

Radiology Residency Research Track

With only a select few institutions across the nation offering a research track within their radiology residency program, Emory's Department of Radiology continues to be at the forefront of innovations as we implement our radiology research track this July. Modeled after the American Board of Radiology's (ABR) Holman Research Pathway, our program will offer two incoming residents each year the opportunity to gain valuable experience in an Academic Radiology environment with exposure to both clinical and research operations.

Our research track has been specifically modified to accommodate each individual enrolled in this program to best fit their interests in research. In accordance with ABR guidelines, during the four years of the diagnostic radiology residency, the research resident(s) will be permitted up to 12 months of time dedicated to research. An additional year extension of the residency program may be considered, if intensive research projects receive extramural funding.

The clinical curriculum will be the same for all residents but those on the research track will receive additional training in core and specific research areas. The program will cover in-depth analysis of abstracts, papers, awards, ethical concerns, grant and manuscript preparation,

details on obtaining funding for research, research methodologies and statistics, to name a few learning objectives. The research residents will not miss out on any of the traditional training, including participating in call and attending department conferences.

During the initial phase of their Radiology research residency, Dr. John Votaw, Vice Chair for Research, will work closely with these residents to tailor an individualized program that best matches their long term interests. From that point, each resident will be assigned a research advisor to guide them through the remainder of their research residency program and are advised to build a network of several mentors who will contribute to their experience.

Just as our faculty members frequently integrate research into the clinical aspect of their positions here at Emory, the research track will permit residents to integrate research into their training and prepare them to pursue positions in academic radiology. The solid foundation of our Radiology Residency Program will facilitate exposure to the clinical areas of the field and the research track will provide the opportunity to build towards the resident's future career by participation in research activities during their residency. Our faculty members with research experience are encouraged to support this program by



The first year of the Radiology Research Track will combine the clinical experience with the research responsibilities of academic medicine.

volunteering their time and possibly mentoring one of these residents or exposing them to various research projects.

In the upcoming years of the research residency track, flexibility will be crucial as changes related to ABR requirements may impact the direction of this program. Modifications are likely to occur as the track evolves, feedback is collected and the interest continues to progress.

Dr. Carolyn Meltzer, Chair of Radiology, expressed her appreciation to the educational leadership that assisted with turning these ideas into a reality and looks forward to the support from the entire department for these new residents who are integrating both sides of their training in clinical and research areas. Dr. Mullins, Vice Chair for Education, and Dr. John Votaw, collectively communicated their enthusiasm for collaborating with the research residents to contribute to the outstanding

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educational experience for which we are known.

For more details on the Research Track for Emory's Diagnostic Radiology Residency Program, visit <http://www.radiology.emory.edu/educational-programs/residency/residency-research-track/index.html>

- Alaina Shapiro
Communications Coordinator

PACS Practice

The PACS implementation will be moving into phase II this month, which will incorporate the technologists at Emory Midtown. For those physicians interested in hands-on practice with the new system, the Musculoskeletal Division at Executive Park invites you to their reading room. Please contact Dr. Walt Carpenter with any questions you may have.

LETTER FROM THE CHAIR

Dear Colleagues,

This is proving to be a busy Spring, with the MR/PET Symposium; a Spring Leadership Forum on Quality in Radiology; launch of the GE PACS at Executive Park, EUOSH, and Wesley Woods; and many national Radiology conferences and courses highlighting Radiology's talent at every career stage.

Also, Dr. Francis Collins, the new NIH Director, visited the Emory campus on April 14 (his birthday) and received an update on the activities of the NIH-supported Atlanta Clinical and Translational

Science Institute (ACTSI), including our progress in imaging research and the development of CSI.

The MR/PET Symposium, supported by Radiology, the ACTSI, Yerkes, and the Emory Neuroscience Initiative, was a huge success and provocative indeed. Will our combined prototype scanner be the basis of a new form of multi-modality imaging that both breaks research barriers and finds a vital clinical niche for patient care? This time is strongly reminiscent of the excitement and curiosity I felt

working on the initial PET/CT prototype more than a decade ago. As our team gained initial clinical experience with the only device of its kind, the data suggested that the advantage of co-temporaneous, co-registered anatomical and functional images could make a substantial difference in diagnosis, staging or treatment in about a fifth of cases. As we gained further experience, I realized I could not predict ahead of time which patients could realize this benefit. I then knew PET/CT was bound to be a mainstay of clinical care.

I would like to take this opportunity to applaud the

leadership of our division directors for their collaborative efforts in moving to the next step in providing coordinated subspecialty care at EUHM. This will be the next site for PACS go-live and, shortly, will be home base for our new Emergency Radiology Division.

Best to all,

Carolyn C. Meltzer, MD, FACR
Chair of Radiology



EXPANDED SERVICES

New PET/CT at EUHM



Emory Radiology is pleased to announce the installation of GE Healthcare's Discovery PET/CT 600 at Emory University Hospital Midtown. Dedicated to oncologic imaging, this PET/CT is available for patients. All images are read by subspecialized physicians in Emory Radiology's Division of Nuclear Medicine and Molecular Imaging. The addition of this unit

will provide advanced imaging for diagnosis and treatment of cancer, and Alzheimer's disease and dementia. This PET/CT offers the highest image sensitivity available, enabling the use of potentially lower radiation doses, quicker patient exams and earlier disease detection.

Gone Digital - Breast Imaging



The conversion to fully digital imaging has been completed at the Breast Imaging Center (BIC) Clifton Campus and Emory Midtown. This filmless environment allows the images to be viewed from within the exam room permitting technologists to ensure that each image is within the ACR guidelines. This new process also saves the technologists a few steps, no longer having to process the film and deliver it to the reading room

prior to releasing the patient from the exam room. "Patients have already noticed the quicker process and we will be even faster as we become more familiar with the new process and positioning of the digital machines" said technologist, Stephanie Blake. Glenda Perry, RT (RM) commented on how smoothly the transition from film has gone. Many of the technologists have already experienced the digital environment at The Emory Clinic 1525, and all received additional training on the Hologic touch screens and positioning. Overall, the atmosphere is very positive as BIC becomes more comfortable with the new, faster, filmless workflow.

EUOSH

Emory University Orthopaedic and Spine Hospital (EUOSH) continues to lead the organization as a shining example of Patient and Family Centered Care. Efforts are constantly being made to respond to the needs of their patients. In Radiology, the most recent change is their expanded weekday daily hours from eight to ten hours for the outpatient scheduling. In addition to more convenient scheduling hours, the staff has expanded from one RT to 2.5 to better meet the needs of the patients. Felix Harden, RT, has transferred from Winship Cancer Institute (WCI) as MR Tech Level III and will take on the role of team lead. Shannon Duncan, RT, has shifted her focus from registry to MR Tech to complete the team.



MESSAGE FROM THE VICE CHAIR FOR RESEARCH

MR/PET Gains Momentum

CSI, ACTSI, Radiology, the Emory Neurosciences Initiative and Yerkes, hosted an international symposium on April 8 at WCI and the Center for Systems Imaging at Wesley Woods to kick start MR/PET imaging at Emory. There are three other academic centers in the world that have the same scanner as ours: University of Tubingen, Institute of Neuroscience and Medicine at Juelich, and Massachusetts General Hospital. The concept of the symposium was to have leaders from these three Universities, as well as industry visit Emory so that our investigators can gain from their experience and more effectively incorporate MR/PET into their research. The event attracted 150 participants from 14 institutions. This fantastic turnout indicates the extensive interest in this new technology and the excitement of the Emory community to apply it to address their research questions.

The current state of the art in combined MR/PET imaging was discussed. Initially, the concern was how to build PET detectors that would operate in the high magnetic field of the MR magnet. Considerable effort was spent in a successful effort to build PET detectors that have solid state electronics that are insensitive to the



In the afternoon, attendees participated in round table discussions exploring the possibilities of the MR/PET.

magnetic field. A greater challenge turned out to be fitting the PET scanner into the size constraints of the MR tunnel. Because of this, the geometry of the scanner is different from other clinical PET scanners and hence presents some challenging reconstruction issues. Currently, the images can have artifacts that cause the intensity to vary up to 20%. For disease detection this presents an inconvenience but we can "read around" any potential artifact. However, longitudinal studies that require accurate quantitation should wait until the image reconstruction is improved. PET images from the MR/PET are not yet to the standard of our dedicated high resolution brain scanner, but are sufficient to begin studies where quantitative accuracy of the radiotracer uptake is not the primary goal.

The holy grail of MR/PET imaging is to find an application that requires knowing that the brain is in the same state for the MR and PET images. An example is simultaneously recording the functional response to a novel stimulus, such as a drug or mental challenge, with fMRI and a neuroreceptor PET agent. After all, you



The MR/PET event hosted presenters from all MR/PET locations, as well as those that developed the unit at Seimans. (left to right): Dr. Hans Herzog, Juelich; Dr. Bernd Pichler, Tuebingen; Matthias Schmand, Siemens; Dr. Ciprian Catana, MGH; and Dr. John Votaw, Emory

only have one chance to present a novel challenge! It may be that the convenience (for the patients and investigators) of collecting MR and PET data in a single acquisition will be sufficient to drive this technology into the clinical arena, but the capability to simultaneously collect different functional measures of the working

brain could be revolutionary for both basic research and clinical diagnosis.

Comparison of the PET images from the MR/PET to our existing PET scanner is an ongoing project at Emory. Our first study takes subjects who are already having a high resolution HRRT PET scan (as part of a separate protocol) and images them on the MR/PET scanner immediately following. Differences between the two data sets will give us a better idea of where artifacts exist in the MR/PET image and what additional physics development is needed to optimize the MR/PET images.

MR/PET is an exciting addition to our imaging instrumentation portfolio and the symposium generated great momentum that we want to maintain. Researchers (you?) at Emory have the opportunity to be among the world leaders in MR/PET studies. Feel free to contact me with any MR/PET research ideas you have.



- John Votaw, PhD
Vice Chair for Research

AWARDS & RECOGNITION

Distinguished Service Award



Deborah Baumgarten, MD, MPH
Associate Professor of Radiology
Associate Program Director, Diagnostic Radiology Residency

Carl D'Orsi, MD

Director, Breast Imaging Research
Emeritus Director, Division of Breast Imaging



Drs. Baumgarten & D'Orsi have been awarded the Distinguished Service Award by the American Board of Radiology (ABR). They are being acknowledged and shown appreciation for their ongoing exceptional service in fulfilling the ABR mission.



Jonathan Suever

Graduate Student - MR Research

2010 National Science Foundation Award

Jonathan Suever, a Bioengineering Graduate Student at Georgia Tech, received a three-year award from the NSF to conduct research in the Emory MR Research Lab, under the direction of Dr. John Oshinski. The National Science Foundation's Graduate Research Fellowship Program (GRFP) helps ensure the vitality of the human resource base of science and engineering in the United States and reinforces its diversity. The program recognizes and supports outstanding graduate students in NSF-supported science, technology, engineering, and mathematics disciplines who are pursuing research-based Masters and doctoral degrees in the U.S. and abroad.

RADIOLOGY RETURNS

MR DC Conference

“And that’s how we do it at Emory.” The sea of silhouettes rustled, murmured, then commenced applause, followed by a well-awaited exhalation from me.

It was 4:30 pm on a Friday in Washington DC at the fourth annual Body MRI course hosted by the American College of Radiology. The meeting was adjourned for the day. I hoped, in a way, it was the experience of learned knowledge that kept these some 100 radiologists and technologists from the warm spring day amidst blooming cherry blossoms of the Washington Mall. Just two years ago, the second annual Body MRI course, held in sunny Phoenix Arizona, drew an attendance of 44. The current rise in registrants signified a consensus interest and desire of many institutions and private practices to build or rejuvenate their stagnant Body MRI program. The attendance was also based on an awareness and trust of the course director and primary organizer, Dr. Diego Martin. Dr. Martin is an international leader in Body MR techniques and diagnostics, with a keen interest in the practicality and broad utility of advanced MR methods. His experience also meant he had an invited teaching faculty both world renowned in

Body MRI and charitable in their desire to educate and engage fellow radiologists and technologists. Among these invited teachers were several other Emory Radiology faculty, including Assistant Professor; Dr. Bobby Kalb, who lent expertise on a series of case reviews, which are always entertaining and challenging for piqued radiologists. Also, Dr. Mimi Newell, Assistant Director; Breast Imaging Center; provided in-depth strategies for optimized breast MR, while Dr. Kimberly Applegate, Vice Chair for Quality and Safety, reviewed the need of MR imaging centers to install comprehensive MR safety protocols.

Over time, I began to realize other sources of these motivations, which could easily be overlooked given such a relatively nascent field as Body MR imaging. But I suppose that’s just it; body MRI is an improving technology with emerging methods, untapped potential and versatility, and an escalating body of evidence



Dr. Diego Martin was the course director and primary organizer of the 4th Annual Body MRI course hosted by the American College of Radiology (ACR).

detailing the clinical practicality and diagnostic yield of these techniques. Moreover, these are all current realities of Body MR imaging throughout the Emory Healthcare network. I thought of my slides, now resting idly on my summary points, and how I detailed evidence of the Emory Body MRI program to reduce routine abdomen scans from approximately 30 minutes as recent as July 2007 to under 20 minutes by January 2010. The

consequence of this reduction is noteworthy; one particular MR scanner saw body cases, which span routine pelvis exams to complex whole body angiography, jump from 128 patients in October of 2006 to 250 in September 2009. One begins to realize the potential of such an increase when one considers these exams as a percentage of all exams performed on a particular scanner. To complete the example above, the share of body cases on this particular MR scanner in October 2006 was 45.4%, while the share by September 2009 was a staggering 77.0%. One scanner obviously does not tell the full story at Emory. Our network boasts 13 MRI scanners, and the body MRI share as a whole is beginning to approach 30%, a remarkable figure.

Of course, the overall goal of the course was to share, confer and educate radiologists and technologists of these powerful MR methods. It wasn’t until the next day between sessions that I overheard a conversation at the podium of one radiologist mentioning being pleased that the course was technically and clinically challenging, while not being too “over their head”. The marriage of clinical and technical MR education is a vital teaching point of Dr. Martin. “There is satisfaction to realize a high quality, comprehensive study of the abdomen can be achieved in less than 20 minutes... and to learn how to execute it technically,” one radiologist said to me. “We know what we want, but often cannot achieve it robustly and efficiently.”

There is equal satisfaction among our group with positive comments like these. The response confirms our goals have been achieved with this annual ACR program. Moreover, we can take pride in the growth and importance of Emory’s Body MRI program. This idea was further instilled in me as I left the meeting this year. As we continually strive to help patients, diagnose disease, and direct therapy, we can not disregard the need for continual education among our peers.

- Puneet Sharma, MR Physicist

AUR a Resident Experience

In March, several of our radiology residents participated in the 58th Annual Meeting of the Association of University Radiologists (AUR). The program covers the full spectrum of academic radiologists’ interests in education, research, patient care and administration. AUR, and its sessions in general are all geared towards the same thing - excellence in academic radiology. You can attend poster sessions regarding all aspects of radiology including education, administration, business, learning how to use powerpoint and save cases more efficiently, etc. There are also case reviews each day regarding all major fields in radiology where attendings from major academic institutions review interesting and boards type cases for the residents and fellows.

Scientific sessions took place on Thursday, March 25, to provide attendees a greater opportunity to participate in these presentations. Many of these presentations were given by radiology residents who benefit greatly from the discussion that is generated during and after their presentations. New

events for this year’s meeting included mentoring sessions and a new course entitled “Quality and Safety in Academic Radiology,” in which Dr. Kimberly Applegate was very involved.

Dr. Michael Lubarsky was selected to be involved in the Siemens-AUR Radiology Resident Academic Development (SARRAD) Program, which is an initiative that provides focused mentorship, leadership and academic development activities to a group of potential 2nd year (PGY-3) radiology residents to better prepare for their transition into successful careers as leaders in academic radiology. Each year Emory sends a PGY-3 resident to this fantastic development program. The program combines existing AUR sessions with specific program content to provide a curriculum that will enable the participating resident to hone his/her skills in leadership, teaching, and other tasks that will be of ongoing value in career development, whether he or she ends up in academics or as a leader in private practice or industry.

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RADIOLOGY RETURNS CONT'D

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Our Adopt-A-Resident program was presented by adopted resident, Dr. Ali Tahvildari, as a poster presentation categorized as an "Educational Topic." Through his presentation he demonstrated the success of our program and how it could serve as a model for others. He reported, "Several people approached stating they would like to start something similar at their institutions."

One interactive event at the meeting was the 19th Annual Philips Vydareny Imaging Interpretation Competition, which was great fun for residents and attendings alike. Emory was so well represented that our large team needed two tables to compete. On each day of the two-day competition, ten unknown cases were presented and answer sheets submitted. Then at the end of each days' session the answers were revealed. This exercise gave us a chance to collaborate with our super smart attendings and try to figure out some really rare cases. The cases presented were rare, some I had never even seen in a textbook, which made them very difficult. The experience was fun and it was great to see Dr. Mullins get so fired-up about an imaging competition. He expressed that it was nice to see us all putting our heads together to figure out these cases. At one point of the competition, Dr. Mullins turned to one of the residents and said, "ISN'T THIS EXCITING?!!?!?"

The interesting case sessions are geared towards residents and boards preparation. Also, residents mingle with other residents and we get the ins and outs of what's hot or not in Radiology

STRIVING FOR EXCELLENCE

Creating a Patient Safety Culture

Since the Institute of Medicine released its report in 1999, a great deal of patient safety initiatives have come about. These initiatives are primarily focused on such issues as medication errors and wrong site surgery, with little emphasis on how to make the changes. What was needed was an examination of the culture changes necessary to ensure safety innovations, procedural checklists, and other measures necessary to improve patient safety. According to Lucian Leape, of the Harvard School of Public Health, the single greatest impediment to error prevention is that "we punish people for making mistakes." Medical errors are grossly unreported across the country; only an estimated 2% to 3% of major errors are reported and, when reported, they rarely create "stories of harm" or generate a corrective action plan. Methods such as root cause analysis (RCA) and failure mode and effects analysis (FMEA) will not work in detecting the causes of errors if health care workers are bound by a "code of silence," fear retribution, or feel uncomfortable revealing imperfection in a process for which they are responsible.

At Emory we are working to change the entire culture, providing an atmosphere where team members can openly discuss errors,

improve processes, and develop system issues without fear of reprisal. Historically, most patient safety initiatives failed due to the absence of a viable safety culture. The Magnet Journey has brought many changes with the inception of the Unit Practice Council (UPC), which empowers frontline staff to work on such issues as improving processes and error prevention. Additionally, STARS incident reporting system is a confidential online system encouraging team members to report preventable near misses, as well as adverse events. Isolated incidents may seem trivial or of little consequence, but combining the data may reveal trends that impact our ability to provide high level care for our patients.

Emory Healthcare looks to provide the necessary incentives to promote a healthy patient safety culture. "To recognize staff, providers, visitors, patients and families for acts of courage in the interest of patient safety," the Patient Safety Lifesaver Award kicked off in March 2010. This award acknowledges individuals who have demonstrated courage in raising a patient safety concern. The purpose of the award is not so much the concern itself, but the act of courage on the part of the individual. In radiology,

for residency. For instance, we get updates on what the latest texts or learning resources are directly from the vendors. StatDx and Amirsys provide the residents with updates on new technologies and case files for radiology education.

The conference also offered one night on a US aircraft carrier, the USS MIDWAY. This was an AUR sponsored social event where we had dinner, drinks and toured the ship. During this event, our group of residents had a chance to bond with each other and residents from other programs across the country.

At this meeting a resident is exposed to so much and can be inspired to develop new ideas, because when you see the groundwork laid out, you see how you can expand on great ideas. You get to see how other institutions operate with regards to student and resident education and can take from their ideas and incorporate your own for something more tailored. Also, you can share your own ideas with others to help other programs and residents, and this just makes the greater radiology community a better place. The energy at these meetings, and seeing the enthusiasm of others, continues to cultivate my interest and keeps reminding me of why I went into radiology in the first place - such an interesting field with so much diversity with so many people with innovative ideas regarding education, technology and enhanced learning.

- Jay Patel, MD, Radiology Resident, PGY-3

we can strive to develop processes that will ensure the safety of the patient and create an environment where each of us plays an equal role.

Another key element of adopting a culture of safety is encouraging a responsible and accountable environment that promotes a culture that freely reports errors. The Emory Healthcare definition of Quality is: Impeccable clinical outcomes, patient safety and service. The Quality Strategic Goal for FY 2012 is to "Achieve continuous enhancements in clinical outcomes, patient safety and service, resulting in national ranking for quality among the Top 10 academic medical centers in the US according to UHC and Press-Ganey."

As an organization we must have the ability to draw the appropriate conclusions from safety data and take responsibility to implement the needed strategies for change. Open dialog among an interdisciplinary group discussion is needed by all members of the team. Patients and their family members are essential partners; including them in appropriate aspects of care is necessary to develop a patient safety culture.

- Jane Goldberg
Asst. Director of Clinical Operations at
Emory University Orthopaedic and Spine Hospital



Social events such as the AUR sponsored night at the USS Midway is a chance for attendings and residents to form the bonds that could become future collaborations.

IN THE KNOW

Quality Corner

Patient Satisfaction

I read somewhere that “Quality is the most important aspect of medical care.” I have reflected on that statement many times and come to realize that quality is in the eye of the beholder. What does quality mean to our patients? As I read over the Press Ganey comments, I realized that for the patient, quality means that their needs have been met. It means that they have been listened to and understood, and that they have been made to feel welcomed and important. For our patients, quality means that we have acknowledged their families and made them an important part of their care.

Patient and Family Advisors (PFAs) have joined the Radiology team to help us transform the care that we provide to our patients. Patient and family centered care is what we strive for and we are doing that with the help of our PFA’s.

Linda Zimmerman and Lee Ann Harvey, Radiology PFA’s, have served as both volunteers and patients of Emory Healthcare. Linda and Lee Ann’s experiences have already enabled them to make significant contributions to our department, as they help us to view things from a different vantage point, that of the patient.

The Radiology Department PFA’s recently attended the Radiology leadership retreat, where they acted as facilitators for our breakout sessions. Linda has spoken with employee groups at EUHM, participated as a member of the Service Excellence

Committee, and will provide the narrative for our customer service video. Lee Ann is a member of the ED Unit Practice Council, a new member of the Service Excellence Committee, and will help us script dialogue for patient interactions in General Radiology.

Our mission is “To Serve Humanity by Improving Health,” and at the core of this mission is the patient. Along with our attention to outcomes and safety, we must incorporate an environment of service. Great customer service is usually the result of teamwork, where people and departments work together in a spirit of cooperation and harmony. With the help of our PFA’s we can more readily embrace the change to a more patient and family centered care environment. This new service culture will be centered on our patients and our teams. An environment where patients want to come for care, employees want to work and physicians want to practice.

We are “Team Emory” and our team attitude must be present in every patient interaction. Customer service is largely about attitude, and attitude is a choice.



Patient Advisors, Linda Zimmerman (Left) Lee Ann Harvey (right), are contributing their perspectives to enhance the Quality & Safety initiatives in the department.

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

HR Tip

Visa Processing Time

The Office of International Affairs has reported an increase in the processing time to hire employees on a **H1B visa**. Due to some responsibilities shifting from state-level offices to a centralized - federal office in Washington D.C., an additional 60 days may be required to process H1Bs. A new recommendation for initiating the hiring process is **eight months prior** to the anticipated start date.

Cynthia J. Wood, SPHR
Human Resources
Manager

CHECK IT OUT

Chung J, Nagy JG, **Sechopoulos I**. Numerical Algorithms for Polyenergetic Digital Breast Tomosynthesis Reconstruction. *SIAM J. Imaging Sci.* 3, 133 (2010), DOI:10.1137/090749633.

Lipowska M, He H, Xu X, **Taylor AT**, Marzilli PA, Marzilli LG. Coordination Modes of Multidentate Ligands in fac-[Re(CO)₃(polyaminocarboxylate)] Analogues of ^{99m}Tc Radiopharmaceuticals. Dependence on Aqueous Solution Reaction Conditions. *Inorganic Chemistry*. 2010 49 (7), 3141-3151.

Pierre-Jerome C, **Moncayo V**, **Terk MR**. MRI of the Achilles tendon: a comprehensive review of the anatomy, biomechanics, and imaging of overuse tendinopathies. *Acta Radiol.* 2010;51(4):438-54.

GETTING TO KNOW YOU

VA Faculty Appointments

Collaboration and teamwork are highly emphasized characteristics that contribute to the success of the Radiology Department. The Emory faculty at the Veterans Affairs (VA) Hospital expand the educational opportunities for the residents and open the door for various collaborations.



Resident education is enhanced by our dually appointed VA faculty.

Education is one of the three pillars that our department focuses on as a triple threat department. The VA faculty play an important role in resident education by mentoring them as they rotate through this facility twice during their first year of residency. The faculty based at the VA will often train the residents on an individual basis while interpreting imaging studies including CT and fluoro, along with giving residents the opportunity to assist with various procedures.

Since the VA has a predominately geriatric patient population, chronic diseases are commonly treated at this location. Residents are exposed to procedures that may differ from those at Emory due to the rules and regulations of the VA Medical Center. The workflow processes also vary because of the advanced computerized patient database system, to which VA hospitals standardized across the country, in order to offer easily accessible patient records. These unique differences help support the residents' educational experience.

Research collaborations among VA-based and Emory-based faculty enrich clinical research data because of the diversity of the patient populations available at the VA Medical Center. For example, Dr. Kevin Kim, Director of Interventional Radiology, and Dr. Clay Haskins, VA Interventional Radiology Faculty, have been working closely on a research project to improve procedures for oncologic patients for several months and hope to continue collaborations in the future. Dr. John Payan, VA Musculoskeletal Radiology Faculty is presently collaborating with the Emory MSK Division (Drs. Terk and Claude Pierre-Jerome) for his VA Diabetes Mellitus Charcot joint research project. Dr. Payan also has joint publications with some of our radiology residents for the past two years. The VA faculty stay

connected to our department by attending meetings physically and virtually, via a web-conferencing system, and actively participating in a range of Radiology committees, teaching conferences and research.

Within the Division of Nuclear Medicine and Molecular Imaging many faculty rotate between the VA and Emory, with a presence at Grady Memorial Hospital, EUH, and EUHM. They are well positioned to offer a unique variety of educational experiences to Nuclear Medicine Radiology Residents.

The VA relationship continues to offer outlets for collaboration and enrichment of our educational and research opportunities. Regardless of the location of our Emory faculty members, we all strive to provide the highest quality, care for our patients.

-Alaina Shapiro, Communications Coordinator

VA Faculty

Dr. Todd Fibus
 Dr. Kendra Franklin
 Dr. Clay Haskins
 Dr. Harold Keyserling
 Dr. Matthew Krasner
 Dr. Ron Mixon
 Dr. John Payan
 Dr. Leon Rubinsztain
 Dr. Rebecca Salad
 Dr. Gigi Schemankewitz
 Dr. Karen Shoffner
 Dr. Erika Sybers
 Dr. Greta Sybers
 Dr. Adrian Tigaieru

Nuclear Medicine VA Faculty

Dr. John Aarsvold
 Dr. Naomi Alazraki
 Dr. Bruce Barron
 Dr. Scott Bartley
 Dr. Dacian Bonta
 Dr. David Brandon

Radiology Calendar

Week of May 10, 2010

Wed., May 12 –
 Grand Rounds -
 Tan Lucien Mohammed, MD
 Cardiac Masses

Thurs., May 13 –
 Research In Progress Series (RIPS) -
 Yang Yidong, MS
 Monitoring Cell Infiltration in Myocardial
 Infarction Using Micrometer-sized Iron
 Oxide Particles Enhanced MRI

Week of May 17, 2010

Wed., May 19 –
 Grand Rounds -
 Murray Baron, MD
 A Half a Century in Cardiothoracic Radiology

Thurs., May 20 –
 RIPS - Andrew Taylor, MD
 The molybdenum-99 shortage

Week of May 24, 2010

Mon., May 24 –
 Cancer Imaging Series -
 Hui Mao, PhD
 uPAR targeted Magnetic Nanoparticle Probe
 for Molecular MR Imaging of Breast Cancer

Wed., May 26 –
 Grand Rounds -
 Juan Sarmiento, MD
 Radiology support for the HPB Surgeon

Thurs., May 27 –
 RIPS - Srinu Tridandapani, MD, PhD
 A Novel Gating Mechanism for Cardiac CT

Week of May 31, 2010

Wed., June 2 –
 No Grand Rounds –
 On Summer Break

Thurs., June 3 –
 No RIPS Lecture

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

NEW FACES & APPOINTMENTS



Linton Eberhardt, MD
 Assistant Professor
 Emergency Radiology
 Dr. Eberhardt has joined the newly established Emergency Radiology Division. Prior to his appointment at Emory, Dr. Eberhardt's previous experience included working at the Radiology Associates of Dekalb, P.C. as a diagnostic radiologist and then later he became a Partner for the company. During his Abdominal Imaging Fellowship, he also functioned as an evening attending radiologist, supervising on-call radiology residents at University of Alabama Hospitals.

Dr. Eberhardt received his MD from the Medical College of Georgia after he earned his MBA from the University of Georgia and his BS from Vanderbilt University. He completed a transitional year of education as an intern at Baptist Hospital System in Birmingham, AL before continuing with a Radiology Residency and Abdominal/Body Imaging Fellowship from the University of Alabama in Birmingham (UAB Hospital & Clinics).



Richard Elliot
 IR Nurse Shift Manager - EUH
 Richard started his experience in Critical Care at St. Joseph's Hospital for three years before spending 10 years in IR. He also has 10 years of experience at Emory in various ICU's. Richard graduated from Southern Adventist University and DeVry Institute of Technology. He is a member of the American Radiology Nurses Association.



Gerald "Rick" Foster
 Reading Room Coordinator – EUHM
 Rick has been at Emory for nine years and was an Imaging Coordinator for the Radiology Department at EP for the past six years. He was recently appointed to the position of Teleradiology Reading Room Coordinator at EUHM. Prior to these positions he was a File Room Associate at the Emory Clinic and EUH.



Roslyn Baitey
 Reading Room Coordinator - EUHM
 Roslyn has dedicated 25 years to the Radiology Department, she started in the Breast Diagnostic Center as a receptionist, then became an imaging control assistant and was recently promoted to reading room coordinator. She is a member of Future Business Leaders of America and has her Associates Degree in Traveling and Tourism.



Arthur "Danny" Bonaparte
 Radiology Manager - EUOSH
 Danny was recently appointed to his new position of Radiology Manager. He has 15 years of Radiology experience from Atlanta Medical and has been with Emory Radiology at the Northlake location since the fall of 2008. Danny was accredited as a Radiology Technologist from the School of Radiology in Columbia, South Carolina.

Updates from Imaging Applications Support (IAS)

During the month of April, in preparation for GE PACS Phase II go-live, master trainers and technologist at EUHM received applications training on the new system. The purpose of this hands-on training was to provide end-users with basic knowledge of GE PACS functionality and introduce new standardize technologist workflow. At the completion of training, technologists should be able to complete and sign a training competency demonstrating understanding of workflow.

When implementing new technology, there is always opportunity to improve system integration. The GE PACS implementation has offered EHC the opportunity to improve patient care through system integration

with RadNet, Powerchart and Powerscribe. The technologists have an important role in starting the patient care process. When technologists understand and follow standard imaging workflow, this ensures that correct patient information flows across the integrated systems. An important lesson learned during Phase I go-live was the importance of simply asking for two patient identifiers, which can prevent huge downstream complications.

While attending your GE PACS, training class please be sure to ask questions and address your concerns.

- April Carter
 Enterprise Solution Arch II

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