the same entity. The entirety becomes part of a generally revised culture necessary to effect a new pathway.

What about cultural change? Is it easy? In the program video, Charles Washington, Director of Clinical Services and Operations at M.D. Anderson Cancer Center in Houston, Texas, discusses the issue.

Notes:

Finding the time necessary to gather, track, evaluate, and plan every aspect of department operations can be daunting. In the program video, June Cowen of Massachusetts General Hospital presented a discussion on process improvement teams and the value they can add to functionality, as well as the help they can provide to administrators. She also discusses the primary quality initiatives that have evolved over the years.

Notes:

Transitioning from an analog to a digital department is a task many administrators are currently preparing for. Of great importance is preparing staff members and delivering pre-training well before the actual events take place. In the program video, Sue Einerwold, Clinical Manager of General Diagnostics at Gundersen Lutheran Health Systems in LaCrosse, Wisconsin, explains staff preparation for digital transition.

Notes:

Human Resources

There is much cultural and behavioral variance found in workers of differing ages, and their behavior characteristics should be kept in mind. Chances are you've thought about it, but are you aware there are four age categories to consider? Do you know the categories? And do you know what does or does not appeal to each of these groups? In the program video, Richard Lewis, Principal Consultant at Phoenix Imaging Consultants in Orlando, Florida, explains.

Notes:

There is interest in whether the X and Y generations regard work in a way that gives the impression they are not really geared to work hard. Is this just an unfair stereotype placed on them by employers that simply do not understand what's really going on?

Notes:

Richard Lewis went on to say that when important process changes come about, a consistent overall message is very important; yet, in order to ensure everyone is on board, tailor-made approaches based on age-specific criteria can be of considerable value in gaining acceptance.

Professional Development

The behavior characteristics, attitudes, social institutions, customs, and achievements of particular groups collectively come together to form the culture of an organization. When the term is used in accordance with changes in healthcare operations, conditions can create apprehension, noted particularly by unwillingness on the part of employees to make the investment in what often becomes an entirely new world. A lot of the right kind of work needs to go into transforming cultures, especially in light of generational behavior variance. The end result can turn out to be just what the doctor ordered, or perhaps comes up short. What happens if there is a continual clash that cannot be overcome? In the program video, Lynn McVey, Director of Radiology at St. Mary's Hospital in Passaic, New Jersey, discusses the issue.

Notes:

Changing locale is always an option in finding the right professional fit, if you have the ability and proper conditions to do so. However, it may be difficult to find the correct fit unless you're either a generation X person or you act like one. You may ask why that should be the case. It's because nearly every organization you enter will either be in the process of, or will be thinking about, change, reinvention, and a new playing field. The downside is it may be difficult to properly evaluate organizational cultures when they're in flux. The only thing that will be certain is the change that's taking place.

In the program video, Lynn McVey comments.

Notes:

Once you have obtained the new job that fits you, what conditions have you brought to the organization that will help those who work with you to find it pleasurable to be part of your department? In the program video is a perspective on the role of collaboration from Carole South-Winter, Program Director of Radiologic Technology at Minnesota West Community and Technical College in Luverne, Minnesota.

Notes:

Satisfying and motivating employees is not an easy task unless you know precisely what is likely to work. Clinical psychologist Frederick Herzberg was one of the great original thinkers in the province of motivational theory. In the program video, Carole South-Winter refers to his work as she describes motivation in the workplace.

Notes:

Carole went on to emphasize the role of humor in the workplace. There were many discussion sessions at this conference that recommended humor be a part of the working culture. Of course, the emphasis is on appropriate types of humor. Healthcare facilities are customarily not places where levity is the order of the day, but it should not be absent either. As a manager, what do you then do to be certain you're doing all the right things? How do you evaluate yourself? In the program video, Lynn McVey comments.

Notes:

Leadership

How do administrators manage effectively and increase discretionary effort on the part of employees? In a recent article in the *Wall Street Journal*, Carol Hymowitz stated that the higher executives climb, the less likely they are to know what's working and what's not working in their companies. Why? It is primarily because they're surrounded by "yes" people who filter information. Or they may say they welcome commentary or critical information, but in reality, tend to disregard or even chastise the bearers of bad news.

Subsequently, speaking up about real issues is more difficult for subordinates because they fear reprisal or outright humiliation. This can lead to a false reality and poorer overall business performance. In healthcare it often leads to mistakes, some of which can be life threatening.

So what does it take to affect real change? The kind of change that is lasting, effective, and to the point? The first item of necessity is complete honesty practiced all the way through the organization. Already mentioned was that filtered information can cause problems in the upper echelon. What about the other end of the scale, the first-line employee? Are they comfortable in speaking up? Do they engage in the right kinds of discussions to solve problems? In the program video, Simon Lia, of GEMS Consulting in Davenport, Florida, discusses this issue.

Notes:

Mr. Lia's organization did a lot of research to discover issues that were most present when healthcare errors occurred. They consolidated the data and did indeed determine what they call "crucial conversations" did not happen when they would have been most effective, if they happened at all. In the video, Simon Lia comments.

Notes:

Some conversations take place quite easily because the attitude of participants includes an eager and open approach to finding the right answers. What about difficult or sensitive situations, or difficult people? How do you approach this?

Notes:

In a discussion with Simon Lia, he made reference to the numbers of medical mistakes and accidental deaths in this country. As you know, it's in the hundreds of thousands. Is that because healthcare workers are not skilled? Is it because healthcare workers do not have the technology necessary to do a good job? No, those are not the reasons. What then is the problem?

Notes:

The creation of cultures in which crucial conversations can take place without fear of reprisal is directly within the scope of you, the administrator. As previously mentioned, culture revision is a difficult proposition. In the program video, is Simon Lia's perspective.

Notes:

Simon Lia presents a final precautionary idea that provides a new look at what at one time or another might be called "baggage." This specifically delves into how minds work and should give you a moment of pause to think about whether this applies to you.

Notes:

In closing, Simon Lia reiterated that in order to hold crucial conversations, you must be able to separate facts from stories, and you must always end statements with an invitation to disagree or share how others see things. Also, you should remember that if people work together, outcomes will usually be better than if you go it alone. Finally, do not forget that over 90% of communication takes place non-verbally.

Asset Management

At the AHRA 35th annual meeting, the subjects pertaining to asset management included, among others:

- Finance
- Capital equipment purchase
- Cost/benefit analysis
- Budget creation
- Facility planning
- Multi-function equipment usage

This section takes a look at a situation where many of these elements are combined into one. The use of positron emission tomography/computed tomography (PET/CT) for multiple functions is of particular interest. The discussion begins by looking at the need for this technology and the potential market conditions. In the program video, Steven Spearing of Lewistown, Pennsylvania, a veteran of the PET/CT initiation process, discusses initial deliberations, how scheduling plays into things, and what the market picture looked like at the outset.

Notes:

As a reminder, what you've seen in both of programs dedicated to the 35th annual AHRA meeting in Orlando, Florida, is a very small representation of the entirety, because the educational opportunities are seemingly endless at this assembly, which spans a period of five days.

Thank you to the AHRA and all session speakers, officers, and members who participated and helped with the production of these programs.

Appendix A: Presenters

Roger Beck, M.S., R.T. (R)(CT)

CT/Leadership TiP-TV Program Manager
GE Healthcare

June Cowen, BSEd, MSM

Senior Project Specialist
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Clinical Manager – General Diagnostic
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Richard A. Lewis, CRA

Principal Consultant
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Simon Lia, B.A., M.S.

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Lynn McVey, B.S., R.T.

Director Radiology
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Passaic, New Jersey

Joe Moore

Radiology Consultants of Iowa
Cedar Rapids, Iowa

Carole South-Winter, MEd., R.T. (R), CNMT, FAEIRS

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Stephen Spearing, CRA, R.T. (R)

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Charles M. Washington, MBA, R.T. (T), (ARRT), FASRT

Director, Clinical Services and Operations
M.D. Anderson Cancer Center
Houston, Texas

Appendix B: Resource

Electronic Resource

American Healthcare Radiology Administrators: <http://www.AHRAonline.org>

NOTE: The Internet is an ever-evolving environment and links are subject to change without notice.

Appendix C: Post-Test

LMS Course Number: 3287

To be eligible for CE credit, you MUST view the video presentation first. Then complete the post-test on the GE Healthcare Learning System (hls.gehealthcare.com) by the due date listed online.

1. Early radiology information systems (RIS) began in the mid-1980s. Their primary role was to _____.
 - a. track equipment usage
 - b. automate manual tasks
 - c. track financial information
 - d. track technologist time
2. According to Charles Washington, the number one failure in managing change involves a failure to _____.
 - a. plan carefully
 - b. set goals
 - c. communicate
 - d. follow up
3. Process change components always proceed sequentially.
 - a. True
 - b. False
4. According to June Cowen, in order to succeed properly, change really needs to be placed in the hands of _____.
 - a. senior administrators
 - b. the chief financial officer
 - c. personnel involved in the process
 - d. quality management personnel
5. There are _____ age generations employed in the current workforce.
 - a. two
 - b. three
 - c. four
 - d. five
6. The largest section of the current workforce is comprised of the _____ generation.
 - a. X
 - b. Y
 - c. progressive
 - d. baby boomer
7. Which of the following generations is the most technically oriented of the age groups currently in the workforce?
 - a. X
 - b. Y
 - c. Z
 - d. Veteran

8. According to Carole South-Winter, one of the primary elements necessary in collaborating with other members of a team is to _____.
 - a. be prompt for meetings
 - b. be agreeable
 - c. understand and accept personal diversity
 - d. attend social events
9. _____ was one of the great clinical psychologists whose ideas significantly influenced management and motivational theory.
 - a. Frederick Herzberg
 - b. Sigmund Freud
 - c. Albert Camus
 - d. Deepak Chopra
10. Motivation of employees is most effective if its source is derived from the _____.
 - a. employee's manager
 - b. employee's internal desire
 - c. chief executive officer
 - d. employee's family
11. According to Carole South-Winter, _____ makes people happiest in their jobs.
 - a. money
 - b. number of hours worked
 - c. vacation time
 - d. recognition
12. According to Carole South-Winter, the biggest job dissatisfier is _____.
 - a. miscommunication
 - b. overwork
 - c. underpayment
 - d. hours worked
13. According to Lynn McVey, one of the best ways to determine whether your own performance is effective is to _____.
 - a. continually conduct self-reviews
 - b. allow employee assessments of you
 - c. ask your management team how you're doing
 - d. rely on your boss's performance review
14. When a superior makes an error and a person is afraid to speak up it is called _____.
 - a. benign neglect
 - b. oversight
 - c. malpractice
 - d. malicious compliance
15. When NOT getting expected results, one of the primary things people do wrong is to focus on _____ rather than _____.
 - a. people; symptoms
 - b. symptoms; financial outcomes
 - c. numbers; quality data
 - d. symptoms; root causes

16. According to Simon Lia, the topic of conversation should never be a reason NOT to engage in it. Content does NOT make a discussion unsafe, it is the intent of the participants that can make it unsafe.
 - a. True
 - b. False
17. According to Simon Lia, the primary contributor to medical errors is _____.
 - a. apathy
 - b. unskilled workers
 - c. silence
 - d. fatigue
18. According to Simon Lia, the ideas, thoughts, and feelings you experience but do NOT state, are said to reside in the _____.
 - a. left-hand column
 - b. cerebellum
 - c. subconscious memory
 - d. ozone
19. _____ percent of interpersonal communication takes place non-verbally.
 - a. Sixty
 - b. Seventy
 - c. Eighty
 - d. Ninety
20. According to Steven Spearing, in order for a PET/CT unit to accommodate all types of patients efficiently, _____ is a basic necessity.
 - a. central scheduling
 - b. patient information
 - c. performance improvement
 - d. 24-hour availability