

## WFPI Executive Committee Meeting, 4<sup>th</sup> August 2016 (online)

Present: Gloria Soto/GS, (President), Dorothy Bulas/DB, (Secretary), Jaishree Naidoo/JN, (Vice Secretary), Rutger-Jan Nievalstein/RN (Treasurer), Ines Boechat/IB (Past President and Chair), Amanda Dehaye/AD, (General Director), Kimberly Applegate/KA, (IG Representative), Cicero Silva (Outreach lead)

Absent: Veronica Donghue/VD (Past President), Brian Coley/BC (Digital education lead, Kim Pede/KP (Admin. Support).

### Blue comments = action

#### 1/Mapping Working Group

**GS:** Presented Next Steps for the mapping project, a discussion ensued.

- ⇒ RN to review e-mail sent and respond to questions on behalf of ESPR.
- ⇒ WL received the e-mail and has forwarded it other AOSPR members/contacts - including China.
- ⇒ IB stated that Jennifer Boylan will assist in helping to identify potential contacts. IB will reach out to the American Board and the Canadian Board.
- ⇒ DB will reach out to ISR and RSNA to see if they can help provide data.
- ⇒ AD asked if Kara Lee Poole (in IB's department) could help by staying in touch with the working group, making sure that they are getting what they need.

#### Action:

Need feedback from everyone by 8/20/16.

Update questions based on feedback.

Need a team of key contacts identified.

#### 2/ Rapid update, digital education

**AD:** Provided an update on digital education plans, on behalf of BC.

- ⇒ In the future, we will avoid labeling content by professional status ("pediatric radiologist" or "other") and resource availability ("lower resource" etc.).
- ⇒ There is a need to define a priority audience which will almost certainly focus on Africa, Asia, Central and Eastern Europe. There will be portals leading to online content from SPR, ESPR, ESR, RSNA etc – we do not need to re-produce this ourselves.
- ⇒ Our content will be available to everyone, but set out according to levels of "sophistication" – it is up to individuals to decide what level they are at.
- ⇒ What will our content be? BC will be inviting 15 -20 people who have deep experience within their/certain geographies and asking them for the top 10 things that those actually providing pediatric radiology services need to know about, and the top 10 things our survey respondents think these people need to know about. The bottom line: our content needs to be simple and easy to find/navigate.
- ⇒ Once we have our curriculum defined, then we will decide what format it should be presented in – videos, pdfs, ppt, etc.
- ⇒ We do need a repository for it: it will be our website, so the educational section needs a re-design, and again: we must keep it simple given the resource demands on providing professional-standard maintenance, updating etc.
- ⇒ Success can be measured by interest (digital content provides instant data on interest), but the *quality* of the content is as hard to measure as the quality of any educational offer.
- ⇒ We need consistent branding across all digital platforms.
- ⇒ Our data shows that the average viewing time of video is 4 min. So we need short and focused content.
- ⇒ KA enquired about linking in external, existing content. GS said that we would need to wait for BC to determine what is useful and fits. A lot of POCUS material already exists – we should draw on this, and not re-produce/duplicate it ourselves.

⇒ The TB corner is the most successful educational page on the website but its content needs publication. Plans are afoot for a mini-symposium in Pediatric Radiology – the open access issue needs handling.

JN asked about offering virtual meetings, presentations or webinars. AD indicated that this could be done with GoTo Meeting software - the current license is capped at 28 participants but WFPI could increase numbers (up to 150) if desired. This would also have to be discussed with BC, and above all requires significant logistical resourcing.

KA queried the possibility of tying a similar IG survey into WFPI's. This question will also be explored with BC.

**Action:**

Prepare a basic curriculum survey for circulation in late August/early September (responses will determine the curriculum and what forms - pdf, PowerPoint, video plain text - and social media platforms should be used)

### 3/ SPR Meeting 2017

**GS:** DB proposed a sunrise session at the SPR Meeting (May of next year) that would address International outreach on education. As it transpires, WFPI has been given a ½ day session on the Saturday, but we do need to tie in propositions from another outreach group, led by Larry Binkovitz. GS said that WFPI needs to present a program of high quality, high content, and great vision. A working committee, consisting of DB, IB, CS and BC, and be led by GS, will define the program.

**Action:**

Need the program defined by August 15<sup>th</sup>

### 4/ Update, child imaging safely

**KA:** The Image Gently website is being updated. They will be putting a different structure together. Two social media campaigns are being planned.

The first, "Think ahead", addresses radiation contact for minor head and shoulder trauma. The poster is almost ready to go. For this, IG partnered with the American Medical and Radiology societies. The content could also be useful for international organization consumption (could be translated).

The second campaign is "Have a Heart". It looks at cardiac nuclear medicine imaging in congenital heart disease. IG will partner with patient advocacy group working with those who have congenital heart disease.

### 5/ Outreach activities update

**GS:** The WHO Radiology working group is redefining the standards in chest X-Rays to validate the effectiveness of vaccines. They are recommending revising the way X-Rays are done for application in a clinical setting. But Henrique Lederman, a member of this working group and involved in WFPI, doesn't think the standards are useful for this latter, and there is no real appetite to change them. WFPI can put together its own standards for WHO to draw on.

**CS:** WFPI was approached by a Rotary club in Texas. This group is in the X-Ray industry working to put X-Ray machines into lower resource settings. It would be good to partner with them in the future. They have grants to install machines but need information on which hospitals need them. Rotary, DIMISE.org raises the money for Grants. WFPI gave advice on equipment choices, with help from DWB/MSF. The Rotary group was impressed with our resources.

**KA:** news on RISEmed.org (supported by RSNA financing). The RISE group has asked more pediatric radiologists in the US to get involved in the site. They want to boost the pediatric content on the RISE site. WFPI could be a strong unit of support, but there are paywall/access issues. Gladys Mwangi, WFPI AfSPI Council Representative) is part of RISE. Gladys is also looking to develop pediatric imaging in Kenya. DB mentioned that Ghana uses StatDX to run radiology. It is a powerful tool for international residents. DB was able to get licensing from StatDX to share with those who need it most.

**Action:**

Discuss the standards that WFPI recommends for X-rays at next ExCom Meeting

**6/ Any other business**

**GS:** Nothing noted.

**Next EXCOM meeting: Thursday 1<sup>st</sup>, September**

[EXCOM meetings take place on the first Thursday of every month]