Motion artifact is sometimes unavoidable in non-cooperative patients, but what about a large portion of our patients who are physically able and aware? If they could better conceptualize the extent to which they were able to improve (or prevent degradation of) their exam, how much of an effect would it have?

Motion artifact affects nearly every modality of radiology, but none so much as magnetic resonance (MR) imaging. The smallest movement during a MR study can cause for suboptimal and essentially distorted study.1 A large amount of time and money is spent to research and implement software and hardware designs to counteract the effects of patients moving during the exam. Often, studies are repeated costing more time and therefore more resources. Most importantly, motion artifact also degrades diagnostic quality, making it difficult, or impossible, for radiologists to provide an accurate analysis of the imaging, subsequently degrading patient care.

**METHODS**

Predominantly, there is no structured patient education and coaching is left up to the technologist’s discretion. During a 2 week internal quality improvement pilot, patients were quickly educated during their registration process. This was in the form of a laminated flyer written and made available to the patient’s room to be read quickly during their registration process. This was in the form of a simple reasoning. And this is supported by believing ‘rings true. It is much easier to grasp the concept of motion artifact using images and simple reasoning. Thus the old adage 'seeing is believing' rings true. It is much easier to grasp the concept of motion artifact using images and simple reasoning. And this is supported by the preliminary evidence presented here.