

EMORY RadReport

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

April, 2010

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Magazine Drive

Contribute to conservation by bringing in your magazines for use in the radiology waiting rooms. To participate:

1. Remove all personal information from the magazine.
2. Deposit your magazines at the front desk of a radiology waiting area.
3. Repeat each month as your new magazines arrive.

The magazine will be used as needed in our waiting areas to help ease the wait times of our guests.

If you have other thoughts on what you can do to help to make our department better, please send your suggestions to radiologycomm@emoryhealthcare.org.

Radiology Launch of GE PACS

The new GE PACS has launched and will be implemented throughout the department by this Fall. The first phase has been completed, which included an early February launch with the technologists at Executive Park (EP), The Emory Clinic (TEC) Perimeter, TEC 1525, Wesley Woods (WW) and Emory University Orthopaedic & Spine Hospital (EUOSH), and an early March launch of the professional practice at EP.

Prior to the initial launch, those technologists affected by phase I attended training at Emory University Hospital (EUH) to gain experience on the new system. Felicia Brannon, Technologist II at 1525, described the training as "excellent". On the day of the launch she explained "The atmosphere was a little hectic, with a full patient load, but we appreciated the rollout of the new system, without taking away the old." This transition does make the process a bit slower, as the technologists manually push the studies to the GE PACS. However, the new system itself is quicker, makes images easier to find and does not back up to the point where there is a hold in the system.

In early March, the first professional launch took place in the EP reading room. The new PACS system had already begun to be populated with images migrated from the former system and the studies that the technologists had been sending to both PACS systems over the previous month. The morning of the launch, the reading room was filled with anticipation, hope and a large team ready to help as the new software was loaded onto the computers. Both Dr. Michael Terk, Division Director of Musculoskeletal (MSK) Imaging, and Dr. Walter Carpenter, MSK Radiologist, commented on the amazing extent of technical support from the Information Applications Support (IAS) team. As the interfaces were connected for the first time in a live environment, the MSK radiologists and the IAS team worked together to identify immediate issues and resolve these issues to end the day with a positive perspective of the potential with GE PACS. While all sites that launch will initially continue to use both PACS

systems, the need for the prior system will decrease as new studies are sent directly to the GE PACS and the last 20 years of studies continue to migrate to the new system.

When asked what is the greatest advantage of the system, there was a resounding response "SPEED!" When a radiologist selects a study that is ready to be read, the images appear almost instantaneously. Dr. Carpenter commented, "This is generations beyond the prior 15-year-old system. There will be less of a reason to run for coffee. We don't need to waste time waiting for the images to load. This is such a huge improvement, just huge." Being the first site to launch, the group has experienced some glitches along the way such as a flicker in the screen and adjusting log-ons. However, with an IAS team member on-site these issues are being resolved quickly and will be disentangled before the system goes live at the larger sites. Having met with the radiologists just two weeks after the initial launch, they are already seeing improvements and are very impressed with the GE PACS system. Dr. Terk commented, "There is no doubt that the others will love this system. It is so easy to use and the speed is amazing." The group at EP invites others to preview the working system prior to their own launches.

All sites will receive training from the IAS team when gearing up for their launch. The lessons learned and workflow improvements provided by the launched sites will promote ease of installation at the upcoming sites. Participation in training sessions continues to be an important element of a successful launch. When you are expecting the new PACS system in your area, be sure to sign-up for the appropriate training.



Dr. Terk works with Stacey Gordon of the IAS team, to identify the needs of the radiologists as the new GE PACS system is launched in a live environment for the first time.

LETTER FROM THE CHAIR

Dear Colleagues,

On March 23, 2010, sweeping healthcare legislation in the form of the Patient Protection and Affordable Care Act was signed into law. Leaders of academic medicine from the American Association of Medical Colleges (AAMC) and the Association of Academic Health Centers (AAHC) have both influenced and endorsed the legislation. What are its features, and what do they mean for our patients, our institution/department, our future? What is not addressed?

In the U.S., matters of access, quality, and cost present challenges to our health system. Approximately 15% of the population is uninsured and more than an additional 20% is underinsured. As we have discussed in several venues, our local payer mix continues to change, with a steady increase in the proportion of "self-pay"

or uninsured. Overall, academic health centers like ours, which constitute only 6% of all hospitals, care for 40% of the country's hospital-based uninsured. This, of course, is in addition to our other vital missions of supporting cutting-edge biomedical research and training the next generation of health professionals.

One of the most significant features of the new health care legislation is the universal requirement for health insurance beginning January 2014. (The Institute of Medicine estimates approximately 18,000 deaths per year are related to a lack of health insurance.) Effective immediately, insurance may not be denied on the basis of pre-existing conditions. The Healthcare Innovation Zone (HIZ) provision challenges academic health centers to develop demonstration projects of healthcare delivery that enhance

access, quality and outcomes in select populations. This provision permits institutions like ours to test new care models. We are well-situated to develop such novel interdisciplinary models aligned with our quality initiatives.

Still, there remain many questions and unaddressed issues. These include impending Medicare cuts stemming from the lack of a permanent fix to the flawed sustainable growth rate (SGR) formula, the outdated caps on graduate medical education funding that support our residents and ACGME fellows and an overall concern about lack of cost constraints.

Another issue in the news and of great relevance to our department and our patients is the ongoing FDA Safety Investigation on Radiation from Medical Imaging. I had the opportunity to attend (accompanied by our own CT expert Xiangyang Tang, PhD)

and serve as a participant speaker at the recent FDA open forum meeting. Discussions encompassed both CT and fluoroscopy and the need for improvements in hardware and software to institute proactive warning systems, mandatory safeguards and ready means to transfer dose information into electronic health records. Other related issues discussed included the need for greater patient education and transparency, dose registries, uniformity of dose language and models, research in optimizing low-dose protocols, and curbing overutilization through physician order entry systems tied to evidence-based decision support tools and stricter regulation of self-referral practices.

Best to all,

Carolyn C. Meltzer, MD, FACR
Chair of Radiology



AWARDS & RECOGNITION



Breast Imaging Center (BIC)

National Accreditation Program for Breast Centers (NAPBC) Accreditation

BIC has been recognized with a three-year accreditation by the NAPBC for their commitment to providing the highest quality evaluation and management of their patients with breast disease. In their report, BIC was cited as "Amazing diagnostic radiology services -- with breast CT and tomosynthesis. While the majority of these latest technologies are used for research, the radiology at Emory is ahead of the curve."

American Registry of Radiologic Technologist (ARRT) Certification

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.



CT Certification

Glenroy Cummings, RT (R) (CT)
Technologist - TEC (WCI)



Stamatios Lerakis, MD

Associate Professor of Medicine and Radiology

Gerald Pohost JCMR Best Manuscript

During the annual meeting of the Society for Cardiovascular Magnetic Resonance (SCMR), Dr. Lerakis was awarded the Best Manuscript by the Journal of Cardiovascular Magnetic Resonance for his work on the poster *Use of Cardiac MRI for Low Gradient Aortic Stenosis*.



Deborah Baumgarten, MD, MPH

Associate Professor of Radiology

Director in Succession, Society of Uroradiology

At this year's SUR meeting, Dr. Baumgarten was elected to the position of director in succession of the SUR and will become the president in 2015. By 2012, the SUR will be merged with the Society of Gastrointestinal Radiology under an as yet to be named Abdominal Radiology Society.

ACR Accreditation for Radiology at the Emory University Orthopedic and Spine Hospital

Every three years the American College of Radiology (ACR) re-evaluates imaging facilities to verify their commitment to quality patient care, and assures that the staff and equipment are delivering the highest quality of care. Congratulations, EUOSH!

MESSAGE FROM THE VICE CHAIR FOR RESEARCH

Health Care, Job Success, Job Satisfaction

The Healthcare reform bill has now been signed into law. I think it is fair to say that no legislation is going to affect us more. What does it mean for you? What does it mean for us? When will we really know? Can we still affect its final character? We are members of a scholarly institution with a vision articulated by President Wagner to, "work collaboratively for positive transformation in the world through courageous leadership in teaching, research, scholarship, health care, and social action". I suggest that when you exert courageous leadership, you will find more meaning and satisfaction in your life and work. I encourage all of you to become politically active to some extent. Make your feelings and reasoned opinions known to friends, neighbors, and/or your politicians.

How will it affect us professionally? Among other things, the healthcare reform bill has created anxiety – as fear of the unknown often does. Will it make our jobs better? Will it make our jobs worse? With these questions in mind, I'd like to reflect for a minute on what makes a job meaningful and what characteristics lead to job satisfaction. Shortening the list published by Hackman & Oldham, I propose three: feedback, complexity, and autonomy (Organizational Behavior and Human Performance, 16, 250-279, 1976).

People like to know how well they are doing. Having someone unexpectedly recognize a job well done is a very rewarding experience. Keep in mind that your job satisfaction is tied to your co-workers satisfaction – it is hard to be happy when you are surrounded by

miserable people. Be the catalyst for change. When you see someone perform a task well, or have a great idea, let them know. Make it a goal to recognize something good in someone every day. It doesn't matter if the person is your boss, a peer; someone who reports to you or a stranger; your recognition of the good deed will raise spirits. When enough people show this sign of respect, the collective attitude of the workplace will become better and people will enjoy their jobs more.

Complexity is what makes a task interesting. But, it has to be the right complexity. All of us have gone through a lot of training to be able to perform our jobs. Taking myself as an example, I studied physics because I am fascinated by how things work. I enjoy unraveling the complexities of different systems ranging from neurons to MR/PET scanners. However, when I began working I found there were all sorts of complexities I didn't want: approval processes, asking for money, dealing with many different personalities, politics, etc. Some of these I have learned to deal with and enjoy, some have become interesting problems in their own right, some I have accomplished by finding faculty and staff collaborators who enjoy the parts I don't, and some I do because there is no such thing as the perfect job.

Having too many complexities is far preferable to having a mindless job. Find the complexity you enjoy and embrace it.

As I mentioned previously, all of us are highly trained to perform our jobs, which includes the capability to make decisions in our own area. Making meaningful decisions in areas of interest leads to a sense of fulfillment that is associated with life expectancy. It is revealing to know that employees with little latitude for decision making die earlier than employees with more flexibility, even if the later have high-stress jobs (Psychosomatic Medicine 64:370-318, 2002). The ability to make decisions with immunity from the arbitrary exercise of authority in areas we are uniquely qualified gives satisfaction to our work. I encourage you to make decisions where appropriate and to respect the decisions of others if at all possible.

We will learn over the coming months and years what healthcare reform means for us. What should we do now? To paraphrase our President, work collaboratively for positive transformation in the healthcare environment

through courageous leadership. Change the things you can. Accept the things you can't. More importantly, strive to make your job and your colleague's job more meaningful and satisfying.

- John Votaw, PhD
Vice Chair for Research



Kathleen Gundry, MD

Director, Grady Breast Imaging
Assistant Professor of Radiology

2010 AUR-Agfa Radiology Management Program

Dr. Gundry was selected to participate in the 2010 AUR-Agfa Radiology Management Program that occurred during the 58th Annual Meeting of the Association of University Radiologists (AUR) in San Diego, California. This exclusive invitation is extended to only 30 prestigious candidates that were selected based on nominations or submitted applications. This two-day program focuses on various leadership and management skills. The case-study methods range in topics from conflict resolution, negotiation and quality. Expert keynote speakers made this an informative and valuable opportunity for Dr. Gundry.



Bruce Barron, MD

Professor of Radiology

Leonard Berlin Scholarship in Medical Professionalism

Dr. Barron has been awarded the 2010 Leonard Berlin Scholarship in Medical Professionalism by the American Roentgen Ray Society. Attributes that are taken into consideration when choosing this scholar include promise of the candidate in research and potential to be a leader. Dr. Barron's project will investigate *The Effect of End of Life Issues on Medical Professionalism*. Dr. Barron describes,

When a patient nears the end of life, there comes a point when ineffective radiation or ablative therapies or further imaging is unwarranted. Physicians want to make the patient feel like they are doing all they can to help. However, in many instances, a patient would rather forego these procedures if they are truly unnecessary. There are definite changes in the patient-physician relationship that occur towards the end of life. Medical professionalism becomes challenged by emotionalism. My research will evaluate multiple aspects of Socioeconomic issues and a set of guidelines for end-of-life usage of radiological services will be presented.

Dr. Barron will be the third recipient of this two-year scholarship and will use this opportunity to obtain a Masters degree in bioethics from the Emory Center for Ethics.

ENGAGE IN EDUCATION

Resident Match Completed

With 812 applicants eager to become an Emory Radiology Resident, our program continues to remain one of the top picks. This year 129 were interviewed and, ultimately, the 14 people listed to the right will become Emory Radiology Residents beginning in July 2011.

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

IN MEMORY



Remembering Patricia Williams

On Monday evening, March 29, 2010 Patricia Williams, Senior Research Project Coordinator, unexpectedly passed away.

Patricia joined the Department of Radiology in 2008 where she served as the administrative assistant in Professor Mark M.

Goodman's laboratory. She supported the research efforts of nine Radiology faculty, two staff members and the Positron Emission Tomography Radiopharmacy team. In 2009 she added to her responsibilities working at Wesley Woods Health Center (WWHC) as part of the Center for Systems Imaging (CSI) team, in supporting the investigators of CSI in their sponsored research grants and contracts and in providing administrative support to the Center's operations. She held an Associates in Science degree (computer science) from Miami-Dade College and was a graduate of the University of Miami (UM), where she received both a Bachelors in Business Administration and a Masters in Public Administration.

Prior to coming to Emory, Patricia worked as a Coordinator at the Center on Aging at UM where she

2011 1st Year Emory Radiology Residents

Ashley Alexander

~ Case Western Reserve University SOM

Ryan Buss

~ Emory University SOM

Elliott Elias

~ Boston University SOM

Dairon Garcia

~ Duke University SOM

Robert Hosker

~ Medical University of South Carolina College of Medicine

Pavan Kavali

~ Morehouse SOM

Travis Langley

~ University of Michigan Medical School

Thomas Loehfelm

~ University of Buffalo State University of New York SOM & Biomedical Sciences

Emilio Lopez

~ University of Miami SOM

Matthew McDermott

~ Medical University of South Carolina College of Medicine

Adam Prater

~ Emory University SOM

Bradley Rostad

~ Emory University SOM

Marae Shewmaker

~ Emory University SOM

Leah Weitz

~ Wayne State University SOM

served as a liaison to government agencies and education, health and social organizations on developing and implementing health education programs for health care providers and outreach workers. She had also worked as an administrative assistant at UM's Miami Area Geriatric Education Center.

Patricia was a loving and devoted mother to her son, Patrick. She was extremely caring, intelligent and a beautiful human being. She brightened up WW-CSI, with her smile and her laughter, and her fashion. Patricia never turned down a requested project and was always able to successfully complete it beyond expectations. It was an honor and a privilege of the Goodman lab to have had the pleasure of working with her. We were blessed to have her as a friend and are heartbroken with losing her. It will be impossible to replace her and she will always have a place in our hearts and memory. We will never cease to understand why such a lovely person should be taken from her son, family and friends at such a very young age.

A memorial service was held on Saturday, April 3, 2010, in Miami, where her family lives.

IN THE KNOW

Quality Corner

Patient Safety is In Your Hands

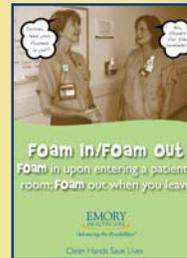
Emory Healthcare (EHC) has many initiatives across the system to promote patient safety and quality. In my opinion, the new hand hygiene campaign, "Foam In/ Foam Out", is not only the most basic but also has one of the biggest impacts on our patient's quality and safety. All healthcare workers should contribute by using the cleansing foam upon entering and exiting a patient room or care area to help save lives.

In 1843, Oliver Wendell Holmes wrote a chapter in Hospital Epidemiology and Infection Control entitled "Hand washing and hand disinfection," which still stands true today. He concluded that "puerperal fever was spread by the hands of healthcare workers and made recommendations to prevent the spread from patient to patient. In 1847, Ignaz Semmelweis observed higher mortality of women and their babies who delivered in a clinic attended by students and physicians than those attended in a second clinic by midwives. Semmelweis noted that the midwives washed their hands between patients but the physicians and students did not. Upon insisting that the students and physicians clean their hands with a chlorine solution between patients, the mortality rates dropped significantly. As a result of these independent findings, hand washing became accepted as

one of the most important measures in preventing the spread of infections in healthcare facilities."

On a monthly basis, EHC collects hand hygiene data, which has shown we similar to the rest of the nation. The Joint Commission and EHC have made a goal to achieve 90% compliance for all employees to sanitize their hands before and after patient interaction. Hence, the "Foam In/ Foam Out" Initiative. As healthcare workers, we are required to abide by these regulations of cleaning our hands regularly when working with the patients. All employees and patients have been empowered to remind us to clean our hands, which can result in saving more lives together. When asked if you have cleaned your hands, there are two answers: "Yes, I have, but thank you for reminding me" or "No, I haven't, thank you for reminding me." As you care for patients each day, please remember to clean your hands and remind others to do the same as we strive to improve patient care and safety in Radiology. We are making a difference in patients' lives when creating a culture of safety!

- Vicki Ray White, MSN, RN
Director, Radiologic & Imaging Nursing



HR Tip

Tax Information

Employees are now able to change their Federal Withholding (W-4) and Georgia Withholding (G-4) tax forms on-line. This may be completed through Employee Self-Service on the HR website. If you encounter any difficulties, step-by-step instructions may be found at the following <http://www.hr.emory.edu/newsyoucanuse/Update%20your%20G4.pdf>

University Travel

University has made a transition from the current policy of recommending the use of preferred air travel providers to the mandatory use of Emory's air travel providers. This change in policy applies to the Emory University faculty, fellows, residents, researchers and staff traveling on work-related business funded by University funds.

See the policies page of Radiology Intranet for details: https://secure.web.emory.edu/radiology/intranet/faculty_and_staff/policies-procedures/index.html

- Cynthia J. Wood, SPHR
Human Resources Manager

CHECK IT OUT

Coursey CA, Nelson RC, Patel MB, Cochran C, Dodd LG, DeLong DM, Beam CA, Vaslef S. Making the Diagnosis of Acute Appendicitis: Do More Preoperative CT Scans Mean Fewer Negative Appendectomies? A 10-year Study. Radiology Feb 2010 254:460-468.

Dowden EE, Osunkoya AO, **Baumgarten DA**. Localized Cystic Disease of the Kidney: An Unusual Entity That Can Mimic a Cystic Neoplasm. AJKD. 2010. March 15; 55(3):609-13.

Taylor AT, Lipowska M, Marzilli LG. $^{99m}\text{Tc}(\text{CO})_3(\text{NTA})$: A ^{99m}Tc Renal Tracer with Pharmacokinetic Properties Comparable to Those of ^{131}I -OIH in Healthy Volunteers. J Nucl Med. 2010 Mar; 51(3):391-6.

Nour SG, Goldberg SN, Wacker FK, Rafie S, Paul S, Heidenreich JO, Rodgers M, Adul-Karim FW, Duerk JL, Lewin JS. MR Monitoring of NaCl-enhanced Radiofrequency Ablations: Observations on Low and High-Field-Strength MR Images with Pathologic Correlation I. February 2010 Radiology, 254, 449-459.

STRIVING FOR EXCELLENCE

Management by Wandering

In a world where much of our communication is heavily reliant on electronic channels such as e-mail, text messages, blogs and tweets, we must remind ourselves that face-to-face communication still holds a critical place. One such technique was developed by Hewlett-Packard executives in the 1970's.

Management By Wandering Around (MBWA) is a rather intuitive but valuable tool. MBWA reminds leaders to perform three equally important activities; listen, teach and facilitate. Listening is the most important aspect of MBWA. This element asks leaders to enter the environment of their staff and customers. At Emory this is often referred to as "rounding." Putting

leaders on their staff and customers' turf, provides an environment that is most conducive for customers and staff alike to speak freely and share their thoughts, suggestions and concerns. Additionally, leaders who practice MBWA get an opportunity to directly teach by sharing the organizational mission and vision with staff on a regular basis. While wandering, leaders are often transformed into facilitators who effectively remove obstacles that staff and customers encounter.

MBWA has many advantages, some of which include: enabling leaders to get unfiltered feedback from their staff and customers, proactively identify issues before they become exacerbated, identify

opportunities that may have otherwise been missed, being more accessible and approachable to staff, enhancing leaders' ability to empathize with and see things from staff and cut-over perspective.

Tom Peters, the author of *A Passion for Excellence*, referred to MBWA as "The technology of the obvious", but he also acknowledged that while it is conceptually straightforward, putting MBWA in practice is challenging. Perhaps the most challenging aspect of MBWA is allocating the time to invest in such a worthwhile activity. Therefore it is important to schedule MBWA into one's calendar and follow through on a consistent basis.



- Mo Salama
Asst. Director of Imaging Informatics

GETTING TO KNOW YOU

Radiology Research Nurses

Deadly diseases, infections and other irregular, life-threatening anatomical malfunctions are the cause of millions of deaths each year throughout the world. Research plays a vital role in advancements in technology, medication and various scientific treatments, and the volunteer patients for these various research studies are the backbone of this process. In our department, the research nurses are not only the patient advocates for these clinical trials, but are responsible for coordinating several key components to ensure a successful research project. The responsibilities of a research nurse require close attention to detail as they are actively involved in the process of these studies starting from protocol procedures and paperwork to recruitment and follow-up care for the patients.

Before a trial can begin, the primary investigator (usually Radiology faculty members) and a research nurse meet to prepare the appropriate documentation including protocols, consent forms, confidentiality agreements, site equipment questionnaires, lab certifications and other paperwork that must adhere to the Institutional Review Board's (IRB) strict guidelines. Once the paperwork is approved and a contract for the study is finalized, the research nurse has to screen, recruit and enroll subjects in the study.

Once a patient agrees to volunteer his/her time and signs informed consent, the research nurse coordinates the schedules for the required research activities, scans, procedures or visits.

Research nurses also assist the primary investigators with thoroughly completing the copious paperwork so that the physician can spend more time and detail focusing on actual research procedures and experiments. This includes working closely with the Radiology Grants Administrator to manage the finance of clinical trials, overseeing expenditures and accounts receivable. The research nurses also work with a variety of other people throughout Emory to efficiently coordinate the details of their clinical trials including the Office of Sponsored Programs, Office of Clinical Research and the Office of Radiology Research Administration.

Other responsibilities of research nurses incorporate gathering various data such as medical records, radiology images and reports for source documentation. They also maintain a variety of databases of the active protocols. For some studies, the nurse



Angie Williams, Laurie Murrell and Madge Bellamy (left to right) are the research nurses for Radiology.

may need to perform an intravenous insertion of medication or contrast dye administration as needed per particular protocols and work with our radiologic technologist for subject scans.

As the study concludes, the research nurses will assist the principal investigator in preparing the collected data for publication so the results can be made available to the public and further advancements in medicine. After the study, there may also be several years of patient follow-up that these nurses are accountable for handling.

Our radiology research nurses, Angela "Angie" Williams, Leah "Madge" Bellamy and Laurie Murrell are all Registered Nurses with many years of experience working with research subjects. Angie and Madge have continued their education to become Certified Clinical Research Coordinators (CCRC).

For more information on research nurse responsibilities, contact Angela Williams at angela.williams@emoryhealthcare.org.

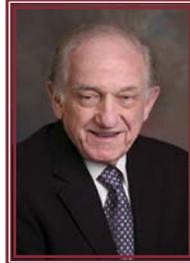
- Alaina Shapiro, Communications Coordinator

GET INVOLVED

Retirement Reception for Murray G. Baron, MD

The Department of Radiology cordially invites you to join us to offer Murray G. Baron, MD best wishes on the occasion of his retirement:

Wednesday, April 21, 2010
3:00 to 6:00 p.m.
Emory University Hospital
Whitehead Room
2nd Floor, Hall B



GRANT OPPORTUNITY

Emory Molecular and Translational Imaging Research Center (EMTIC)

Request for Pilot Project Applications: The P50 EMTIC Pilot Project program offers opportunities for both trainees and established scientists to acquire preliminary data in the quantitative molecular imaging arena on which to base competitive future R01 proposals. Pilot Projects would be supported at the level of \$25,000/year total direct costs per pilot project.

Duration of Award: 1 year (up to 2 yrs possible)
Start date of Award: September 1, 2010

Imaging modalities of interest include CT, MR, Optical, PET, SPECT and US. The page limitation for the application is 4 pages not including an abstract and references. The font is Arial and size 11. The margins left, right, top and bottom are 1 inch.

The applicant should organize the application to include:

- A. Background and Significance
- B. Specific Aims
- C. Preliminary Data (not required)
- D. Experimental Methods
- E. Budget with Justification (funds may not be used for equipment)
- F. 4-page NIH Biosketches of PI and Co-Investigators

The following review criteria for selecting Pilot Projects:

- i. innovation and scientific strengths, including likelihood to lead to federal and foundation funding;
- ii. "fit" with the developing EMTIC vision and the resources/environment provided by EMTIC;
- iii. potential to be translated to clinical applications with a benefit to cancer patients;
- iv. integration with institutional linkages and WCI programs; The progress of Pilot Projects will be assessed at 6 and 12 months after receiving funding. The 1 year assessment will determine if a second year of funding is applicable.

The following review criteria for renewing Pilot Projects:

- i. progress made toward achieving the specific aims;
- ii. usage of EMTIC resources;
- iii. status of new applications for federal and foundation funding
- iv. number of submitted meeting abstracts;
- v. number and quality of submitted publications

DEADLINE FOR SUBMISSION IS May 1, 2010

Please forward your proposals to: Linda D. Burr at lburr@emory.edu or 404-712-5809.

Radiology Calendar

Week of April 12, 2010

Wed., April 14 –
Grand Rounds -
Parvati Ramchandani, MD
Drug Induced Abnormalities in
the GU Tract

Thurs., April 15 –
Research In Progress Series (RIPS) -
Richard Jones, PhD
Changes in Cortical Thickness and Diffusion
in Sickle Cell Disease

Week of April 19, 2010

Wed., April 21 –
Grand Rounds -
Bobby Kalb, MD
Body MRI-Applications in the Emergency Setting

Thurs., April 22 –
RIPS - Wone Woo Seo, PhD
Synthesis and Biological Evaluation of 1S,2R- and
1R,2S-1-amino-2-[18F]fluorocyclobutyl-1-carboxylic
acid (2-FACBC) as PET Tumor Imaging Agents

Week of April 26, 2010

Wed., April 28 –
Grand Rounds -
Jeffrey Petrella, MD, PhD
Functional MRI in Memory Impairment:
Is there a future role?

Thurs., April 29 –
RIPS - Jeff Stehouwer, PhD
Towards Development of a PET Tracer for
Imaging the CRF-1 Receptor

Week of May 3, 2010

Wed., May 5 –
No Grand Rounds – Week of ARRS

Thurs., May 6 –
RIPS -
Ioannis Sechopoulos &
Julianne Chung, PhD
Spectral Reconstruction in
Digital Tomosynthesis Imaging
of the Breast

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

Updates from Imaging Applications Support (IAS)

New GE PACS Update

Phase I success! We are very grateful to the MSK radiologists for being our Phase I group. They have given us great input into the application, issues that need to be resolved and workflow changes and enhancements. Our other sites will greatly benefit from their input. So a big THANK YOU to MSK! Thank you to our Phase I technologists as well, EUOSH, WW, EP, I525 and Perimeter. They too have given vital input to help the next phases. We have gained a better understanding of the importance of a standard workflow.

We are on track for Phase II which will include radiology and vascular techs at EUHM May 18th and then radiologists at EUHM June 2nd. We are working through current and future state workflows for Nuclear Medicine, Interventional Radiology, Vascular Ultrasound and Bone Density. We have also done workstation assessments and walk-throughs for placement. Our non-radiology readers at EUHM (ED, Neuro, Vasc, etc.) will not see a difference and will continue with Siemens ("old") PACS until all referring physicians go live with GE PACS in September 2010. We will begin assessing their current state workflow in the near future.

All training for Phase II will take place on site at EUHM. We hope this helps everyone with their busy schedules and time. All technologist and radiologist pre-training will take place in the radiology large conference room. Training will begin mid-April and will be a little more extensive, as we will be incorporating some additional information from lessons learned during Phase I.

Our training going forward will be competency based. There is also web based training available on the PACS web page on the intranet for those who would like additional practice.

- Starla Longellow, *Asstant Director, Imaging Services Quality & Strategic Initiatives EHC*

Maintaining the Siemens PACS

Over the next few months, more reading areas will be using GE PACS, and fewer areas will be reading from Siemens, but all images still need be sent to Siemens archives. All outside clinicians will depend on Siemens MagicWeb to view images until we are fully converted to GE PACS.

Adapting to this hybrid environment will require patience and an understanding of the where the data is flowing. Please continue to follow the Siemens usage guidelines that we have outlined in the past - no "splat" queries, use EMPI numbers for search whenever possible. If you need to find the EMPI number of any patient, please use the "EMPI-Standalone Lookup" on your VDT. It is also important for both the Siemens and the new GE PACS workstations that you respect the footprint and do not change out mice or keyboards for the interpretation workstations.

During times of change and transition, you see a rainbow on the horizon, but you may be currently living in the deluge! Continue to look forward with anticipation and we will help you keep the umbrella up in the meantime.

- Karen Boles, *Manager, Clinical Applications*

NEW FACES & APPOINTMENTS



Arthur Stillman, MD

Director, Cardiothoracic Imaging

Dr. Stillman is active in a number of local national organizations. Within our department, he has been appointed to chair our department Appointment and Promotions Committee, succeeding Dr. Kay Vydareny.



Robert Dyer RT (R) (N) CNMT, PET

PET/CT Technologist – MOT

Robert has seven years experience in radiologic imaging including X-ray, Nuclear Medicine and PET. He is currently working toward his CT registry. Robert moved to the Atlanta area in 2008 from upstate South Carolina. He is a proud owner of six dogs.

EMORY Radiology

Symphony Night

Join fellow radiology colleagues to enjoy an evening of inspiring music performed by the Atlanta Symphony Orchestra.

Thursday, April 15th
Atlanta Symphony Hall

7:00 - 7:30 p.m. ~ Pre-concert lecture
by ASO Insider and Program Annotator Kenneth Meltzer

8:00 p.m. ~ Performance

Featuring ~

MENDELSSOHN: Violin Concerto in E minor
SCHRECKER: Overture to Die Gezeichneten
BEETHOVEN: Symphony No. 3, "Eroica"

Performing ~

Lothar Zagrosek, Conductor
Midori, Violin

Revived to acclaim at the 2005 Salzburg Festival, Die Gezeichneten ("The Branded") is Franz Schreker's 1918 opera of sex, death, and artistic creativity. The wondrously talented Midori plays the brilliant Mendelssohn Violin Concerto, and German-born Maestro Zagrosek concludes with Beethoven's resounding symphonic salute to all things heroic.

Seat location options and ticket prices including Emory Radiology discount, tax and handling:

\$37 Main Orchestra

Please contact **Shelby Moody** at (404) 733-4848 or Shelby.Moody@woodruffcenter.org to purchase tickets and for information about the Fanfare Musical Feast. Mention **Emory Radiology Night** to receive the discount.

You may also contact Laura Padgett, Event Coordinator at (404) 712-5422 or LLPadge@emory.edu with questions.

Offer not valid at box office.

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