Recognized internationally as one of the top nuclear cardiology laboratories for scientific research and development, the mission of the Emory Nuclear Cardiology R&D Laboratory is to research, develop, validate and transfer to widespread use methods for diagnosing heart disease. The lab specializes in developing software algorithms applied to nuclear cardiology and cardiac CT imaging studies. The best known contribution of the lab is the Emory Cardiac Toolbox™ (ECTb), software used on approximately four million patients per year to assist in the diagnosis of heart disease. Presently, over 30,000 licenses of ECTb exist worldwide that have brought over $30M in royalties into the Emory system alone. Dr. Ernest Garcia, Professor of Radiology and Imaging Sciences, heads the team that developed ECTb, software which also serves as an avenue for the widespread distribution of scientific contributions from Drs. Tracy Faber and Ji Chen - scientific developers in the lab.

On February 7th 2011, Syntermed Inc, an Emory/Georgia Tech medical software company started by Dr. Garcia in 1999, received a three-year award from the National Heart, Lung and Blood Institute (NHLBI) of the National Institutes of Health for $2.3M to improve all aspects of ECTb. This Fast-Track project titled "Novel WEB Decision Support System for cardiac image interpretation and reporting" (1 R42 HL106818-01) was funded through the Small Business Technology Transfer (STTR) program of NHLBI. The term Fast-Track designates that the proposal was funded for both the proof-of-principle phase I and the implementation phase II. Emory will receive a subcontract from Syntermed for approximately half the total budget. Dr. Garcia is the principal investigator of both the Syntermed and Emory components of the award. Other Emory co-investigators working on this project include Dr. Fabio Esteves, Dr. Tracy Faber, and Dr. Ji Chen to complement the expertise of the Syntermed team. The long-term objective of this Fast-Track project is to improve the care of cardiac patients and reduce the cost of cardiac image interpretation by developing new tools for a WEB-accessible cardiac toolbox that provides decision support to increase the speed and accuracy of detecting coronary heart disease (CHD).
Dear Colleagues,

I spent last weekend in the lovely coastal Georgia city of Savannah. In addition to being a wonderful haven for low country southern cuisine and historical buildings, it also is the topic of famously colorful stories of ghosts and spies. This fact reminded me of the persistent words of my mentor, Nick Bryan, MD, PhD (current chair of radiology at the University of Pennsylvania), who said that there were only two professions that benefitted from lurking in the shadows: ghosts and spies. He further cautioned that although radiologists might spend time in dim light, we must not hide in the shadows when it comes to our interactions with our patients.

Shortly, we will be launching two phases of our pilot Direct Patient Communication Initiative. The first of these will take the form of a letter given to outpatients after they undergo a CT or MRI study. This communication describes our highly trained radiologists who will interpret the study and the process by which the report will be sent to their referring physician. In the second phase of the pilot (confined to body MRI studies in transplant patients), a second communication will go to the patients to include their MRI study report and an explanation of findings and next steps. Future phases of the project will include broader types of examinations and patient groups, and access through an electronic patient-friendly health portal. This has been and continues to be a complex yet important initiative for our patients, Emory healthcare, and the “face” of Radiology, and is the result of an interdisciplinary team of physicians, staff and patient advisors.

On March 31, the Centers for Medicare and Medicaid Services (CMS) released its highly anticipated proposed regulations for guiding the formation of Accountable Care Organizations (ACOs). Described in the federal Patient Protection and Affordable Care Act (PPACA) of 2010, ACOs are intended to be systems of integrated care in which quality of patient care and patient outcomes are incentivized. The new proposed ruling is currently in a public comment period. A summary of implications for academic institutions can be found at:


Clearly there are numerous high hurdles to overcome within our health systems if optimally integrated and cost efficient care is to be achieved.

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

MESSAGE FROM THE VICE CHAIR FOR RESEARCH

The Pace of Innovation

The strategic planning process is an effort to look into the future, predict what it holds and then figure out how to get there. Last month I wrote about research strategic planning. We decided to focus our efforts in three areas: health services, quantitative imaging and decision support systems.

How should we proceed? History is always instructive; how have past predictions held up? In 1865, Jules Vern described a moon shot with striking similarity to the Apollo 8 mission. The biggest discrepancies were not foreseeing the rocket engine and thinking the rocket would be passively tracked with optical telescopes (instead of interactively tracked with radios). In 1900, Theodore Waters wrote in the New York Herald, “One hundred years from now perhaps moving pictures may be sent by wire, in which case it would be merely necessary for the billionaire to turn on one of many electric switches connecting with the various theatres and immediately the stage scene would be thrown on a screen and would appear as real as though the spectator were in the theatre.” He had the concept but the reality turned out to be much more spectacular.

Most of Star Trek’s look into the 23rd century is true in the 21st century. We don’t have warp drive but we are talking to computers, have hand held communicators, have external devices (the tricorder) that can diagnose disease and even have the transporter (albeit only for quantum systems). However, by comparison to modern smart phones, the hand held communicators used by Captain Kirk and his crew are simplistic primitive devices.

Two themes are apparent: nearly anything that can be envisioned will be achieved, and the visionary nearly always underestimates the scope of the vision. In 1900, the post master general, who was delivering mail by horse and carriage, did not see that air travel would revolutionize mail delivery and his successors did not see how an “internet” would make it obsolete. Modern phones are another example; even those who predicted all people would be connected with hand held devices didn’t see that texting and apps would be more popular than talking. These predictors failed to see how other technologies evolve to play a role in their visions.

What about the radiology reading room of the future? It is inconceivable to me that in 20 years it will resemble our current practice. Let us not be Luddites and resist the change. We not only need to go outside the box, we need to be thinking outside the box and off the paper. Let us image what could be and lead the way to making it happen. Quantitative Imaging and decision support systems are the right areas to be investigating.

- John Votaw, PhD, Vice Chair for Research

Carolyn C. Meltzer, MD, FACR
Chair of Radiology and Imaging Sciences
Awards & Recognition

Mark M. Goodman, PhD
Professor of Radiology and Imaging Sciences
Chairperson of the Radiation Therapeutics and Biology Study Section, Center for Scientific Review

Dr. Mark M. Goodman will serve as Chairperson of the Radiation Therapeutics and Biology Study Section for the term beginning July 1, 2011 and ending June 30, 2013. Membership on a study section represents a major commitment of professional time and energy as well as a unique opportunity to contribute to the national biomedical research effort. Members are selected on the basis of their demonstrated competence and achievement in their scientific discipline as evidenced by the quality of research accomplishments, publications in scientific journals, and other significant scientific activities, achievements and honors. While study section membership is a high honor, few study section members achieve the very high honor of serving as chair.

Tammi Teeters-McDade
Radiology Residency Program Coordinator
President of the Association of Program Coordinators in Radiology (APCR)

Tammi is currently the President Elect for the APCR and will be taking over the position of APCR President this April at the annual Association of University Radiologists (AUR) meeting. Tammi is excited to take on this new role and looks forward to the opportunity to lead the organization and represent the Emory Radiology Residency Program with pride. The mission of the APCR is to promote excellence in the administration of radiology residency and fellowship programs, to provide educational opportunities in the field of graduate medical education and program administration, and to provide forums for professional growth and exchange of information.

New Grants

The MRI Virtual Liver Biopsy – Chronic Liver Disease Fibrosis Measurement

Principal Investigator: Diego R. Martin, MD, PhD
Co-Investigator: Allen R. Tannenbaum, PhD (Biomedical Engineering at GT)
Alton B. Farris III, MD (Pathology)

Pilot Grant Funding Organization: Coulter-Atlanta Clinical and Translational Science Institute (ACTSI)

Significance: Our team has been working on the development of an MRI Virtual Liver Biopsy Toolkit. Earlier related accomplishments have been HISTO (patent pending), a 15-sec spectroscopy acquisition that is semi-automated, providing a highly accurate and reproducible measure of hepatic lipid and iron, two important liver metabolites involved in acute and chronic liver disease. This proposal is directed to develop a new tool, as part of the virtual biopsy toolkit, for non-invasive, fast, safe and automated measurement of hepatic fibrosis (HF). Our objective is to develop a clinically practical, quantitative method for automated liver contrast-enhanced MRI post-processing analysis for accurate and reproducible measurement of HF in CLD. Successful completion of our proposal will represent a major forward step in non-invasive diagnostics with application for longitudinal monitoring of liver fibrosis for patients with liver disease.

An Imaging-Based Method to Plan Cardiac Pacemaker Lead Placement

Principal Investigator: John N. Oshinski, PhD
Co-Investigator: Michael S. Lloyd, MD (Cardiology)

Funding Organization: Coulter-Atlanta Clinical and Translational Science Institute (ACTSI)

Significance: Cardiac resynchronization therapy (CRT) using a bi-ventricular pacemaker is an important treatment option for patients with drug-refractory heart failure and evidence of ventricular dyssynchrony. However, using current selection criteria and implantation, 30-40% of patients undergoing CRT are not responsive to the treatment. Because CRT is invasive, costly, has significant associated risks, and requires lifelong need of a pacing device, there is a clear need for better methods to optimize the treatment.

In the implementation of CRT, the position of the left ventricular (LV) pacing lead has a significant role in determining patient response. Having the LV pacing lead at the location of latest contraction improves patient response. Currently, no methodology or software exists to plan the LV lead position. Therefore, the overall goals of this project are: 1) to develop and validate MRI-based software methodology to plan and locate the LV pacing lead in the area of latest contraction, and 2) to test the methodology on a group of 20 patients undergoing CRT.
Lessons Learned

The deep freeze in early January tested our disaster preparedness measures. There were many heroic stories that showed the mettle of our people. The saying ‘when the going gets tough, the tough get going’ comes to mind. With the lessons we have learned, progress has been made on many fronts as we acknowledge our accomplishments and continue to strategize for the future.

We have begun to prepare for the looming Centers for Medicare & Medicaid Services (CMS) reimbursement cuts. This new structure projects a bleak outlook for almost all. We will weather these changes as we did the ones before them. We will continue to be deliberate about our future investments and adjust our plans with the proposed changes. A few of the several measures we are taking to improve financial data integrity are global patient registration, computer assisted coding and automated real-time insurance verification. These streamline systems will help us to become more agile with today’s fast-changing revenue cycle challenges.

We continue to invest in our quality initiatives and supporting infrastructure. Focusing on quality is the right thing to do and in the long run, we will be better positioned to execute the imperatives of accountable care. We have begun to lay the foundation to launch the critical results reporting system. While this is being led by Radiology, in reality, it is an Emory Healthcare initiative to enhance our documentation and improve the efficacy of our reporting.

Over the last few months we completed the replacement of the Ultrasound machines at Emory University Hospital Midtown and installed Hi-IQ for the management of our invasive procedure patients. We also relocated the 8-slice CT from EUH to WW and replaced it with a 16-slice wide-bore CT.

Our newly formed Emergency Radiology Division is thriving. We have been able to reduce our dependency on radiologist contractors by expanding the hours of faculty covered shifts. We also continue to work with the division directors on optimizing resource allocation to match capacity with workload.

Our healthcare system has completed the transaction of fully acquiring Emory Johns Creek Hospital and announced a new partnership with Saint Joseph’s Hospital. These two moves will enable our system to better provide care for the residents of Atlanta and North Georgia. They will also bring opportunities for our department to collaborate with our colleagues in the service areas of those facilities.

The renaming of our department put the icing on the cake for the first six months of this fiscal year. It is a change that reflects the multiple dimensions of our department specifically and our profession as a whole.

- Habib Tannir MS
  Administrative Director, Imaging Services

As you may have heard, Emory Healthcare and St. Joseph’s Health System are forming a partnership in order to better serve the Greater Atlanta community with the highest quality patient care. While there are still several steps to finalize the agreement, I am sure you are wondering how this new partnership will impact our department and its missions. Over the coming months, we will engage you and our new colleagues to discuss areas of potential collaboration and complementary interests.

With the recent full acquisition of Emory Johns Creek Hospital and this new partnership with St. Joseph’s, Emory is poised to take on a leadership role in the ongoing transformation of our national health care environment.

- Carolyn C. Meltzer, MD, FACR
  Chair of Radiology and Imaging Sciences

CHECK IT OUT


“Are you a fox or a hedgehog?”

This is a key question posed in Jim Collins’ book “Good to Great”. Collins and his team researched Fortune 500 companies and identified eleven companies that outperformed their competitors by at least three-to-one for a period of fifteen years. Each good to great company is paired with comparable competitors. Collins distilled his findings to three broad concepts: disciplined people, disciplined thought, and disciplined action.

According to Collins, it turns out that it is better to be a hedgehog than a fox. Despite the fox’s cleverness and speed, the hedgehog manages to win at all confrontations with the fox. Collins credits the hedgehog’s constant victory to its ability to pierce through layers of complexity and reduce them to a basic unifying concept.

Disciplined thought: In order to arrive at the hedgehog concept one must have a deep understanding of the intersections of the following three questions: What can you be the best at in the world? What is your economic engine? What are you passionate about?

Disciplined people: Once the hedgehog concept is developed and introduced, it takes a culture of discipline to move forward. The prerequisite to having a culture of discipline is getting “the right people on the bus in the right seats” and getting “the wrong people off the bus.” You must establish an environment where people are open to change, then determine who is “on board”.

Disciplined action: Through laser-like focus on their hedgehog concept, great organizations continuously build on forward momentum towards their goals. Collins likens this phenomenon to a flywheel that continuously accelerates as it moves in the same direction.

The three timeless principles mentioned above: disciplined people, disciplined thought, and disciplined action are both interdependent and essential to achieving greatness as an organization. Fortunately, these concepts are fairly intuitive and are within the grasp of each of us to practice and maintain.

- Mo Salama, Assistant Director of Imaging Informatics

GETTING TO KNOW YOU

Radioligand and Expert System Research Lab

The NIH supported Radioligand and Expert System Laboratory has the goal of enhancing patient care through a dual focus of Tc-99m radioligand development and the design and implementation of decision support tools to process and interpret radionuclide renal scans. The radioligand component of the laboratory was transferred from the University of Utah to Emory University in 1986 with an initial focus on the development and clinical introduction of Tc-99m MAG3. In collaboration with Malgorzata Lipowska, PhD and Jeff Klenc, PhD at Emory and Luigi Marzilli, PhD at the Louisiana State University, this research has expanded to encompass the development of novel tracers. These include a new Tc-99m tubular renal tracer with properties comparable to I-131 hippuran, the standard tracer for measuring effective renal plasma flow (ERPF). Tracer design has been tested in animal models and human subjects to determine biodistribution, pharmacokinetics and dosimetry and has resulted in two patents. Dr. Lipowska is collaborating with Liy Yang, PhD and Hui Mao, PhD to develop new diagnostic and potential therapeutic approaches for the detection and treatment of pancreatic and breast cancers.

She is also collaborating with Colin Weber, MD and Rahguveer Halkar, MD in the development and application of a Tc-99m folate analog to target the folate receptors on parathyroid adenomas.

The second focus of the lab was to build on our commercially successful software for processing renal scans, QuantEMTM, which has generated over a million dollars in royalties for Emory University. This initial work has been expanded to develop an expert system that will process the two phase diuretic renal scan, check for quality control errors, correct for motion and actually interpret the scan regarding the presence or absence of obstruction. Initial data indicated the software performs as well as expert readers without clinical information and we are now incorporating clinical information into the expert system. The development and validation of the software is being performed in collaboration with Radiology colleagues Ernest Garcia, PhD, Russell Folks, CNMT, Daya Manatunga, MS, Rahguveer Halkar, MD and Eva Dubovsky, MD, PhD in conjunction with Amita Manatunga, PhD, Jose Binongo, PhD and Jieqiong Bao, MS in the Department of Biostatistics.

Finally, our academic focus is not limited to these projects but includes areas such as high-altitude illnesses, the risks of sodium consumption, structured reporting and procedure guidelines.

- Andrew Taylor, MD
Professor of Radiology and Imaging Sciences
Quality Corner
CT Quality and Safety

The mission of the CT Quality and Safety Committee is simple: we strive to do the right thing for our patients, we learn from our mistakes, and we make it easier to do the right thing next time.

Although we are challenged by the diverse and dispersed nature of our department, we are beginning to close the gap between physician and technologist, building a stronger team and a “fair and just” culture. Beginning this month, we will have our first Radiologist-Technologist Quality Conference. Each month, a radiologist and technologist will work together to address quality issues or discuss optimization of protocols, patient positioning, and imaging technique. These conferences will be broadcast via the web to our many sites and participation is strongly encouraged. Technologists can also receive continuing education credits for attending.

Quality is a continuous process and issues often need to be addressed at the time of occurrence or they become lost and forgotten…until the next time. We are working with Imaging Services to establish a quality process that will make it easier to provide and get feedback at the time a study is performed.

In addition to addressing quality concerns, we are striving to reduce the radiation dose in our existing CT protocols and designing new protocols with radiation dose in mind. We are also exploring the use of direct patient radiation dose monitoring devices.

Over the past several months, I have been thrilled to see growing engagement and commitment to quality patient care from both colleagues and staff. Thank you for your ideas and dedication. The committee would like to hear about your concerns, welcomes your ideas, and encourages your participation in the quality conference or other projects. Please e-mail me if you would like to get involved.

- Phuong-Anh T. Duong, MD,
  Assistant Professor of Radiology and Imaging Sciences

Updates from Imaging Applications Support (IAS)

Image Viewing in the Enterprise
The PACS implementation team has been working with referring physicians to pilot GE on the web. The technical team virtualized the native GE application, which provides more flexibility to the users than the GE Web product. Once feedback is received from the pilot group of 5, the product will be distributed to the next group of users, the Radiology Provider group and the ENT faculty. The rollout will then continue throughout other sections.

GE PACS FDA-Mandated Upgrade
The GE PACS application will be upgraded from the current version of 3.04 to the version 3.4. The team is doing functional and unit testing and working through the new features and enhancements. One feature that all the techs are looking forward to is being able to “Reject” images. This will allow for the techs and IWAs to reduce the complexity of the repair scenarios. After the functional testing, will come integrated testing when all the integrated applications will be tested together and finally, user-acceptance testing. This will ensure that the application functions appropriately during typical daily workflow from both the technologist and radiologist perspective.

CD Upload Tool
Open Lite Box is the application that Mo Salama is using to create the CD upload tool. This will allow for viewing of outside images from local workstations. Additionally, there will be opportunity to save images on a short term share for other care team members to review if needed. This tool will be delivered to a pilot group after the PACS Governance Committee meets in April to institute policies covering usage and storing images.

Interesting Case Files in RadNet
A pilot group of users will begin using “Interesting Case Files” in RadNet. This will allow for cases that are deemed useful for teaching to be identified and retrieved.

Trusted Internet Sites
Desktop shortcuts have been requested to internet shortcuts for sites that are useful to Radiologists. An IS/IT security team reviews this requests to evaluate risk. The team is always vigilant that internet sites don’t introduce viruses to the system. Currently, remember that you can reach internet sites through the VDT and minimize them to the toolbar. They will remain on your tool bar even after VDT closes, and if “disconnect” instead of “logout” is selected when exiting VDT, the sites will return to the toolbar after logging back in.

Feel free to contact me for more information.
Karen.Boles@emoryhealthcare.org

- Karen Boles
Manager, Clinical Applications
**GET INVOLVED**

**Andrew Silverstein Memorial Library Renovations**

Dr. Andrew (Andy) Silverstein joined Emory Crawford Long Hospital in 1990 where he became a well-respected radiologist, colleague, and friend to those who had the pleasure of working with him.

Dr. Silverstein passed away at the age of 45 to cancer in August of 2000. At this time our Department leaders, physicians, and staff dedicated an educational library in our Emory Department of Radiology at Midtown as a memorial.

Over a year ago EUHM Radiology leaders began looking at space to better meet the needs of the expanding academic mission at EUHM. The Andrew Silverstein Memorial Library had sadly lost its purpose and had gained uses of a mail room, the Grady workstation room and a bulletin board room. In addition, many of the books and periodicals in the space were out of date. A plan began to take shape to re dedicate the space to its original plan. Recently, construction has taken place to open up the space by removing a built in desk and an over abundance of cabinets for books and trade journals. In the next two months, the Grady workstation will be relocated to an appropriate reading room, further freeing up the space.

By July, the renewed Silverstein Library will have a new LCD monitor (42 inch) with a wall mounted computer. The space will have a conference table and chairs, all on wheels, to make the space more versatile. The room will be outfitted with the necessary dry erase boards and bulletin boards. The Silverstein Library will become a place for fellows and residents to participate in noon conferences from EUHM, among serving their other educational needs.

Speaking with those who knew Dr. Silverstein, he would be proud of the plans for the library and the impact it will have on future radiologists!

- Greg Pennington, MBA
  Senior Business Manager

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**Radiology Calendar**

**Week of April 11, 2011**

**Wed., April 13** –
No Grand Rounds - Week of Association of University Radiologists (AUR) Annual Meeting

**Thurs., April 14** –
Research In Progress Series (RIPS) - Ji Chen, PhD
*Imaging-Guided Cardiac Resynchronization Therapy: How Far Are We?*

**Week of April 18, 2011**

**Wed., April 20** –
Cooper Lecture
Grand Rounds - John Hesselink, MD
*Temporal Lobe and Limbic System*

**Thurs., April 21** –
RIPS - Jonathon Nye, PhD
*Cocaine-induced trafficking of the dopamine transporter*

**Week of April 25 2011**

**Wed., April 27** –
Grand Rounds - Robert Mattrey, MD, UCSD
*Molecular Imaging: Is There A Role For Ultrasound?*

**Thurs., April 28** –
RIPS - Young Yoon, PhD
*Blocking radiation-induced lung fibrosis by CXCR4 antagonists*

**Week of May 2, 2011**

**Wed., May 4** –
No Grand Rounds - Week of American Roentgen Ray Society (ARRS) Annual Meeting

**Thurs., May 5** –
RIPS - Speaker TBA
*Topic TBA*

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**Emory’s Parking Office is Moving**

**Contact Information - beginning March 15, 2011**

Visit the Parking Services Office in the Starvine Parking Deck
(1945 Starvine Way, Clairmont campus, Decatur, GA 30033).

**Office Hours:** Mon-Fri 8:30 am-4:30 pm

**Phone:** 404-727-7275 (PARK)

**Fax:** 404-727-2673

**Email:** parking@emory.edu

**Website:** http://parking.emory.edu

*To get to the new Parking Office location: Take a C or an E shuttle*

**Important Notes About the Move:**
- Once the office move is completed, we will evaluate and implement possible satellite customer service locations to better serve our customers across campus. We will continue to update the Emory community on program and policy changes as they develop.
- To make doing business with us even more convenient, new systems are in place that allow all Emory System staff, faculty, and students to manage their parking transactions and information online at www.parking.emory.edu. The online services available include managing contact information and vehicle information, as well as viewing, paying, or appealing citations.

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**For times & locations visit the website:**

www.radiology.emory.edu
Engage in Education

resident Match Completed

With 754 applicants eager to become an Emory Radiology Resident, our program continues to remain one of the top picks. This year 132 were interviewed and, ultimately, the 16 people listed to the right will become Emory Radiology Residents beginning in July 2012.

The National Resident Matching Program (NRMP) explains “the Match uses a computer algorithm designed to produce favorable results for students, that aligns the preferences of applicants with the preferences of residency programs in order to fill the thousands of training positions available at U.S. teaching hospitals.”

Dr. Mark Mullins, Vice Chair for Education, shares “We are extremely happy with our Match results and expect that this Radiology Resident class will be a wonderful group and in the great tradition of very smart, well-trained, team-oriented Emory Radiology Residents. We would like to thank everyone involved with making this process an incredible success again this year. Please welcome them to our family.”

-Monica Salama
Communications Manager

2012 1st Year Emory Radiology Residents

Keirsun Crockett
~ University of Florida College of Medicine
Faramarz Edalat
~ Boston University School of Medicine
April Farley
~ Baylor College of Medicine

2012 1st Year Emory Radiology Residents

Daniel Fistere
~ Virginia Commonwealth University School of Medicine
Tim Hotze
~ University of Texas Southwestern Medical Center at Dallas Southwestern Medical School
Benjamin Knepper
~ Case Western Reserve University School of Medicine
Nima Kokabi
~ University of Sydney
Sheila Kori
~ The Brody School of Medicine at East Carolina University
Bethany Milliron
~ University of Florida College of Medicine
Cody Morris
~ University of Illinois at Chicago College of Medicine
Brittany Nagy
~ Drexel University College of Medicine
Sean Necessary
~ University of Arkansas College of Medicine
Jay Patel
~ University of Tennessee Health Science Center College of Medicine
Mark Trahan
~ Louisiana State University School of Medicine in New Orleans
Arvind Vijayasarathi
~ University of Arizona College of Medicine Tuscon
Xin Ye
~ David Geffen School of Medicine at UCLA

New Faces & Appointments

Christopher D. Johnson
Imaging Workflow Specialist - TEC
Christopher has experience working with Agilysys, an IT Solutions Provider, on their Documentation Team as a Contracts Specialist. He created a technology group at Carson High School in California, which encourages and focuses the education of current technology to the students. Christopher has a Bachelors of Science in Computer Information Systems.

Aileen M Walker, RT-R
Director, Imaging Services - Emory Johns Creek
Aileen recently received her Bachelors in Healthcare Administration. She is a graduate from Grady Memorial School of Radiologic Technology with 41 years of Radiology Experience including 16 years of management experience at various hospitals in the Atlanta area. Prior to Emory Johns Creek Hospital, Aileen was a Manager of Imaging Services at Northside Forsyth Hospital.

Danl Fistere
~ Virginia Commonwealth University School of Medicine
Tim Hotze
~ University of Texas Southwestern Medical Center at Dallas Southwestern Medical School
Benjamin Knepper
~ Case Western Reserve University School of Medicine
Nima Kokabi
~ University of Sydney
Sheila Kori
~ The Brody School of Medicine at East Carolina University
Bethany Milliron
~ University of Florida College of Medicine
Cody Morris
~ University of Illinois at Chicago College of Medicine
Brittany Nagy
~ Drexel University College of Medicine
Sean Necessary
~ University of Arkansas College of Medicine
Jay Patel
~ University of Tennessee Health Science Center College of Medicine
Mark Trahan
~ Louisiana State University School of Medicine in New Orleans
Arvind Vijayasarathi
~ University of Arizona College of Medicine Tucson
Xin Ye
~ David Geffen School of Medicine at UCLA

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