

EMORY RadReport

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

December, 2009

Emory Radiology Reaches the Top 20!

We have recently learned that Emory Radiology has moved to the 20th position in NIH ranking and the SOM as a whole has reached the 15th position. The graph indicates our impressive growth, even though these have been times of tightened spending.

Congratulations to our entire hard-working faculty. It is a fact of modern medically oriented academic centers that the full research effort cannot be completely funded by research grants and contracts. We could not perform quality studies and attract top talent from around the country without a very strong clinical program. In addition to providing financial support, the clinical effort gives purpose to the research effort by identifying critical questions and keeping us centered on improving health care. All of the faculty and staff should share in the pride of achieving the top 20 in NIH funding.

Our five-year strategic plan to reach the top 20 in NIH funding was put in place in 2007. The plan recommended attracting new researchers and concentrating on larger grants. We have been very successful in both areas. Our junior faculty are very energetic. I have seen projects full of exciting new ideas from investigators with the enthusiasm to see that they come to fruition. Our senior faculty have been successful in obtaining large program grants. We are one of only eight facilities in the country to obtain an In-vivo Cellular and Molecular Imaging Center (ICMIC) award. This is a prestigious five-year award that provides support of basic and transitional science and for our core services that benefit all researchers. The effort of the strategic planning process is bearing fruit, yet our orchard is

very young. We reached our five-year goal in only three years and are well positioned to continue our ascent up the charts.

At his State-of-the-School of Medicine Report, Dean Lawley was very proud of the SOM growth in research – both NIH funded and that funded by foundations and industry. Approximately 25% of the extramural funds for radiology research are from contracts. This source of revenue and the projects that it supports are vital to our growth. The projects are generally tools that are used by clinicians and researchers to either directly impact diagnosis or to permit new measurements to be made that further elucidate human physiology. These advances are facilitated by multi-disciplinary collaboration. Radiology research benefits

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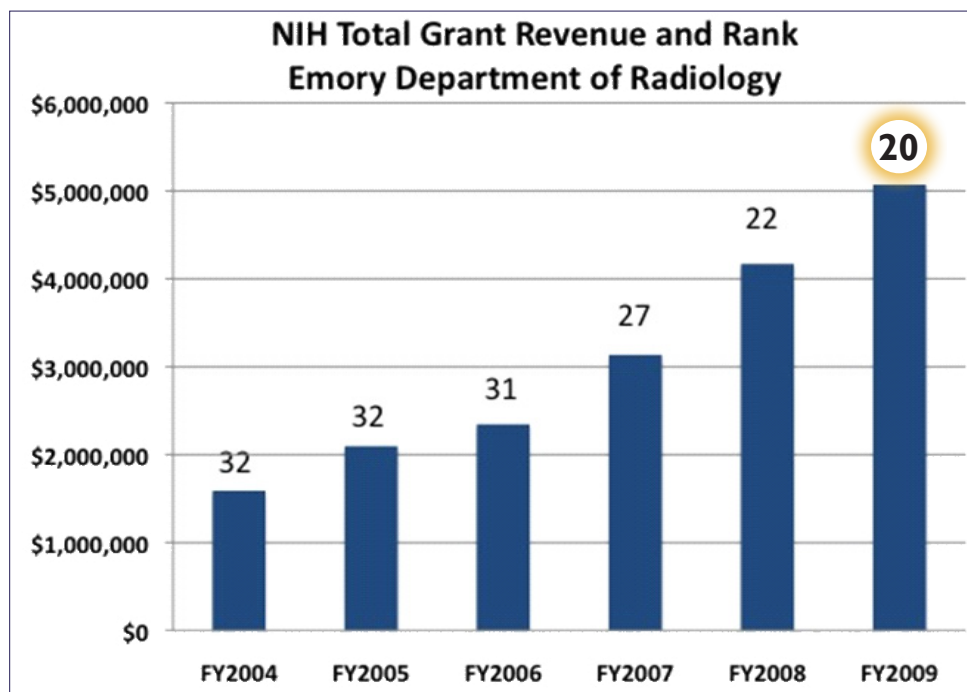
from being in an academic environment where research of all types is encouraged and highly valued.

One of the greatest pleasures of being Vice Chair for Research is the opportunity to talk to interested researchers about their studies. If you have an idea for a research project, or wish you knew the answer to a question of medical significance, please don't hesitate to contact me. The goal of the Office of Radiology Research is to help you answer questions and thereby continue our march into the top 10 in NIH ranking. My staff and I will help you flesh out your idea, develop experiments, prepare funding applications, critically review them, and assist in making sure the studies are performed efficiently and well. I very much look forward to

working with you in the years to come.

Congratulations to all!

- John Votaw, PhD,
Vice Chair for Research



Letter from the Chair

Dear Colleagues,

At his recent Emory Future Makers Lecture and at last month's American Association of Medical Colleges (AAMC) meeting in Boston, AAMC President, Dr. Darryl Kirch, challenged us all to contribute to the redesign of U.S. health care. The overall system's fragmentation of access, quality lapses, and lack of integration, coupled with the moral and economic burden of 46 million uninsured Americans, has led us to an awakening similar in impact to that of Flexner's famed report nearly 100 years ago. Dr. Kirch further pointed out that there is no one better prepared than those in academic health centers to shape highly integrated, high-performance, high-value health delivery paradigms. This "Innovation Imperative" is critical to our future

and is ours to take forward. The current health care legislation contains a bill championed by Rep. Allyson Schwartz (D-Pa.), who worked with the AAMC to call for Healthcare Innovation Zones (HIZs). Should this bill survive in final approved legislation, it would empower academic medical centers by funding large-scale demonstration projects of transformative health care delivery, education, and research involving specific populations.

During this time of scrutiny of health care spending, overutilization of imaging and a growing public anti-technology sentiment have fueled disproportionate cuts to imaging reimbursement. Although our image is slowly changing, to

many radiologists and radiology personnel sometimes remain in the shadows in the patient care model. We must be the ones to clearly demonstrate the value of imaging, advance comparative effectiveness studies that drive evidence-based approaches to clinical services, and connect with the patients who benefit most from the diagnostic and therapeutic advantages of imaging. Don't be invisible. Patients and their families depend on you.

Our department's growth in stature has been fueled by its people and by a strategic plan that emphasizes investments in faculty, research, quality and communication. As appropriately noted with fanfare on the front page of Rad Report, our programmatic research gains

have reached a key success milestone: Top-20 in NIH funding (up 11 spots in 3 years!). This is a reflection of both the success of our top-notch investigators and the entire department's support for discovery. Shortly, you will hear more details about a refined quality and safety plan for the department. Although we have made several critical first steps toward our quality goal, under Dr. Applegate's leadership we are creating a clear roadmap for radiology quality + safety milestones that will guide our path forward.

Congratulations to Drs. Bell, Riker, and Patel, our new Chief Residents!

Best wishes,

Carolyn C. Meltzer, MD, FACR
Chair of Radiology



AWARDS & RECOGNITION

Uterine Fibroid Embolization

Some doctors perform it. Emory doctors show them how.

404-778-7777

EMORY HEALTHCARE
Advancing the Possibilities™

Amy Comeau
Sr. Marketing Manager

Best Use of Cross Media Approaches

On November 2, Greystone and Stayell Custom Communications presented the Silver Award to Emory Healthcare Marketing for the "Best Use of Cross Media Approaches" for our Uterine Fibroid Embolization (UFE) campaign. The marketing efforts were led by our Sr. Marketing Manager, Amy Comeau. Utilizing a variety of media including radio, direct mail, social media, banner ads and online registration, she promoted the educational seminars and services radiology offers for UFE. The campaign exceeded expectations with 178% increase in seminar attendance over the previous year.



Uterine Fibroid Embolization ...

Some doctors perform it. Emory doctors show them how.

EMORY HEALTHCARE
RADIOLOGY

The development of the many media outlets was a group effort by marketing and many radiology professionals within our department. A special thanks to Drs. Kevin Kim and Gail Peters who lead the educational seminars and actively contributed to the campaign efforts. Please congratulate Amy in this successful marketing initiative.



Stephen Simoneaux, MD
Director of Pediatric Imaging

Image Asset Coordinator for the Pediatric Section of the ABR

The American Board of Radiology (ABR) has selected Dr. Simoneaux to manage the ABR pediatric images. In this position, he will evaluate the quality and applicability of the images that are submitted to and used by the ABR during boards examinations. Dr. Simoneaux will also continue to serve on the Certificate of Added Qualifications (CAQ) Committee and the Written Exam Committee.

American Registry of Radiologic Technologist (ARRT) Certifications

The ARRT Examination in Magnetic Resonance Imaging assesses the knowledge and cognitive skills underlying the intelligent performance of the tasks typically required of staff technologists practicing in this specialized area.



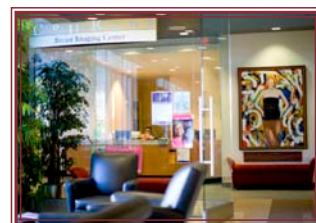
Henry Smith, RT (MR)
Radiologic Technologist - EUH

Russ McCurdy, RT (MR)
Radiologic Technologist - WCI



ACR Accreditation for all Mammography Sites

Every three years the American College of Radiology (ACR) re-evaluates the breast imaging facilities to verify their commitment to quality patient care, and assures that the staff and equipment are delivering the highest quality of care. Evaluations are conducted by board-certified physicians and medical physicists who are experts in the field. Congratulations!



RISING RESIDENTS

Newly Appointed Chief Residents

Each year, new Chief Residents for our Diagnostic Radiology Residency are selected by a vote of the faculty and residents. Although there are no specific criteria, prior participation in residency program activities and leadership qualities are typical attributes. Once selected as Chief Residents, they take on numerous duties that include coordinating various resident activities. Other responsibilities are the call schedule and the rotation schedule, plus serving as a liaison between the faculty and residents on a variety of issues. Success as a Chief Resident requires the ability to balance being a peer to and a supervisor for the residents. In addition, these Chief Residents are members of the Residency and the Resident Selection Committees.

Over the last year, Chief Residents Mike Naumann, MD, William Slater, MD and David Wicker, MD have contributed a great deal to the success of our program. They have helped innumerable residents and faculty, including myself, in countless ways. As they move toward the end of their residency here at Emory, three new chief residents have been selected to lead our program: Megan Bell, MD, Nimesh Patel, MD and Eva Riker, MD. On behalf of Deborah Baumgarten, MD, MPH, Bruce Baumgartner, MD and Ashley Aiken, MD, I want to say thank you and congratulations to all of them.

- Mark Mullins, MD, PhD
Vice Chair of Education
Director of Radiology
Residency Program



Megan Bell, MD

Chief Resident

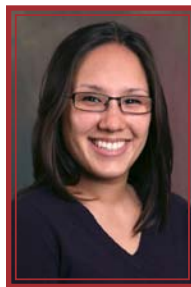
Dr. Bell received her MD from Emory University School of Medicine before completing a transitional internship at St. Vincent's Hospital Manhattan in New York. She is currently the Emory GMEC representative for radiology and has been actively involved with the Emory School of Medicine Radiology Interest Group offering guidance to medical students considering careers in radiology. In the future, Dr. Bell is interested in pursuing a Body Imaging or Body MR Fellowship. She is an active member of several professional organizations including RSNA, ACR and ARRS.



Nimesh Patel, MD

Chief Resident

After receiving his MD from Rush Medical College, Dr. Patel came to Emory for his transitional year internship and residency. During residency, Dr. Patel has taken an interest in radiology education. He has helped organize lectures to prepare first year residents to take call. Dr. Patel will have a featured exhibit entitled "Assessment of Radiology Residents Prior to Starting Independent Call" at the 2010 annual ARRS meeting. He also has an exhibit at the annual 2009 RSNA meeting. Dr. Patel plans to continue his career with a fellowship in Body Imaging.



Eva Riker, MD

Chief Resident

During her first year of radiology residency, Dr. Riker began organizing and providing lectures for the Internal Medicine Residency Program. The lectures, now an annual occurrence, have covered topics such as reading a chest x-ray to interpreting line placements. Since then the lecture series expanded to Family Practice and General Surgery departments. Dr. Riker hopes to continue recruiting radiology residents and further develop these inter-departmental "resident-to-resident" lectures. Dr. Riker will pursue a fellowship in Women's Imaging at Mayo Scottsdale Arizona.

CHECK IT OUT

Johnson TV, Osunkoya AO, Delam K, **Baumgarten DA**, Master VA. [Novel Case of Metastatic Testicular Immature Teratoma Invading the Duodenum](#). Open Surg Oncol Journal, 2009, 1, 16-18.

Paulson EK, **Coursey CC**. [CT Protocols for Acute Appendicitis: Time for Change](#). AJR 2009; 193:1268-1271.

Udayasankar UK, Li J, **Baumgarten DA**, **Small WC**, Kalra MK. [Response to Letter to the Editor: Acute abdominal pain: value of non-contrast enhanced ultra-low-dose multi-detector row CT as a substitute for abdominal radiographs](#) (N. Buls, K. Nieboer, J. de Mey). Emerg Radiol. 2009 Nov 3. 10.1007/s10140-009-0845-3.

IN THE KNOW

Quality Corner

First there was “Wax On, Wax Off” from “The Karate Kid”. Now Emory has “Foam In/ Foam Out”. What is the connection? What does this have to do with quality or safety? The teacher, or sensei, from “The Karate Kid” was instilling an action into the kid that he could repeat automatically, without having to think about it. The action of wax on, wax off would become a reflex instead of an action that required concentration AND decision making.

The same is true for the Emory campaign of “Foam In/ Foam Out”. We want the action of cleaning our hands between patients to be an automatic reflex for every Emory Healthcare employee and physician. The following is from the Emory Healthcare “Foam In / Foam Out” campaign web page.

To help us all remember to practice good hand hygiene, Emory Healthcare has launched a Foam in/ Foam out campaign that will establish, as our standard, performing hand hygiene on room entry and room exit.

Integral to this campaign is the establishment of a culture where we all feel safe and compelled to remind each other to clean our hands.

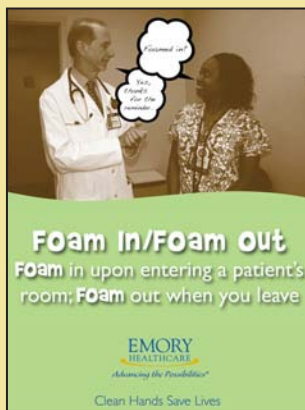
Why a hand washing campaign? It was noted in 1847 (162 years ago!!) the connection between infection control in a hospital and hand washing. Yet to this day, we have many healthcare workers who do not wash their hands between patient visits or other interactions with a patient.

If you consistently have direct patient contact, we need you to be the models for everyone else. We need you to step up and be a leader in this campaign, no matter what your job title or duties. If you do not have direct patient-visitor contact, we need your participation too. You may be surprised at the times you do have direct or indirect patient-visitor contact from something as simple as helping a person fill out a form to assisting an outpatient into a

wheelchair. Together we can stop the spread of infection in its tracks. “FOAM IN / FOAM OUT.”

You can print posters to display in your area from the Emory Healthcare “Foam In / Foam Out” campaign web page: <http://www.ouehc.org/projects/foamin-foamout/index.html>.

- Dale Walker
Director of Strategic Initiatives



HR Tip

Contacting HR

Each individual in our thriving department has specific needs that may be met by a team of various human resource experts. Please see the list below to determine the appropriate contact person to assist you:

EMORY UNIVERSITY FACULTY AND STAFF:

- Cynthia Wood,
Human Resources Manager
404-778-3792 or cjwood@emory.edu
- Season Lewis,
Human Resources Associate
404-778-5468 or salewis@emory.edu

EMORY HEALTHCARE EMPLOYEES:

- Ann Lear, Compensation and Recognition Program, Director
404-686-2836 or
ann.lear@emoryhealthcare.org
- Anne Nelson, Organizational Development and Learning Services, Director
404-712-0180 or
anne.nelson@emoryhealthcare.org
- Darlene Wade, Benefits and HRIS, Director
404-686-5628 or
darlene.wade@emoryhealthcare.org
- Sharon Mitchell, Employee Relations, Human Resources Manager
404-686-2612 or
sharon.mitchell@emoryhealthcare.org
- Adair Maller, Recruitment and Retention, Director
404-712-4871 or
adair.maller@emoryhealthcare.org

Quality Scoreboard

The Press Ganey reports published on the Emory Intranet homepage (www.ouehc.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:

October Winners:

- Vascular Lab and X-Ray
- Emory University Hospital Midtown
- CT
- Emory University Hospital
- PET
- The Emory Clinic

ADVANCING INNOVATIONS

PACS Migration: Housekeeping for the Future

On October 26th, the migration of our images began to transfer from the current Siemens PACS to our future GE PACS. The successful launch was the result of extensive analysis, design, development and testing of the PACS migration engine.

A key component to the migration is the data migration application. The migration engine has been written to analyze and cleanse the data before moving the images to the GE PACS. Prior to the code development, migration objectives were established. Concerted collaboration between technical and clinical resources throughout the process has ensured that the overriding data migration objectives are fulfilled. The data migration objectives are:

- To provide optimal patient care by ensuring that relevant historical exams are available

to Radiologists and other care providers

- Minimize patient record fragmentation, i.e., multiple entries for the same patient
- Update patient demographics to match those in the Electronic Medical Record (EeMR)

Following the development of these objectives, a thorough data analysis process was performed. The data analysis uncovered several findings which are crucial to the efficacy of the subsequent product life cycle. Some key findings are:

- Approximately 42% of exams analyzed were duplicated due to workflow and architecture issues.
- Studies stored on Siemens PACS (prior to January 2006) VExams archived on Siemens

PACS SIENET Version 33, prior to January 1st 2006, are not DICOM compliant. Therefore, a different migration strategy will be developed to migrate these exams after go-live.

The Radiology Provider Committee was instrumental in providing input and feedback during the design phase. On October 20th, the PACS Radiology Provider Committee reviewed the final design of the data migration engine and approved its move to production once validation is completed. The clinical validation sessions were held between October 14th and 23rd. Approximately 12 technologists and four radiologists participated in the validation process. Based on current data migration engine performance, we project to migrate 14 months of prior exams by go-live.

- Mo Salama
Asst. Director of Imaging Informatics

Updates from Imaging Application Services (IAS)

GE PACS Implementation

The key to any significant achievement is teamwork. This is certainly proving to be the case with the ongoing GE PACS implementation. The team wishes to thank: Edwin Herrod, Allison Jordan, Myra Wright, Susan Reeder, Brenda Hall, Selena Banks, Marilyn Dickerson, Bobbie Burrow and Steve St. Louis for taking the time to assist us in reviewing migrated studies. The input they provided was very valuable and will serve as an integral part of the process that will ensure data integrity, as well as image quality on the new PACS system.

Currently, walkthroughs and assessments of the various facilities and divisions are being conducted in an effort to gather input and information that will be utilized to ensure a smooth transition to new workflow processes that GE PACS will entail.

In addition, a new training room is under construction that is scheduled for completion by the end of the year. This will serve, in the future, as a training area for radiology applications, as well as serve as GE's onsite location for vendor provided training courses such as GE PACS Master Training.

- Stacey Gordon
Radiology Applications Trainer

Current PACS Updates

The Midtown reading room move is progressing with the neuro and chest areas complete. The next phase is to move the mammography and John's Creek workstations. At EUH, in an effort to reduce the volume of queries to the PACS server during daytime, we have installed a server system that will act as a buffer between the E-film workstations in the body and neuro reading rooms, and the PACS servers. Prior studies will be pushed during off peak hours to the buffer server which will in turn deliver the images to the E-films.

The time-out on the Radiologist Desktop (RDT) workstations has been increased from twenty minutes to one hour. That should reduce the number of times radiologists need to log back into the workstation and Powerscribe. Please contact Karen Boles with any questions on this items.

- Karen Boles (PIC 14990)
Manager, Clinical Applications

STRIVING FOR EXCELLENCE

Buying Back Time - Tips on Managing Multiple Projects, Objectives and Deadlines

Let's face it...there is ALWAYS something that comes up. If you are like me, your day is typically run by your calendar. Unfortunately, there are constant demands that require personal attention. I cannot always plan for those unexpected meetings or "hot issues" that require me to adjust my perfectly designed calendar of events. Since we work in a very fast paced and high volume department, we must anticipate unexpected issues. The key is to take time out to quickly determine those issues that can be delegated and get back on track so that you can maintain your workflow. Several times I've found myself reviewing my day only to notice that it was full of activity, but very little from my list was completed.

Managing multiple projects can be a very difficult task. It requires ALL of your concentration, skills, talents and dedication in order to be successful. One of the first things you must do is gain control of your workday. The Skill Path Seminar, Managing Multiple Projects, Objectives and Deadlines provides the "10 Golden Rules" of Time Management that will help you best manage your time.

1. Review how you are currently spending your time. In order to manage your time, you must first analyze how you are currently spending it so that you can make adjustments.
2. Identify your "prime time". Identify what time of the day works best for you and use that time to carry out your most important and difficult tasks.
3. Plan the night before. This allows you to clearly know what to do in the morning and you won't have to waste valuable time figuring it out.
4. Constantly refocus your attention. Frequently ask yourself "Why am I doing this particular task at this moment?" It's easy to get sidetracked on less important issues. Asking this question can help you get refocused on things more important.
5. Handle pieces of paper once. I found it best to review the paper and file it away (whether it's to the file cabinet or trash can).
6. Plan then work the plan. Don't spend time planning if you have

- no intentions of following through on them.
7. Delegate, Delegate, Delegate. If you feel the people around you are not equipped to handle certain task and you are the ONLY person that can, not delegating causes avoidable stress and the strengths of the people around you will never be recognized.
8. Delegate wisely. Never delegate a task to someone that you know does not have the skill, time, authority or resources to do it. To do this is poor planning and unfair to the employee. No one wins!
9. Get the most bang for your bucks. Identify the items that are going to give you the highest payoff and spend your energy and time on those first.
10. Be result driven. At the end of the day, it's not about how hard you've worked but about the things that were actually accomplished.

I want to challenge you to review these rules, implement them and watch your accomplishments grow!

- Marcus Foster, Sr. Manager, Revenue Cycle



GETTING TO KNOW YOU

Radiology Library Committee

The Radiology Department's mission statement incorporates a commitment to the training of the next generation of radiologists, emphasizing the highest level of educational opportunities for learning. This, in part, is possible with the dedication of the Radiology Library Committee to ensure the residents, fellows and faculty have access to the latest in radiology clinical teaching tools. The committee is able to critically analyze a variety of educational resources and vote to obtain the most recent and beneficial materials.

Many may not realize that the Radiology Library Committee not only analyzes textbooks but a myriad of other materials that may not be physically located in the Radiology Library but available from any remote location via computer. As technology advances, so do the methods of retrieving valuable information related to the field of radiology. Essentially, over the past few years, there has been a rapid transition from tangible resource materials, such as textbooks and journals, to more technological methods or tools such as web sites, DVDs or podcasts, which also make the learning process more

interactive. Recently the committee voted to invest in 10 additional licenses for www.statdx.com. With its high demand, more residents are now able to access this valuable website that provides references such as diagnostic support, expert differentials and imaging anatomy.

Committee meetings are held every six months with continuous communication of the committee when resource suggestions are made by the faculty, fellows or residents. Donations in the form of any educational material or monetary funds are always accepted and appreciated to further the growth of the library. Many Visiting Professors or Guest Lectures will graciously donate copies of their publications to our Radiology Library.

The Library Committee is composed of: Dr. Srinidhi Tridandapani as Director of



The Library Committee is led by (right to left) Dr. Srinidhi Tridandapani as Director of the Radiology Library Committee, Martha Howard is the Library Coordinator and Dr. Jay Patel, R3, is the resident representative.

the Radiology Library Committee; Martha Howard is the Library Coordinator and active member of the Committee; Jay Patel, R3, is the resident representative and Dr. Mark Mullins is a faculty member of the Committee. Resident members of the Library Committee include Nicholas Henson - R1, Bryan Yi - R1, Ajay Kamireddi - R2, Bhavika Patel - R2, Ali Tahvildari - R2, Tarek Hanna - R3, Marianne Mullin - R3 and Zahir Momin - R4.

With the efforts made by the Radiology Library Committee, our residents, fellows and faculty have access to the most highly effective and advanced educational resources to further develop and ease the learning process. If you would like to suggest learning material to be purchased for the Radiology Library, feel free to contact Dr. Tridandapani, Martha Howard or Dr. Jay Patel.

- Alaina Shapiro, Communications Coordinator

GET INVOLVED

4th Annual Sprawls Lecture

December 16, 2009
 EUH - 2nd Floor Auditorium
 7:30 a.m. (Breakfast at 7 a.m.)



Roderic I. Pettigrew, PhD, MD, Director of the National Institute of Biomedical Imaging and Bioengineering at the National Institute of Health (NIH) will be the Visiting Professor at the 4th Annual Sprawls Lecture. He is known for his pioneering work at Emory University involving four-dimensional imaging of the heart using magnetic resonance (MRI). On this occasion, Dr. Pettigrew will be speaking about "Transforming Healthcare: The Critical Role of Innovation in Imaging."

This Radiology Grand Rounds is in honor of Dr. Perry Sprawls who became Professor Emeritus of Radiology at Emory University School of Medicine in 2005 at the conclusion of a 45-year tenure on faculty that began in 1960 in the Department of Physics. The fruits of his work are now benefiting education around the world, especially in the fields of medical imaging, medical physics, and engineering.



Dr. Sprawls' greatest career contributions have been in medical imaging and medical physics education, not only at the university level in the U.S. but around the world. Dr. Sprawls is recognized as an international leader in the process of developing shared and open web-based resources to improve education in all countries. He is now working with institutions and organizations around the world in the process of re-engineering the educational process.

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

Radiology Calendar

Week of December 7, 2009

Wed., Dec. 9 –
 Grand Rounds -
 Don DiSalvo, MD
*Development and Usage of the OSCE
 for Radiology Residency Education*

Thurs., Dec. 10 –
 Research In Progress Series (RIPS) -
 No Conference

Week of December 14, 2009

Wed., Dec. 16 –
 Grand Rounds - **Sprawls Lecture**
 Roderic I. Pettigrew, PhD, MD
*Transforming Healthcare:
 The Critical Role of Innovation in Imaging*

Thurs., Dec. 17 –
 RIPS -
 Russell Folks, CNMT, RT(N)
*Automating Quality Control
 for Nuclear Renography*

Week of December 21, 2009

No Conferences –
 Holiday Break

Week of December 28, 2009

No Conferences –
 Holiday Break

Week of January 4, 2010

Wed., Jan. 6 –
 Grand Rounds -
 Mark D. Murphey, MD
*Imaging of Soft Tissue Tumors:
 A Systematic Approach*

Thurs., Jan. 7 –
 RIPS -
 Diego Martin MD, PhD
Liver Function Measured on MRI

For times & locations visit the website:
www.radiology.emory.edu

GET INVOLVED

Communication Fundamentals

The first year students in the Medical Imaging Program participated in the first Emory Inter-professional Communication Training class held on October 16 for students in the Schools of Medicine and Nursing. Approximately 450 students from medicine, nursing, physician assistant, physical therapy, and medical imaging participated in the event, along with 80 faculty facilitators that led group discussions.

The day started with the students and facilitators attending separate introductory lectures and then dividing into small interdisciplinary groups for discussion and role-play.

Dr. Doug Ander, who directs the Emory Center for Experiential Learning in the School of Medicine, and Bethany Robertson from the School of Nursing were instrumental in the endeavor. Kim Greenberg and Barbara Peck from the Medical Imaging Program were members of the planning team that helped organize the event. The hope is for these students to meet again throughout the next few years so they can learn to work well together as part of the health care team.

- Barbara Peck, MBA RT(R)(QM), *Clinical Coordinator/Assistant Program Director*



Left: The first Emory Inter-professional Communication Training class was attended by approximately 450 students.

Below: Ms. Kim Greenberg, Medical Imaging Program Health Educator, facilitates a discussion.



NEW FACES & APPOINTMENTS



Luke Wademan

PACS Administrator - EUH

Luke received his Bachelor of Science in Civil Engineering from the University of Central Florida. He has experience working for the Florida Cancer Specialist, Cleveland Clinic, and Adventist Health Systems as a Consultant with MaxIT. Luke is a Project Management Institute (PMI) member and a founding Board Member of the Cape Coral Rowing Club in FL.



Ban Dao, RT (R)

MRI Technologist - WCI

Ban graduated with honors in May 2009 from Emory's Medical Imaging Program where he received his Bachelor of Medical Science (BMS). He has experience working as an X-ray student tech at Resurgens Orthopaedics at St. Joseph's and as a student tech at Emory Hospital in the MRI division. Ban is a member of ASRT and the Lambda Nu National Honor Society.



Tamara Lewis BMSc, RT (R) (BD)

Radiology Technologist - EUH

Tami graduated with honors from Emory's Medical Imaging Program in May 2009 with an emphasis in MRI and Bone Density after serving as the Class President. She also has a BA in English and is a published author. Tami is an active volunteer with the National Kidney Foundation for 14 years, the Lambda Nu Honor Society and at the Veteran's Hospital with the VFW.

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



Warmest Wishes &
Happy Holidays!