

# ARRS and The Academy for Radiology & Biomedical Imaging Research



**Renee Cruea**  
Executive Director, Academy for Radiology & Biomedical Imaging Research

**“Most recently, the Academy recognized ARRS members Joel Fletcher and Martin Torriani as Distinguished Investigators.” —Cruea**

**F**ounded in 1995, the Academy for Radiology & Biomedical Imaging Research (Academy) is a non-profit advocacy organization located in Washington, DC, that unites imaging societies, patient advocates, and academic radiology departments with the goal of securing federal investment for medical imaging research through education and advocacy. ARRS is one of the founding member societies of the Academy. In 2000, the Academy played a pivotal role in the establishment of the National Institute of Biomedical Imaging and Bioengineering (NIBIB), as well as the Interagency Working Group on Medical Imaging in 2016, and continues to raise awareness with policy makers about the importance and impact of medical imaging research.

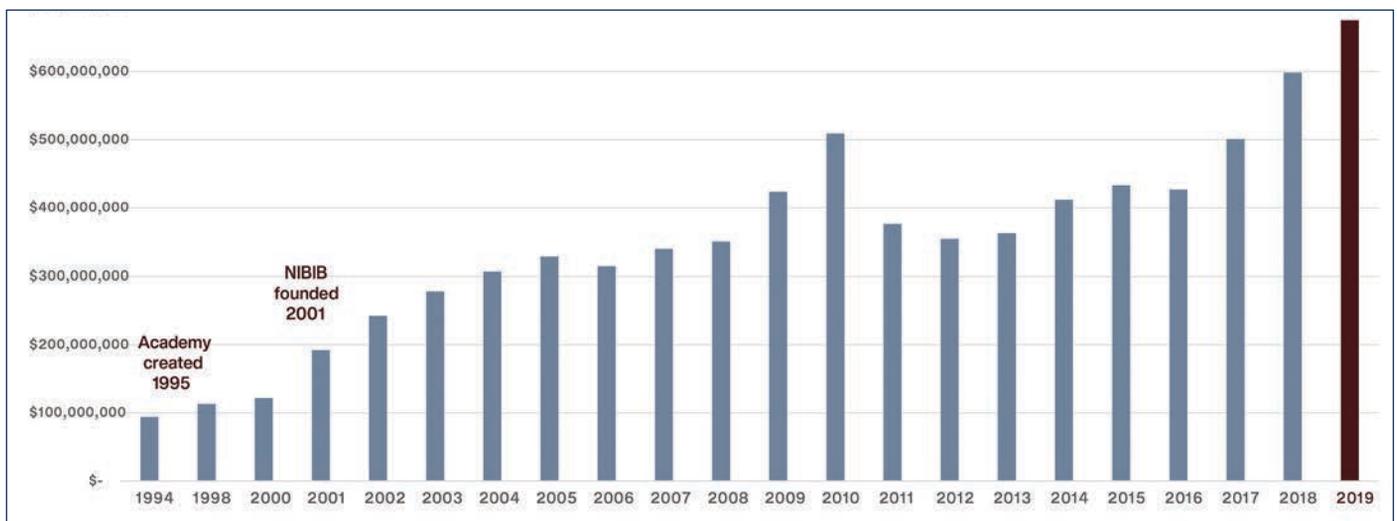
The Academy benefits from the continuous expertise and leadership of ARRS representatives to our board. Currently, Erik K. Paulson, ARRS vice president, serves on our Executive Committee, and Ruth C. Carlos, ARRS president from 2019–2020, serves as vice president of the Academy.

Advocacy is vital to the success of investigators and to the success of radiologists in private practice. Federal funding for medical imaging research impacts the breadth of the field. The Academy is the single organization that brings together academia, industry, and patient groups to collectively advocate for strong investment into imaging research (cf., the annual NIH increases to imaging research in the chart below—created, maintained, and advocated for by the Academy each year).

While the Academy advocates on behalf of the community full time, individual ARRS advocacy efforts have tremendous impact. Ensuring that members of the US Congress hear from individual investigators ensures that, as constituents, you are illustrating the impact research efforts have locally. The Academy regularly requests that researchers across the imaging space reach out individually in support of research funding. By utilizing the Academy’s action alert system, you can use existing templates, adding your own personal touch or details related to your institution, and let your elected representatives know that research funding is important to you.

Beyond advocating for research funding, the Academy has a multitude of programs that assist researchers in the field to succeed. In addition to recognizing new members of the Council of

*Academy continues on p. 18*



History of NIH federal funding going to diagnostic radiology, 1985–2019. Outlying increase in 2010 a result of the American Recovery and Reinvestment Act (Courtesy of the Academy’s Annual NIH Data Collection Project).

[9]. Bringing mindfulness to a difficult conversation allows you to arrive with compassion and empathy, but without judgment. Doing this will make the other person less defensive and more open to deeper and richer conversation. The threats to identity and ego are diminished, and you allow space for someone else's perspective to be true [10].

A difficult conversation involves anything that is uncomfortable to talk about. Examples include confronting a supervisor making suggestive comments, a colleague unaware of their microaggressions, or coworkers with a conflict. Three questions to ask when contemplating a difficult conversation are:

- What do I really want?
- What do I want for others?
- What do I want for the relationship [11]?

There is a tendency to avoid difficult conversations because they can make us feel uncomfortable, vulnerable, and anxious about challenging responses. However, unaddressed issues often simmer and can eventually erupt into an emotionally charged confrontation focused on blame and assumed intentions. Approaches to handling a difficult conversation well include shifting to a learning/curiosity stance, disentangling impact from intention, and moving from a blame frame to understanding contributions to the problem from both sides. Effective conversation skills include inquiry, active listening, paraphrasing, acknowledgment, reframing, and contrasting [12–14]. The goal is to move from a difficult conversation to a learning conversation with mutual understanding and purpose.

Microaggressions can often be addressed with curiosity. For example, one could say, “I’m sorry, could you repeat what you just said? I’m not sure I understood what you said.”

The timing of one’s intervention should be considered. We should consider “calling in” in private rather than “calling out” in public.

New or renewed attention on how workplace and institutional culture and behaviors impact marginalized communities can be challenging. Most people do not receive training throughout their careers on these topics, and the cultural or societal implications they may bring up can be challenging. As education is a central pillar to the ARRS, it was determined necessary to establish a Diversity, Equity, and Inclusion (DEI) committee to help provide teaching and resources to members and the public on relevant topics.

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Distinguished Investigators every year, the Academy has a robust and growing Council of Early Career Investigators in Imaging (CECI2). Nearly 20 members of the Academy’s CECI2 council identify ARRS as their professional home. Most recently, the Academy recognized ARRS members Joel Fletcher and Martin Torriani as Distinguished Investigators. There is a plethora of resources on our website, [www.acadrad.org](http://www.acadrad.org), for these researchers. Multiple annual events promote

engagement between industry, academia, and patient advocates, such as the Medical Imaging Technology Showcase held on Capitol Hill and the Academy Imaging Shark Tank session presented during the Radiological Society of North America meeting. Additionally, the Academy routinely collaborates with the NIH to sponsor interesting workshops relevant to the field. Often, Academy representatives are invited to voice representative opinions and help formulate pertinent policy.

The Academy unites the voices across imaging to help achieve the collective mission of improving the field to benefit patient outcomes.