

# EMORY RadReport

It's what's on the inside that counts!

November, 2009

## Humanitarian Medicine

Dr. Hudgins has returned from her sabbatical with a re-energized passion for medicine. Motivated by reflection, she charted her course to refresh her general medicine skills while learning new techniques. She used her time away from the Radiology Department to volunteer in the Grady Emergency Room (ER) and provide clinical advice to those at the City of Refuge.

The six-month sabbatical began with nearly three months of volunteering in the walk-in area of the Grady ER, evaluating ambulatory, sick or injured people. Working alongside the mid-level providers, she wore a stethoscope to work every day and had the opportunity to consult with the attendings and physician assistants (PA), while refining her general medicine skills. The range of patients to whom Dr. Hudgins attended ranged from those who suffered from back pain and bugs in their ears to cases with minor lacerations and abscesses. While many of the basic skills were the same for diagnosing common illnesses and suturing, the presence of the methicillin-resistant staphylococcus aureus (MRSA) has influenced the way abscesses are treated. Dr. Hudgins commented, "I was on the steep part of the learning curve for all six months."

The second half of her sabbatical concentrated on launching the free clinic at the City of Refuge, located about two miles from Grady. Open on Tuesdays and Thursdays from 9:00 am – 4:00 pm, those in need of free healthcare can meet with a physician in one of two examination rooms. The first patient was evaluated in July in the temporary clinic location. With the potential of being the largest free clinic in the Atlanta area, the plans are to continue to increase

the services through donations of money and equipment. Dr. Charles Moore, Chief of Otolaryngology at Grady, continues to

lead the efforts of the clinic area, which is only a portion of the offerings of this eight-acre haven for those in need. As Dr. Moore leads the build-out of the final clinic, Dr. Hudgins is working to secure radiology equipment, specifically a C-arm, plain film room and eventually a CT scanner.

During her time at the City of Refuge, Dr. Hudgins found that the most common ailment was hypertension, which led her to the most eye opening realization of her experience: there is very limited access to medicines. Even if there is an option of free medication, the closest pharmacy is ten miles from the shelter. In efforts to solve this logistical issue, Dr. Moore has applied for a pharmaceutical license; next, they will work to secure the revenue to purchase the much needed medications and the items needed for administration. Ultimately, these preventative clinic visits and medications could reduce the strain on other healthcare facilities, such as Grady. Most revealing to Dr. Hudgins



Dr. Hudgins dedicated six months to refining her general medicine skills through volunteering.

was the need for her patients to experience humanity. She describes the experience as phenomenal and explained, "When they leave they feel like somebody has listened to them and touched them.

Even if I couldn't treat them, just looking them in the eye and talking to them like a human being is very different [for them]. When they were leaving, they would often express 'Thank you so much', and I thought to myself that I really didn't do anything. But there was something very profound about having someone care."

Inspired by her sabbatical experience, Dr. Hudgins is proposing to approach her academic time in a new way. She is planning to use her academic day to update her obstetric ultrasound and plain film skills, as well as continue volunteering as a general practitioner locally, while keeping up with her research

and other academic duties in the evenings and on weekends. Dr. Hudgins also plans to take her volunteer work to Honduras next summer. Her previous experience was highlighted in the April 2009 Rad

Report, just before Dr. Hudgins began her sabbatical. Ignited by her humanitarian radiology experience in Honduras and the interaction with



The City of Refuge is open to anyone willing to work to get their life back on track.

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the culture, Dr. Hudgins holds this country with affectionate regard. She has already begun to reconnect with their local physician in Honduras to make plans for a trip in June 2010.

If Dr. Hudgins' experience has inspired you, please contact her at phudgin@emory.edu and she can let you know when the shelter is in need of your skill set. The goal is to develop City of Refuge into a comprehensive clinic, which will give every medical professional an opportunity to contribute their specialized skills. This will give the volunteers time to complete a small amount of paperwork involved to become licensed as a free caregiver or Good Samaritan, which will protect the medical insurance needed by physicians.

A special message of gratitude is extended from Dr. Hudgins to her Neuroradiology colleagues who pitched in to make her experience possible.

- Monica Salama  
Communications Manager

# Letter from the Chair

“We must become the change we want to see.”  
- Gandhi

Dear Colleagues,

Sometimes when I get together with colleagues at other institutions, I try to explain to them what makes Emory a special place to work. This month's Rad Report cover story of Dr. Pat Hudgins' remarkable sabbatical journey to hone her primary care skills and give back to the community is truly inspirational. It represents the best in us. Yet it also embodies a spirit that is not uncommon in our department. Just a few examples are Dr. Scott Bartley's Angel Flights, Dr. Deb

Baumgarten's community volunteerism, Sarah Zingerelli's American Legion work, Nancy Costello's after hours' efforts to sustain the classical music arts community, and Dr. Bill Torres' support of many philanthropic organizations that enrich Atlanta and Georgia. We also give at the office; of ourselves, our dedication, our expertise, our guidance, and our empathy both to patients and to each other.

This year *The Scientist Magazine* ranked Emory as the 5th Best Place to Work in Academia in the United States.

The ranking was based on a survey of more than 2,350 life scientists in academic, hospital, government, or research organizations. Among the most important work environment factors cited for this recognition were collaboration and team building.

I always look forward to the Emory Alumni Reception at the annual RSNA meeting since it is an opportunity to reconnect with colleagues who helped shape the Department. It is also a time for our alumni to meet those Radiology faculty who are



new to Emory. It is staggering to realize we have been enriched by the addition of 45 new faculty over the past three years. The most recent to join our ranks is a stellar former trainee, Dr. Michael Osipow, now a member of the Abdominal Imaging Division.

Best to all,  
Carolyn C. Meltzer, MD, FACR  
Chair of Radiology

## AWARDS & RECOGNITION

### Radiology Leadership Academy (RLA) Fellows



The first year of the RLA has launched with the commitment of the fellows: (Left to Right) First Row: Chrystal Barnes, Mariana Teodorescu, Vivian Smith, Jane Goldberg and Dawn Moore Second Row: Jane Vitali, Marcus Foster, Dr. Dan Lee and Dr. Scott Hwang Third Row: Mike Bowen, Dr. Ioannis Sechopolous and Mike Armstrong

The RLA fellows have committed to an intense program that is designed to sharpen leadership skills and become catalysts for the achievement of department goals. In addition to the attributes that were mentioned in the September *Rad Report* article, these fellows were selected for their ability to give insightful feedback that will help shape the program for future fellows. This year's fellows were chosen by the Radiology Executive Committee. In future years, fellows will be nominated by their leaders.

### Sarah Zingarelli Reading Room Coordinator



### American Legion Auxiliary Member of the Year

For her volunteer work, Sarah Zingarelli (right) was selected as the American Legion Auxiliary Member of the Year for the State of Georgia and attended the National Convention in Louisville, KY. At the award event, she was seated at a table with Miss America. Sarah has used vacation leave days to go to the United Service Organizations (USO) at the airport and run bingo games at the VA Hospital. She has participated in nursing home visits, started a recycling program, and continues to run the bingo program and prepare the newsletter at her post. This year, Sarah is also Unit President of her American Legion Auxiliary.

# MESSAGE FROM THE VICE CHAIR FOR RESEARCH

## Research Funding Sources

At least half of the effort for a research scientist, it seems, is looking for sources of funding so that they can pursue their idea. This is further exasperated because the scientist needs to spend their time collecting data, not completing applications. Since initial applications are almost never successful, starting an independently funded research program is a major endeavor. A new application requires at least two months of intensive work. A revised application, or one for continuing a successful project, will take less time to prepare. Hence, getting started is the most difficult part of a research career. My advice is to recognize that getting started is a difficult process but once you are past the initial hurdle, the rewards will be great. It is a good idea not to try to rush the process. Take extra time to give your initial effort the greatest possibility of success by taking advantage of the experience in the Office of Radiology Research, which was created to help you.

Practically speaking, all successful grant applications need preliminary data. An application consists of:

- 1) an idea that is of interest to the funding agency
- 2) a plan for investigating the idea, including deliverables
- 3) evidence that you can execute the plan

Data that you have collected will help all of these areas. There are some mechanisms that state preliminary data is not necessary, but it is never forbidden. Know that your application will be competing with others that do have preliminary data. Well thought out and appropriate preliminary data should

be considered an essential part of your application.

There are two types of applications: training and research, with three broad sources of funding: government, foundation and corporate.

**Training** grants have the advantage of being relatively long-term and they are prestigious – candidates compete for the awards. The disadvantage is very little additional support; a training grant alone is not sufficient to fully fund a research project.

**Research** awards have the advantage of more fully covering all costs.

**Government** research support can be long-term with relatively stable budgets, but large grants are difficult to obtain.

**Foundation** support has the advantage of a much simpler application, but the support is shorter duration with smaller budgets. Foundations may be a great way to get started but they are probably not a long-term career solution.

**Corporate** funding has the advantages of a minimal application, less burdensome reporting, greater flexibility and the potential for additional profit. However, there are contractual issues and conflict of interest implications that must be handled. In the end, these may outweigh the benefit of a simpler application.

There is not a single approach to funding research that is appropriate for everyone. My office will help you explore options and choose what is best for you and your career stage.



The internet is a good source for finding information about funding opportunities in general. For information regarding industry, we have developed relationships with some of the corporations that supply equipment in Radiology. If you don't already know who to contact, please feel free to ask me and we will determine who best to approach. Information from the US Department of Health & Human Services (HHS), Office of Extramural Research (OER) can be found at: <http://grants.nih.gov/grants/oer.htm>.

This page includes a feature that lets you search for funding opportunities. Here too, we have extensive experience in applying to the NIH and you should feel free to meet with me to discuss opportunities and the appropriate funding mechanism.

The Office of Radiology Research is ready to help you in all phases of your research. We can assist you in developing your study, forming a plan to secure funding and reviewing your proposal before it is submitted. The senior researchers in the department offer their time to write a critical review so that you can be one step ahead of your colleagues from other institutions. I urge you to take advantage of their expertise.

The reviews typically take one week, so give yourself plenty of time to make modifications after review prior to your submission deadline. Good luck with your project!

- John Votaw, PhD, Vice Chair for Research



## Grant Review Board

In the spring of 2006, the Radiology Department organized the Department Scientific Review Committee to help investigators strengthen their grants. Before sending in your next application, take advantage of the opportunity to have your submission reviewed by a panel of experienced grant writers.

**Step 1** - Create a timeline that allows the team 7 business days to review your grant.

**Step 2** - Submit, via e-mail, your grant to Dr. John Votaw ([John.Votaw@Emory.edu](mailto:John.Votaw@Emory.edu)), who will distribute the grant to appropriate reviewers.

**Step 3** - Take the suggestions from the Grant Review Board and make the appropriate changes. (Be sure to give yourself sufficient time to implement the changes!)

**Step 4** - Submit your grant.

Increase the chances of being awarded funds by taking the time to have your submission reviewed by the Grant Review Board.

## GRANTS AWARD

### Rb-82 PET Simulation Platform for Prompt Gamma Characterization

**Principal Investigator:**  
Ioannis Sechopoulos, PhD

**Co-Investigators:**  
Jon Nye, PhD  
John Votaw, PhD

**Funding Organization:** Siemens Medical Solutions USA, Inc.

**Significance:** The purpose of the project is to develop and validate an advanced positron emission tomography (PET) simulation platform based on Monte Carlo methods and use it to characterize the prompt gamma signal included in Rubidium-82 (Rb-82) scanning. Rb-82 PET scanning is used for myocardial perfusion imaging for diagnosis of obstructive coronary artery disease. The prompt gamma signal degrades the reconstruction quality, significantly lowering the specificity of the imaging

technique. This increase in false positive cardiac PET studies may result in unnecessary cardiac catheterization procedures, with their resultant risk to the patient, inconvenience, and increased healthcare cost. The development of a Rb-82 PET simulation platform and characterization of the prompt gamma signal will aid in the development of an image processing algorithm to improve the reconstruction quality of the PET images, leading to more accurate cardiac diagnoses.

### Supplement to the Translational Technology Resource Program of the ACTSI to Advance Innovation through Imaging

**Principal Investigators:**  
Carolyn Meltzer, MD (Project PI)  
David Stephens, MD (ACTSI PI)

**Co-Investigators:**  
Stuart Zola, PhD  
Mark Goodman, PhD  
John Votaw, PhD  
Leonard Howell, PhD  
Larry McIntire, PhD  
Xiaoping Hu, PhD

Gary Gibbons, MD  
Doug Eaton, PhD  
Marc Overcash

**Funding Organization:** NIH, National Center for Research Resources (NCRR)

**Significance:** The National Center for Research Resources (NCRR) awarded \$1.6 million in supplemental funding to the ACTSI, which has utilized the funding to award two supplemental stimulus grants. Both of these grants have been awarded at Emory, one to in the School of Public Health and the other to Dr. Carolyn Meltzer in the Radiology Department.

These funds will help further integrate the data archiving infrastructure across the Center for Systems Imaging (CSI) and at the Yerkes National Primate Research Center; pilot a Molecular Imaging Fellowship and mentorship of interdisciplinary investigators, and institute an ACTSI Translational Technologies & Resources (TTR) Imaging Consultation Service and Advisory Group to strengthen partnerships that translate from animal model to human. Their work will involve significant involvement with both Morehouse School of Medicine and Georgia Tech investigators.

## CHECK IT OUT

Fisher PM, **Meltzer CC**, Price JC, Coleman, RL, Ziolkowski SK, Becker C, Moses-Kolko EL, Berga SL, Hariri AR. [Medial prefrontal cortex 5-HT2A density is correlated with amygdala reactivity, response habituation and functional coupling](#). Cerebral Cortex 2009;19(11):2499-2507.

**Moncayo VM, Carpenter WA, Pierre-Jerome C, Smitson RD, Terk MR.** [Congenital absence of the semimembranosus muscle: case report](#). Surg Radiol Anat. 2009 Oct 8. [Epub ahead of print]

**Pierre-Jerome C, Moncayo VM, Albastaki U, Terk MR.** [Multiple occult wrist bone injuries and joint effusions: prevalence and distribution on MRI](#). Emerg Radiol. 2009 Aug 7. [Epub ahead of print]



An article in *Radiology* featuring the ability to eliminate cases of nephrogenic systemic fibrosis (NSF) among patients receiving MRI scans has attracted new attention to the research that Dr. Diego Martin began in 2006. There have been several publications over the years that featured the work of Dr. Martin. On October 15, 2009, [Aunt Minnie](#) reported, "Much of the research into the relationship between gadolinium contrast and NSF has focused on whether the disease is caused by a specific formulation of gadolinium, or whether NSF is caused by the entire class of agents. Researchers at Emory University Hospital in Atlanta and the University of North Carolina (UNC) at Chapel Hill sought to answer this question by tracking their experience in switching to a new gadolinium formulation and also adopting stricter guidelines for gadolinium contrast use."

# IN THE KNOW

## Updates from Imaging Application Services (IAS):

### New Imaging Data Flow for Midtown

EUHM has been converting their reading rooms from a focus on community-based practice to an academic practice and there are many moves scheduled to accommodate the new workflow. We are moving the Siemens workstations from their current locations and will be using them as routers of the images. In their place are E-film workstations. This should not only allow the

radiologists to function in an academic setting, but also reduce the number of queries for images to the query server and reduce the duplicate studies. Three-for-one benefit! The team has completed changes required for the new chest and neuroradiology reading areas, and is awaiting delivery of new monitors to complete the job.

### 2007.19 New RadNet Code

Daria Miller, the RadNet

analyst, has reviewed the new code that will be installed in December. (Note: Millennium downtime on Dec 5-6th, details in an EHC e-mail to follow.) There are a number of enhancements that are included, some come with the base code and some will be prioritized by leadership and implemented over subsequent months. Daria has put together a slide show with these new enhancements and has presented this to

the radiology leadership team. We are excited about the new ability to color code the STAT exams. That may help the Emergency Department. Please contact me (PIC#14990) if you have specific questions about the new code.

### PACS-Siemens and GE

Constant monitoring of Siemens PACS has minimized the service disruptions, but they do still occur. We are hopeful that the re-routing of images at EUHM will reduce the query load and that we can keep the query up.

The GE PACS implementation team is working on the data migration steps for GE PACS; they are building an integrated desktop (RIS, PACS and Powerscribe) to test, and documenting the future state of workflow. We wish them well with their efforts!

- Karen Boles  
Manager, Clinical Applications

## Quality Corner

The Service Excellence Committee has been busy, creating a "Buzz" around customer service. The committee has several initiatives currently in place to get the message out. Through our efforts we are seeing some positive movement in our customer service scores.

The Service Excellence Committee began by providing customer service training to the entire Radiology Department, at all locations. We wanted everyone to know what our goals are and how they will help us to meet them. We are designing a training video to use for yearly customer service training. We are handing out comment cards to our customers so we can get immediate feedback about the patient's visit. This will allow us to take quick action when there is an issue. We are updating the bulletin boards throughout the department to showcase the wonderful staff that we employ in all areas of Radiology.

Morning huddles have become the norm in all areas and employees are enjoying the positive interactions and exchange of ideas with their co-workers as they are updated on

the National Patient Safety Goals, department service standards, current events and other important information pertinent to their jobs.

Monthly, we name a customer service winner for each location. The winners of this award are those sections that have the most improved score over the previous month. Each section winner receives free lunch for the entire staff.

Staff is also encouraged to "catch someone doing something special". This program allows for fellow employees to acknowledge a co-worker for a job well done. Employees who receive a card are entered into a drawing to receive an award at the quarterly staff meetings.

These are just a few of the initiatives we are working on to improve employee relation and customer service because they go hand-in-hand. Our goal for this next fiscal year is to raise our customer service scores to the 50th percentile. With your continued support, we will get there.

- Linda Gunsby, BS, RT (R) (CT)  
Manager, Imaging Services

## Quality Scoreboard

The Press Ganey reports published on the Emory Intranet homepage ([www.ourehc.org](http://www.ourehc.org)) with focus on the overall rating of care are used to determine the winners. The areas being recognized for the most improved scores at their location:

### September Winners:

Interventional Radiology  
- Emory University  
Hospital Midtown

MRI  
- Emory University  
Hospital

X-Ray  
- The Emory Clinic

# RSNA 2009

## Emory at RSNA

Each year Emory is strongly represented at the Radiological Society of North America (RSNA). Residents, fellows and faculty continue this tradition through their involvement in Educational Exhibits, Scientific Papers and Course presentations at the 95<sup>th</sup> Annual Scientific Meeting.

The conference will be held the week following the Thanksgiving Holiday, November 29 - December 4.

Please take a moment to recognize those who, through hard work and dedication, have been invited to share their knowledge as experts of radiology.

## ANNUAL EMORY RADIOLOGY ALUMNI RECEPTION

All radiology professionals who have been touched by Emory during their career are invited to attend the Alumni Reception in Chicago, during the week of RSNA.

Monday, November 30, 2009  
6:30 p.m. - 8:30 p.m.

InterContinental Chicago Hotel  
Camelot Ballroom  
505 North Michigan Avenue  
Chicago, IL 60611

The evening will include light hors d'oeuvres and an opportunity touch base with your Emory colleagues. Please visit the Current Events page of the [radiology.emory.edu](http://radiology.emory.edu) website for all up-to-date information.

Please RSVP by November 20, 2009 to Laura Padgett:  
Laura.Padgett@emoryhealthcare.org  
or 404.712.5497

## RSNA Presentations

Sunday

Time	Location	Type	Title	Presenter(s)
11:45 - 11:55	S404AB	Scientific Paper	Physics (CT: New Methods); Focal Spot Wobbling in Volumetric CT for Diagnostic Imaging: Revisited with Row Wise Fan-to-Parallel Rebinning	<b>Xiangyang Tang, PhD</b> Abstract Co-Authors: Suresh Narayanan, MS, Jiahua Fan, PhD, Jiang Hsieh, PhD, Jed Pack, Roy Nilsen
12:30 - 1:30	Lakeside Learning Center	Scientific Poster	Pediatric; Evaluation of a New Phosphor Plate Technology for Neonatal Portable Chest Radiographs	Mervyn Cohen, MBChB Abstract Co-Authors: Donald Corea, DO, Matthew Wanner, MD, Boaz Karmazyn, MD, Richard Gunderman, BS, PhD, <b>Kimberly Applegate, MD, MS</b>
2:00 - 3:30	RC115A	Refresher/ Informatics	Mammographic Interpretation; Analysis of Masses	<b>Carl Joseph D'Orsi, MD</b>
2:00 - 3:30	E352	Refresher/ Informatics	Essentials of Molecular Imaging and Systems Diagnostics for Clinical Radiologists; What Is Molecular Imaging?	<b>Daniel Lee, MD, PhD</b>

Monday

Time	Location	Type	Title	Presenter(s)
8:30 - 10:00	RC209B	An Interactive Session	Categorical Course in Diagnostic Radiology: Gastrointestinal — Small Bowel; Small-Bowel Obstruction and Inflammatory Bowel Disease	<b>Courtney Ann Coursey, MD</b>
11:50 - Noon	S504CD	Scientific Paper	Molecular Imaging (Multimodality); A Retrospective Comparative Analysis of 18-F-FDG PET/CT versus 111-In-Pentetreotide Imaging Correlated with Histological Differentiation in the Evaluation of Neuroendocrine Tumors	<b>Jaime Montilla, MD</b> Abstract Co-Authors: Volkan Adsay, David Kooby, MD, <b>Naomi Alazraki, MD</b> , Malcolm Squires, BS, MD, <b>Fidias De Leon, MD</b>
1:30 - 3:05	S406A	Multisession Course	Cardiac CT Mentored Case Review: Part III (In Conjunction with the North American Society for Cardiac Imaging)	<b>Arthur Stillman, MD, PhD</b> , Robert Steiner, MD
3:00 - 4:00	N228	Scientific Paper	Neuroradiology (Brain: Memory and Cognition Disorders)	<b>Carolyn Meltzer, MD, FACR, Mark Mullins, MD, PhD</b>
3:30 - 6:00	S406A	Multisession Course	Cardiac CT Mentored Case Review: Part IV (In Conjunction with the North American Society for Cardiac Imaging)	<b>Arthur Stillman, MD, PhD</b> , Gautham Reddy, MD
4:30 - 6:00	S404CD	Focus Session	Clinical Needs for Quantitative Imaging in Brain Disorders	<b>Carolyn Meltzer, MD, FACR</b>

Tuesday

Time	Location	Type	Title	Presenter(s)
8:30 - 10:00	RC351	How-to Workshop	Body MR Imaging: Current Role and New Ideas	Richard Charles Semelka, MD, <b>Diego R. Martin, MD, PhD</b> , Jorge Elias Jr, MD, Ersan Altun, MD, PhD
8:30 - 10:00	S502AB	Refresher/ Informatics	Categorical Course in Diagnostic Radiology Physics: Advances in Digital Tomosynthesis—From Physics to Clinical Application: Optimization, Radiation Dosimetry in Tomosynthesis Imaging of the Breast	<b>Ioannis Sechopoulos, PhD</b>
3:00 - 4:00	E353C	Scientific Paper	Gastrointestinal (Liver Ablation: RF Ablation and Cryoablation)	John McGahan, MD, Srinivasa Prasad, MD, <b>William Torres, MD</b>
3:30 - 3:40	N227	Scientific Paper	Emergency Radiology (Skull Base and Spine Trauma); Exploding Delayed Epidural Hematoma: A Potential Complication of Traumatic Brain Injury Following Decompressive Craniectomy	Jason Talbott, MD, PhD Abstract Co-Authors: <b>Ashley Aiken, MD</b> , Shirley Stiver, MD, PhD, Alisa Gean, MD
4:30 - 6:00	E264	Hands-on Workshop	US-guided Interventional Breast Procedures	Elsie Levin, MD, Rachel Brem, MD, <b>Carl D'Orsi, MD</b> , W. Phil Evans, MD, Bruno Fornage, MD, Liane Philpotts, MD, William Poller, MD, Joseph Spigel, MD, Mary Mahoney, MD, Stamatia Destounis, MD, Margaret Szabunio, MD, Priscilla Slanetz, MD, MPH
4:30 - 6:00	S503AB	Refresher/ Informatics	Advances and Updates in Gastrointestinal and Genitourinary Nuclear Medicine	Harvey Ziessman, MD, <b>Raghuveer Halkar, MD</b>
4:30 - 6:00	E450A	Refresher/ Informatics	Categorical Course in Diagnostic Radiology: Gastrointestinal—Acute Abdomen (An Interactive Session); Acute and Chronic Conditions Related to Gallstones	<b>William Small, MD, PhD</b>

# RSNA 2009

Wednesday

Time	Location	Type	Title	Presenter(s)
8:30 - 10:00	S406B	Multisession Course	Molecular Imaging: Overview and Basics; Overview of Contemporary PET Scanning for Personalized Medicine	<b>Naomi Alazraki, MD</b>
10:30 - 10:40	S502AB	Scientific Paper	ISP: Cardiac (CT/MR Imaging: Risk Stratification - Part 1); Chest Keynote Speaker: Population Studies — How Badly Are They Needed?	Richard White, MD, <b>Arthur Stillman, MD, PhD</b>
10:30 - Noon	Arie Crown Theater	Scientific Paper	ISP: Breast Imaging (Interventional Management of High-Risk Lesions)	Mary Mahoney, MD, <b>Carl D'Orsi, MD</b>
11:50 - Noon	S102D	Guidelines and Outcome Evaluation	ISP: Health Services, Policy, and Research; Nephrogenic Systemic Fibrosis: Change in the Incidence Following a Switch in Gadolinium Agents and Adoption of a Gadolinium Policy—A Report from Two American Universities	Ersan Altun, MD Abstract Co-Authors: <b>Diego Martin, MD, PhD</b> , Rebecca Wertman, Aida Lugo-Somolinos, Edwin Fuller, MD, Richard Semelka, MD
12:15 - 1:15	Lakeside Learning Center	Scientific Poster	Informatics: Using RSNA's Learning Portfolio	<b>Jay Patel, MD</b> Abstract Co-Author: <b>Mark Mullins, MD, PhD</b>
12:15 - 1:15	Lakeside Learning Center	Scientific Poster	Molecular Imaging; In Vivo Bioluminescence Imaging: Monitoring of the Tumor Protective Protein Hypoxia Inducible Factor-1 $\alpha$ in Response to Conventional and Low Dose Metronomic Chemotherapy	Ronald Viola, MD Abstract Co-Authors: <b>James Provenzale, MD</b> , Hong Yuan, PhD, Chuan-Yuan Li, PhD, Fang Li, Mark Dewhirst, DVM, PhD
2:00 - 3:00	N135	Intro To Research	Introduction to Academic Radiology and IRIYA; Small Groups and Panel on Mentoring Issues	Melissa Rosado De Christenson, MD, John Eng, MD, Joel Fletcher, MD, <b>James Provenzale, MD</b>
3:00 - 4:00	E352	Scientific Paper	Vascular/Interventional (Portal Interventions)	Bertrand Janne d'Othee, MD, MPH, Wael Saad, MBCh, Patrick Gonzales, BEng, Jonathan VVest, Renumathy Dhanasekaran Abstract Co-Authors: Ram Subramanian, Samir Parekh, James Spivey, <b>Kevin (Hyun S.) Kim, MD, FSIR</b> , et. al.
3:00 - 4:00	N229	Scientific Paper	Neuroradiology (Brain, Metabolic and Systemic Disorders)	Marco Essig, MD, <b>James Provenzale, MD</b>
3:00 - 4:00	S502AB	Scientific Paper	Cardiac (CT/MR Imaging: Risk Stratification - Part 2)	Frank Rybicki, MD, PhD, <b>Arthur Stillman, MD, PhD</b> , Andre Duerinckx, MD, PhD
3:50 - 4:00	S504AB	Scientific Paper	Cardiac (CT/MR Imaging: Miscellaneous): Comparison of the Effect of Intravenous Low-osmolal Iopamidol and Iso-osmolal Iodixanol on Heart Rate during Nongated Chest CT Angiography: Results of a Prospective Randomized Multicentric Study	Carl Chartrand-Lefebvre, MD Abstract Co-Authors: Charles White, MD, Julie Prenovault, MD, Sanjeev Bhalla, MD, William Mayo-Smith, MD, <b>Kay Vydareny, MD</b>
4:30 - 6:00	E352	Focus Session	Wait, Wait, Don't Tell Me: Neuroradiology/Head and Neck Edition	Lawrence Ginsberg, MD, Richard Wiggins, MD, <b>Patricia Hudgins, MD</b> , C. Douglas Phillips, MD

Thursday

Time	Location	Type	Title	Presenter(s)
8:30 - 10:00	RC607	An Interactive Session	Genitourinary Emergencies: Case-based Approach	Syed Zafar H. Jafri, MD, Courtney A. Woodfield, MD, <b>Deborah Ann Baumgarten, MD, MPH</b>
10:30 - Noon	S505AB	Scientific Paper	ISP: Nuclear Medicine (Endocrine and Neuroendocrine Imaging)	William Spies, MD, <b>William Fajman, MD</b>
10:50 - 11:35	N135	Intro To Research	Introduction to Academic Radiology and IRIYA; Skills: Preparing a Manuscript	<b>James Provenzale, MD</b>
11:40 - 11:50	S402AB	Scientific Paper	Informatics (Image Management and Analysis); Improving PACS Radiograph Workflow by Automatic Recognition of Anatomical Content and Orientation	Xiang Zhou Abstract Co-Authors: Yimo Tao, Zhigang Peng, Chen Yuanhsi, <b>Arun Krishnan, PhD</b>
1:30 - 3:05	S406A	Multisession Course	Cardiac CT Mentored Case Review: Part III (In Conjunction with the North American Society for Cardiac Imaging)	<b>Murray Baron, MD, Elliot Fishman, MD</b>

Friday

Time	Location	Type	Title	Presenter(s)
8:30 - 10:00	S504CD	Refresher/ Informatics	Models and Methods for Effective and Efficient Medical Imaging: Science and Technology Education	<b>Perry Sprawls, PhD</b> , Debra Monticciolo, MD, E. Russell Ritenour, PhD
10:30 - Noon	E353A	Scientific Paper	Gastrointestinal (Rectal Cancer: Advanced Imaging)	<b>William Small, MD, PhD</b> , Abraham Dachman, MD
10:50 - 11:00	S503AB	Scientific Paper	Cardiac (CT Angiography: Dual Energy): Quantification of Coronary Artery Calcium Using Dual-energy Subtraction Digital Radiography	John Mafi, BS Abstract Co-Authors: <b>Baowei Fei, PhD</b> , Robert Gilkeson, MD, Sharon Roble, MD, Anthony Dota, MD, Prashanth Katrapati, MD

## Educational Exhibits

Located In The Lakeside Learning Center, Hall E

Sunday ~ 8:00 am - 6:00 pm; Monday - Thursday ~ 7:00 am - 10:00 pm; Friday ~ 7:00 am - 12:45 pm

### Title

### Presenter(s) ~ Co-Author(s)

Primer on CT-guided Procedures: What the Radiology Residents Need to Know	Nimesh Patel, MD ~ Zahir Momin, MD, Unni Udayasankar, MD, FRCR, Pardeep Mittal, MD
Differential Diagnosis of Primary Retroperitoneal Masses Based on Site of Origin and MR Signal Characteristics	Zahir Momin, MD, Unni Udayasankar, MD, FRCR, Pardeep Mittal, MD
Testicular Ultrasound: What the Radiologist Needs to Know	Zahir Momin, MD, Unni Udayasankar, MD, FRCR, Pardeep Mittal, MD
Hepatic Malignant Lesion RF Ablation: Optimization Probe Placement	Jianhai Li ~ Unni Udayasankar, MD, FRCR, William Small, MD, PhD, William Torres, MD
Patient-related Optimal Contrast Dose in Abdominal MDCT	Jianhai Li ~ Unni Udayasankar, MD, FRCR, William Small, MD, PhD
BI-RADS Tutor®: CAD-based Interactive Electronic Teaching File for BI-RADS Training in Assessment and Reporting	Michael Galperin, PhD ~ Haydee Ojeda-Fournier, MD, Michael Andre, PhD, Linda Olson, MD, Christopher Merritt, MD, Carl D'Orsi, MD
Genitourinary: Determination of the Confidence Interval for Calculations of Glomerular Filtration Rate Following Infusion of Gadolinium Chelate and MR Imaging	Nivedita Raghunath, MS ~ Courtney Mitchell, BS, Khalil Salman, MD, Puneet Sharma, PhD, Diego Martin, MD, PhD, John Carew, PhD
Peribronchovascular Spread of Disease	Emma Ferguson, MD ~ Eugene Berkowitz, MD
Masses in the Cardiophrenic Sulcus	Emma Ferguson, MD ~ Eugene Berkowitz, MD
Pleural Pandemonium: Differentiating the Plethora of Pleural Lesions	Patricia Poole, MD ~ Eugene Berkowitz, MD, Emma Ferguson, MD
Esophageal Rupture: A Pictorial Review of Common and Unusual Causes	Emma Ferguson, MD ~ Eugene Berkowitz, MD, Stanford Goldman, MD
The Synovium: What Have We Learned So Far?	Valeria Moncayo, MD ~ Claude Pierre-Jerome, MD, PhD, Syed Ali, MBBS, Sima Banerjee, MBBS, Michael Terk, MD
How to Choose an Embolization Agent: A Systematic Approach	Michael Lubarsky, MD ~ Charles Ray, MD, Brian Funaki, MD

## STRIVING FOR EXCELLENCE

### Trust

At home, we all have families that we count on: spouse, children, parents and siblings. At work, we spend a great deal of time together and develop a family that we need to rely on as well. In any family, there are various behaviors that are essential, such as existing beside each other, getting along, forming bonds, communicating and developing trust. I'd like to work on putting some trust back in the workplace.

Per Webster's Dictionary, trust is an "assured reliance on the character, ability, strength or truth of someone or something; one in which confidence is placed." Although trust is a small word, only five letters long, it plays a key role in a work environment. Trust is based on honesty, truthfulness, using good judgment and a connection between people.

How is trust built? There are plenty of articles and books on the subject. Pat Mayfield, president of Mayfield Consulting, LLC., lists the following qualities that are important in building trust:

- **Honesty** – the cornerstone to building trust. It is essential to be communicated in a respectful manner.
- **Good judgment** – protect each other's personal information as if it were your own. Think twice before sharing information. Don't use the "just between us", eyes shifting around conversation piece.
- **Be consistent** – show up every day for work and be on time. If you promise something then make it

happen! Follow through on issues or questions in a timely and thorough manner.

- **Nonverbals** – body language has a big impact in conversations. We've all been told talking with arms crossed in front of you implies you don't want to listen to the other person or have already formed an opinion and you're not receptive to what is being said. Be open and look others in the eye when talking with them. Looking away or down at the floor gives the impression you have something to hide.
- **Criticism** – should always be constructive and not bring someone down. Willingly accept it and think about applying it. Focus on the issue rather than the person delivering the message.

Trust in the workplace is necessary among peers, leaders, and especially between staff and leadership. What happens when there is a lack of trust in the workplace? It can result in a breakdown in communication, morale and quality work. Building and maintaining trust is the foundation for achieving teamwork.

As stated above, a lack of trust in leadership can result in low quality work. The worst factor in the absence of trust is fear. Fear can affect what employees need to say or what they want to say. Some employees may choose to not speak up or bring issues to light if they don't find their leader trustworthy. If this happens, energy is rerouted from productive to non-productive work.

In order to avoid this we have to build good relationships and establish trust with each other. Several approaches are to encourage employees to speak up if they realize something is wrong or can be better. Value criticism; use it to improve processes. Be more specific in expectations and requests. Question worst-case thinking and ask for input.



One last very important item – set the example! Your family is worth it!

- Jane Vitali  
Assistant Director of Imaging Services  
The Emory Clinic

### HR Tip

#### "Visiting" Job Titles

Effective immediately, "visiting" job titles will be assigned to senior faculty who arrive before completion of their intended senior appointment review process. The Provost's office has requested the replacement of the transient title "Acting" Professor/Associate Professor with the transient title of "Visiting" Professor/Associate Professor. Upon successful completion of the final approval process, the "visiting" title will be converted to the intended senior faculty title of Associate Professor or Professor and a data change will be submitted to update Department, School, and Human Resource records.

### Radiologic Technologist Week

Celebrate National Radiologic Technology Week® on November 8-14, 2009. The American Society of Radiologic Technologists ([www.asrt.org](http://www.asrt.org)) reminds us that "National Radiologic Technology Week® is celebrated annually to recognize the vital work of radiologic technologists across the nation. The celebration takes place each November to commemorate the anniversary of the x-ray's discovery by Wilhelm Conrad Roentgen on Nov. 8, 1895.

The week-long celebration calls attention to the valuable work of RTs in the health care field and the highly technical images that they make. The images play an integral role in the medical process and in the lives of millions of patients." Habib Tannir, Department Administrator, shares the sentiment by expressing "I would like to take this opportunity to recognize our radiologic technologists for all their hard work, commitment to quality and dedication to care for our patients. Thank you for all that you do. Join me in thanking your RT today!"

# GETTING TO KNOW YOU

## Radiologic Technologists

Radiologic Technologists play a vital role in the Department of Radiology and in the field of medical imaging. Their ability and skill to capture adequate images for medical diagnostic purposes helps contribute to saving the lives of many patients each year. Annually in our department, the radiologic technologists take over 500,000 images using our advanced technological modalities. The various ways to gain education as a certified radiologic technologist, the challenging job components and the steady work-flow make this position an extremely specialized necessity in our department.

When someone chooses the path of a Radiologic Technologist (RT), they can obtain the proper education through receiving a certificate/diploma, or completing a variety of Associate or Bachelor Programs. With the continuous development of technology, an RT is required to earn at least 24 continuing education credits (CE) every two years to remain certified.

### General Diagnostic Technologists

General Diagnostic Technologists use radiographic equipment, such as an x-ray machine to capture images of patient anatomy as ordered by a referring physician. A large part of a radiologic technologist's responsibilities include ensuring the highest quality of care and safety for the patients. Positioning the patients appropriately and selecting adequate technical factors is vital in obtaining the maximum caliber of images for the radiologist to review. Being able to adapt and respond quickly to any situation in this fast-paced profession becomes imperative when dealing with patients' and radiologists' needs.



All radiologic technologists are educated in General Diagnostic and have the choice to gain further education in a focused area. This specialization in a particular modality makes each technologist's position slightly different from each other. At Emory, each modality has technologists with advanced level registries beyond diagnostic. The following are some of those specialty areas:

### Computed Tomography (CT) Technologists

CT Technologists use a rotating x-ray unit to obtain "slices" of anatomy at different levels within the body. A computer then stacks and assembles the individual slices, creating a diagnostic image. CT technologists must



also be able to insert an intravenous (IV) needle for the administration of the contrast agents frequently associated with the CT scan. The patient may have a reaction to the potent iodine component of the contrast so the CT technologists must be prepared to respond accordingly. With the associated risk of radiation exposure, CT technologists must adhere to strict safety guidelines when operating the equipment. The CT apparatus has the ability to scan patients approximately every 15 minutes and skilled CT technologists can have significant patient turn-around rates with effective administration of this modality.

### Interventional Radiology (IR) Technologists

IR technologists assist the Radiologists with invasive procedures, not limited to abscess and fluid drainage, biopsy procedures, treatment of blood vessel impediments, placement of lines or tubes and even uterine fibroid removal. These technologists use imaging technology such as CT, fluoroscopy, MRI, ultrasound or X-Ray to support a radiologist in guiding various patient procedures. The pre- and post-procedural processes include extensive documentation of materials and detailed instructions on the patient procedure that must be thoroughly completed and can be very timely. This team of technologists also works closely with a nursing staff since most procedures require patient sedation.



### Mammography Technologists

The Mammography Quality Standards Act (MQSA), which was implemented in the 1990's, requires that mammography technologists abide by rigorous rules and regulations to ensure the highest level of customer care. In this position, invasive procedures, such as stereotactic biopsies, are conducted while working along side of the radiologists.



Mammography technologists are constantly on their feet throughout the entire day escorting patients, performing exams and procedures, and filing paperwork. At the Winship Cancer Institute, the mammography technologists are responsible for keeping track of the patient's films versus the digital format of imaging that was implemented earlier this year at 1525.

### Magnetic Resonance Imaging (MRI) Technologists



MRI technologists have a similar work flow to that of CT technologists, but MRI procedures can take anywhere from 30 minutes to over an hour, so skill set can vary between the two positions. Even the educational tracks differ depending on the minor in which the radiologic technologist chooses to specialize. To ensure that no metal is within the vicinity of the MRI machine, the patient screening process performed by the MRI technologist needs to be very thorough. Any metal, including pacemakers, jewelry, or clothing items, can interfere with the magnetic field and result in image distortion and risk the safety of the patient. MRI technologists regularly work with patients with claustrophobia intensely heightened by the long, narrow tunnel nature of the modality.

Radiologic technologists are a critical component in the functionality of our thriving department. Their unique skill set of capturing images for medical diagnostic purposes makes this "hands-on" position unique to radiology. It also allows our patients to interact with our staff on a different level from that of other positions in the department.

Nuclear medicine technologists have distinctive education requirements that differentiate their position from other radiology technologists. Look forward to a "Getting to Know Nuclear Medicine Technologists" article in a 2010 Rad Report.

*A special thanks to all those Radiology Technologists and Supervisors who took time out of their busy schedules to contribute details about their position for this article.*

-Alaina Shapiro, Communications Coordinator

# NEW FACULTY & LEADERS



**Michael Osipow, MD**  
Abdominal Imaging - EUH

After gaining experience at Reddy Solutions, Inc., a teleradiology company based in Atlanta, Dr. Osipow joined the Department of Radiology at Emory University Hospital. His practice as an onsite radiologist and later a fulltime teleradiologist will contribute great insight to the Abdominal Imaging Division. His graduate research included information on the "Comparison of CO2 versus iodinated contrast for evaluation of the IVC anatomy prior to IVC filter placement."

Dr. Osipow received his MD from the University of Texas Medical School at Houston and continued his education with an Internship, Residency and Abdominal Fellowship at Emory University Hospital.



**Mark Ferrara, MD**  
Breast Imaging - EUH

After completing his Residency at Indiana University School of Medicine, Dr. Ferrara was employed as a diagnostic radiologist at Hendricks County Radiology, Inc. in Indiana. In 2009, he decided to continue his education with a fellowship from Emory University School of Medicine in Breast Imaging. Dr. Ferrara's latest research details "X-Ray Shunt Series in Suspected Ventricular Shunt Malfunction

-What Does it Really Add in the Face of a Normal Head CT?" that was converted into a poster session for presentation for the 2007 Campbell-Klatte Lectures at Indiana University School of Medicine. He has also been published for his work entitled "Bisphosphonate Associated Osteonecrosis of the Jaw," in *Applied Radiology*. Outside of work, Dr. Ferrara enjoys cycling, golf, playing the guitar, and participating and attending various sporting events.



**Vicki White, MSN, RN**  
Director, Nursing Specialty – EUH

Vicki White has over 20 years of experience as a registered nurse and has been the Director for PACU, TCU and Endoscopy Services at EUH since 2006. For the last 12 months, Vicki has also served as a liaison between Radiology and Nursing, facilitating Radiology compliance with JCAHO and Magnet standards. Prior to coming to Emory, Vicki served as the Chief Nursing Officer at North Georgia Medical Center. In 2008, Vicki graduated as a Fellow from the Woodruff Leadership Academy at Emory.

In her capacity as the Nursing Specialty Director, Vicki will work directly with Radiology leadership, physicians, nurses and Susan Grant (CNO of Emory Healthcare) to enhance Radiology nursing care and service throughout the Emory Healthcare System.



**Kristan Harrington, B.S. RT (R)(MR)**  
Instructor - Medical Imaging Program

Kristan Harrington has extensive radiology experience in staff and management positions that make her well-qualified as a Health Educator for Emory's Medical Imaging Program. She has been a certified adult educator in the MRI field for 10 years prior to coming to Emory to share her expertise with our students. In 1995, Kristan was a member of the Radiology Department as an MRI Technologist for

several years before transitioning to Philips Healthcare. She began her career at Philips Healthcare in radiologic education as a Senior MRI Clinical Education Specialist. Kristan was later promoted to Clinical Education Training Specialist/MRI Clinical Instructor at Philips Healthcare and then advanced as a National Manager for Clinical Education Modality Programs.

## GET INVOLVED

### Radiology Holiday Receptions



The holidays are a rare time when so many from our large radiology family are able to get together and enjoy one another's company in a festive setting. This year the department will be hosting a holiday reception for faculty and staff to enjoy light refreshments. There will be two receptions, one at Emory University Hospital and the other at Emory University Hospital Midtown.

**Thursday, December 17, 2009**  
Emory University Hospital Midtown  
Woodruff C

*(This is the main conference room)*  
1:00 to 4:00 PM

**Friday, December 18, 2009**  
Emory University Hospital  
Winship Ballroom in the DUC  
1:00 to 4:00 PM

### Heart Walk Funds Raised



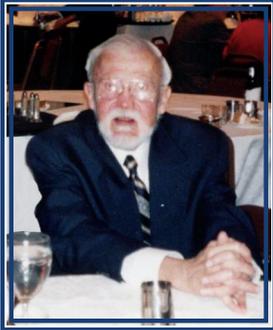
Members of the EUHM Heart Walk team prepared hamburger and hot dog lunches. (Left to Right: Lisa Smalling, Randy Barber, Delores Littles, Sandra Griffin and Olivia Glass.

On October 20, the Radiology Heart Walk Team at EUHM raised over \$400 during their cookout fundraiser. With a total of 16 on the team, they all worked together to make this event a success. The heart walk will take place on November 7.

## GET INVOLVED

### Clements Lecture

Dr. James (Luke) Clements was an outstanding teacher, researcher and role model for many radiology and non-radiology residents. This lectureship is dedicated to Dr. Clements in recognition of his many years of service to the Department and his dedication to teaching.



Dr. Clements began his Emory career as an undergraduate in 1941 and continued to receive his MD in 1947. After an Internship in South Carolina, he returned to Emory to complete his Residency.

Each academic year, a Radiology Grand Rounds is designated as the Clements Lecture in honor of Dr. Clements. This year Richard Cohan, MD, of the University of Michigan, will be featured as the presenter for this event. He will share his findings on

*Treating Adverse Reactions to Iodinated Contrast Material and Premedication: After All These Years, the Confusion Continues.*

Dr. Cohan's primary subspecialty interests include radiographic contrast media and CT urography. He is dedicated to educating future radiologists and has provided numerous lectures for the abdominal imaging fellows, radiology residents and medical imaging students throughout his career.



He is an active member of numerous professional organizations including the Association of Program Directors in Radiology, Michigan Radiological Society, European Society of Uroradiology, European Society of Radiology, Society of Uroradiology (Fellow) and Association of University Radiologists to name a few. Dr. Cohan has held frequent committee roles and served as the Society of Uroradiology President in 2006-2007.

After receiving his MD at New York University, Dr. Cohan then trained in Radiology at NYU before completing a fellowship in Abdominal Imaging and Interventional Radiology at Duke.

### Strong Legs Volunteers

Join the Medical Imaging Program's Lambda Nu Members in the Strong Legs Run event. You can get involved by joining the team, making a donation or volunteering on the day of the event. Multiple options are available for all levels of runners (or walkers), including an early start for the 10K and 5K beginning at 9:15 am and a Family Fun 2K Run at 10:15 am. This is a charitable campaign to support children with physical and/or developmental disabilities. It is scheduled for Saturday, November 14, 2009. The race starts at Turner Field. More details can be found at this website <http://www.choa.org/default.aspx?id=2061>. The registration fee is \$20 per person and must be submitted online by Wednesday, November, 11, 2009.



## Radiology Calendar

### Week of November 9, 2009

Wed., Nov. 11 –

Grand Rounds - **Clements Lecture**

Richard Cohan, MD

*Treating Adverse Reactions to Iodinated Contrast Material and Premedication: After All These Years, the Confusion Continues*

Thurs., Nov. 12 –

Research In Progress Series (RIPS) -

Zhongxing Liang, MD, PhD

*L-type amino acid transporter 1, a potential biomarker for therapy and diagnosis of breast cancer*

### Week of November 16, 2009

Wed., Nov. 18 –

Grand Rounds -

Stefan Tigges, MD

*Lung Cancer Screening*

Thurs., Nov. 19 –

RIPS -

Baowei Fei, PhD and Xiaofeng Yang, MS

*MRI-based Attenuation Correction for Combined PET/MRI*

### Week of November 23, 2009

Wed., Nov. 25 –

No Grand Rounds - Thanksgiving Holiday

Thurs., Nov. 26 –

No RIPS - Thanksgiving Holiday

### Week of November 30, 2009

Wed., Dec. 2 –

No Grand Rounds -

Week of RSNA

Thurs., Dec. 3 –

No RIPS -

Week of RSNA

**For times & locations visit the website:  
[www.radiology.emory.edu](http://www.radiology.emory.edu)**

## NEW FACES & APPOINTMENTS



### Rogers Bailey, RT (R)

Interventional Radiology Technologist - EUH

In May, Rogers graduated with honors from the Emory Medical Imaging Program where he received his Bachelors in Medical Science. He is a member of the Atlanta Society of Radiologic Technologists, the GA Society of Radiologic Technologists, ASRT and Lambda Nu National Honor Society. In the near future, Rogers plans to take his CT certification exam.



### Katy Day, RT (R)

Radiologic Technologist II – EUH

Katy joins the Emory Department of Radiology after gaining previous experience at Wellstar Paulding Hospital and Children's Healthcare of Atlanta at Egleston. Her primary focus will be in Diagnostic Radiology. She received her Associate of Applied Science in Radiography from North Metro Technical College and is a member of ARRT.



### Rashad Grant, RT (R)

Radiologic Technologist – EUH

Rashad recently received his Bachelor of Science in Radiologic Sciences from Armstrong Atlantic State University in Savannah, GA. He is an active member of the American Society of Radiologic Technologists (ASRT). Rashad will focus in Radiography as he gains professional experience in the field of Radiology.



### Laura Hunlock, RT (R)(CT)

CT Technologist - EUH

Familiar with Emory and the Department of Radiology, Laura received her degree from the Emory University BMSc in Medical Imaging Program. She graduated at the top of her class as Valedictorian in May 2009. Laura is an active member of Lambda Nu National Honor Society, ASRT and ARRT.



### Wendy Nyberg

Administrative Assistant - EUH

Wendy was with Emory Temporary Services since April of 2008 before joining the Emory Radiology Department as Administrative Assistant for Vice Chair of Quality and Safety, Dr. Kimberly Applegate, in addition to Dale Walker and Starla Longfellow. She is a full time student at University of Phoenix pursuing her Associate in Arts in Elementary Education.



### Heather Smith, RT (R)(CT)

CT Technologist - EUH

Heather attended Emory University for their Medical Imaging Program and graduated in May 2009 with a Bachelor in Medical Science and a concentration in CT. Recently, Heather passed the CT registry and is now a certified Radiologic Technologist with specialization in CT. She is an active member of ASRT and Lambda Nu Honor Society.



# Have a Happy Thanksgiving!

**Look** for a new issue of  
the Rad Report  
the first full week of December.