



FROM YOUR PRESIDENT

Ritsuko Komaki, MD, FACR

Dear Members:

Greetings to all of you from Texas. As I review the AAWR 2001 timelines, I realize that the Executive Committee members and I have a very busy schedule ahead of us. I thank Lise Swanson and Sheryl Trotz for keeping us on track.

I would like to encourage all AAWR members to participate in Focus by submitting articles that voice their concerns regarding promotion, problems in the work-place, patient care issues, socioeconomic issues related to medicine, how to prioritize our work, and/or any encouragement you can give our colleagues. In this issue, you will find several articles on the above topics. Publication deadlines are June 1 for the summer issue, September 1 for the fall issue, and December 1 for the winter issue. You can send articles electronically to AAWR headquarters at aawr@rsna.org. Melissa Rosado de Christenson, our Editor, is eager to receive more input from our members for the benefit of all of us. I would like to hear your comments and views in the area of job opportunities for radiation oncologists and radiologists. I would also like to hear from radiation biologists and medical physicists. Please assist us in recruiting new AAWR members. Application forms can be found on our web site. I encourage all of you to visit the site and take advantage of our catalog of resources, including references for publications relating to issues relevant to women in our profession. In

addition, selected articles from each issue of *Focus* are available on line together with comments from our members. These web resources should be of great value to our growing international membership. I am eager to see us help each other by sharing information and encouragement.

The AAWR mentoring program was established through the efforts of B. J. Manaster, Nancy Rosen, Teresita Angtuaco, Ines Boechat, and Melissa Rosado de Christenson. B. J. Manaster will make additional contributions to this effort through the completion of the second edition of the *AAWR Pocket Mentor*. I encourage all of you to become mentors. Help us provide guidance and advice to our fellow young professionals. The process should be facilitated through the email functions of our web site.

Past Presidents of AAWR have joined the Past President's Circle, which will provide additional guidance to our current leaders. It is very important for us to receive input from those pioneers who previously served AAWR.

It was wonderful to see many of you during the 2000 business meeting. Our hearts were touched as we watched Lara Patriquin accept the Presidents' Award on behalf of her late mother Heidi. I welcome future opportunities to interact with all of you either virtually or at our meetings. Your comments and concerns allow us to assist each other and to remain open minded in the face of constant change and increasing diversity in our organization.

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Kay Vydareny (left) accepts Marie Curie Award from Sarah Donaldson and M. Ines Boechat.

THE 2000 MARIE CURIE AWARD

By Kay Vydareny, MD, FACR

Kay Vydareny was awarded the Marie Curie Award during the business meeting of the AAWR, which took place on 27 November 2000 in Chicago, Illinois. Dr. Vydareny has a long history of service to the AAWR and served as its president in 1984. The following are her remarks upon receiving the award.

It is indeed a tremendous honor for me to accept this award. I have been thinking a great deal about what I could say at this time. This seems like such an opportune moment to impart words of wisdom that would make an impact on someone's life... but I am certain I don't know what those words are.

I entered medicine at a time when there were not many women in the field. My parents were "supportive" (if a little uncertain) of my decision. During my senior year in college, as I was applying to medical schools, my father kept sending me Peace Corps applications. My mother was certain that should I become a doctor, I would be an unhappy spinster (and in the 60s, all unmarried women were considered to be unhappy), since the only female physician she knew was an ophthalmologist who was single.

I was lucky to be accepted at the University of Michigan after I fainted in the dog lab during my interview. I was not accepted at many other schools despite a very good college record. My favorite rejection letter came from an Ivy League school, which said "since you are not on our acceptance list and since you are not on our alternate list, it is highly unlikely you will be a student in our entering class this fall." Ten percent of my medical school class was female—the school made a point of noting that there were no quotas—but year after year the class was 90% men (white males at that) and 10% women. Since I had attended a women's college, I felt I had "been there, done that" in terms of bonding with women, so I didn't live in the medical school sorority and didn't play a very active role in its activities.

I began my Diagnostic Radiology residency after a hiatus from training that I spent following my first husband around during his military service and residency. During

this time, I took an internship and a year of residency in Internal Medicine (where I was the first woman intern in over 10 years), worked as a GP/internist at both a Kaiser outpatient clinic in California and at an OEO-sponsored clinic for the medically underserved in North Carolina and as an ER physician in Michigan. When I began my residency, I had 2 small children, had just lost a mid-term pregnancy due to a septic IUD and was pregnant again. I wanted to work only part-time. I was lucky in that I was back in the city and hospital where I had done my Internal Medicine training, was known there, and was able to convince the director of the department that a part-time residency would be good both for them and for me. I began working half a day every day but quickly learned this was not a good arrangement. From the department's point of view, I was always leaving before the day's work was done (even though my half-day regularly extended until 2 and I didn't take lunch), from my children's point of view I was always going or coming from work, and from my point of view I didn't have time to either play with the kids or get any errands or housework done. So, I began working 3 days a week, taking full-time call on nights and weekends (though night call could be taken at home—it was a different era). That was a tough time—I felt I had full-time responsibility at home, loved being involved in my kids activities and needed to do lots of studying to become a good radiologist. I felt I either had the best of all worlds (I was able to have a family and work) or the worst of all worlds (never enough time to do an excellent job in either sphere). I remember one of my attendings suggesting I quit my residency—that I was only doing radiology as a lark and that I would never make a difference or

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THE 2000 AAWR PRESIDENT'S AWARD

By Renate L. Soulen, MD, FACR

Renate L. Soulen is Professor of Radiology at the Wayne State University in Detroit, Michigan. On 27 November 2000 she received one of two AAWR President's Awards. The following is an excerpt of her acceptance remarks.

There have been incredible changes in Radiology in the course of my career. At the start of my residency we were still using red goggles to accommodate for fluoroscopy (which made spinal taps for myelograms a real challenge); there was no ultrasound, no CT, no MR. It is this continuous growth that makes radiology so exciting!

There has also been change in the role of women in Radiology—for which the AAWR deserves a lot of credit. It is no longer rare to see women in leadership roles—though it remains noteworthy.

What I believe has **not** changed is the challenge of finding balance in one's life—meshing the roles of physician, spouse and parent. I have been blessed to be married for 45 years to a wonderful man who was liberated before that term was coined. We have shared household tasks and parenting. We were further blessed by a young man who entered our lives as a baby-sitter and became a role model par excellence for our 3 sons. He is now a radiologist. Our oldest son is also a radiologist, as is his wife. Indeed today,

when I meet someone new at a radiology meeting, I am usually introduced as Michael's mother!

At the first refresher course sponsored by the AAWR, entitled "Dual Career Marriages," our middle son (then a junior medical student) spoke about growing up in such a household. He said a lot of nice things. Afterward, during a question-and-answer period, someone said "Come on Jeff, tell us the truth. When you came home from school, didn't you ever wish your mother was there to make you a peanut butter sandwich?" He thought about that for a moment (while I almost stopped breathing), then responded: "I do remember going to a friend's house after school and when we got there his mother was running a vacuum cleaner. I had never seen my mother run a vacuum cleaner! His mother did stop and make us peanut butter sandwiches—and I wondered if maybe my friend didn't know how to make a sandwich."

I thank the AAWR for this honor—and my family for making it possible.

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BECOMING A FELLOW OF THE AMERICAN COLLEGE OF RADIOLOGY: THE MILITARY PERSPECTIVE

By Melissa L. Rosado de Christenson, Col, USAF, MC, FACR

Melissa L. Rosado de Christenson is Editor of the Focus. She is Past-President of the American Association for Women Radiologists and Co-Chairs its Public Relations Committee.

The opinions and assertions contained herein are the private views of Col Rosado de Christenson and are not to be construed as official or as representing the views of the Departments of the Air Force or Defense.

On 27 September of 1999, I had the honor of becoming a Fellow of the American College of Radiology (ACR). The convocation ceremony took place in the nation's capital during the ACR annual meeting that commemorated the 75th anniversary of the College. As I mingled with my colleagues in anticipation of the ceremony, I noted several differences between the others and myself. I was the only military member in the group and thus the only one in uniform. As we prepared for the cap and gown procession, I noted that my gown was different. The other new ACR Fellows wore the colors of their respective medical schools. As the only graduate of the Uniformed Services University of the Health Sciences in the group, I wore the colors of the United States flag. In fact, as I looked back on the preceding months, everything about my road to fellowship was slightly different. It took significant research and consultation to discover how to apply for Fellowship as a military member. The process I followed is outlined below. I hope my experiences will be useful to both my military and civilian colleagues as they consider undertaking this milestone in their professional careers.

Military radiologists, radiation oncologists, and related professionals are eligible for membership in the American College of Radiology. In consideration of the particular hardships related to military life (lower salaries and geographic mobility), the college has reduced rates for its members in uniform. Because we may be stationed anywhere in the United States or overseas, we are not required to join a state chapter. The latter is both an advantage and a disadvantage. From a financial standpoint it is convenient to not have to pay state chapter dues. However, we risk becoming professionally isolated from our civilian colleagues when we choose not to join, and we do not have the advantage of chapter service in support of our Fellowship application. It should be noted that there is no rule that prevents a military member from joining a state chapter, provided she/he un-

derstands that there is always the possibility of having to relocate to another state or overseas location within three or four years based on the needs of military radiology. The latter makes promotion to leadership positions within a specific state chapter difficult. The biggest challenge to the military member is to decide how to provide service to the ACR. In my case, my interactions with the ACR began when I served as Course Director of the Armed Forces Institute of Pathology's (AFIP) Radiologic Pathology Courses. I was assigned to participate in an ACR initiative to educate residents in mammography. To this end, the ACR formed a committee tasked with creating a one-day mammography course to be delivered within the six-week Radiologic Pathology Courses. Through my work in the committee I interacted with outstanding radiologists like Valerie Jackson and Larry Bassett whom I would not have otherwise met. Both were outstanding role models, and the course we established continues to this day. My next opportunity for service arose when Mr. Gary Pfaff of the American College of Radiology Institute (ACRI) asked me to serve as Editor-in-Chief of a new ACRI Chest Learning File. The ACRI had received numerous requests for this learning file, and they were looking for someone to organize the project. While I initially declined, I later came to see the project as a unique opportunity to create and organize an educational curriculum in thoracic radiology and to do it my way! The Learning File was completed and released five years later in February of 2001. It consumed a substantial amount of my time and energy, but it represented a wonderful learning opportunity and allowed me to work with twelve outstanding thoracic, pediatric and cardiovascular radiologists, and profit from their immense knowledge and expertise. In fact, I look forward to editing the second edition. Through my work with the ACRI, I encountered new opportunities to become involved in other ACR initiatives. Last year, I became the Chair of the Chest Panel of the Continuous Professional Improvement project, and this year I joined the ACR's Standards Committee.

An additional opportunity to serve organized radiology came in the form of a telephone call from my good friend and mentor, BJ Manaster. BJ was a member of the Executive Committee of the AAWR, and she asked me to chair the

AAWR's Membership Committee. While I initially hesitated, I eventually accepted the position and embarked on a journey that would lead me to the Presidency of this wonderful organization.

I have been most fortunate to have a record of research and educational activities through my position at the AFIP. These contributions together with my service to the AAWR and the ACR as well as minor contributions to other radiological societies resulted in my becoming an ACR Fellow. I was impressed by the fact that the individuals that recruited me to serve in these organizations had had great difficulty in recruiting radiologists who were willing to serve. As I later rose to leadership positions in various organizations, I found that I eagerly accepted help from all individuals who volunteered to serve. Thus, while I have enjoyed significant visibility in my unique military position, I am aware that the ACR and many other organizations are continuously looking for members that are willing to provide service. A documented record of service can in turn lead to ACR Fellowship.

The process of becoming a Fellow as a military member is, in my opinion, much simpler than that for civilians. Prospective candidates require endorsement from the appropriate military radiology consultant (military councilor in ACR terminology). There are three consultants (Army, Navy, Air Force) who track the service-specific needs for military radiology human resources and who provide recommendations on duty assignments both in the continental

United States and overseas. It is important for military members to establish and maintain communication with their radiology consultant throughout their careers. The consultant should be made aware of the individual's accomplishments and goals. Because the consultant term may range from 2 to 6 years, military members should carefully consider the timing of their application. In my case, I had known Colonel Thomas Johnson, the Air Force Radiology Consultant for several years and had maintained open communication with him and kept him informed of my activities. When I learned of Colonel Johnson's plans to retire from active service, I made the decision to put forth my Fellowship application. I did not know who the next consultant would be and did not want to risk having to wait for several years to establish a record of service with this individual. Like other Fellowship candidates, military members require letters of recommendation from ACR Fellows. Because there are very few military Fellows, service to the ACR and organized radiology is of the utmost importance. Such service together with State Chapter membership allows the military member to interact with civilian ACR Fellows who can witness their work and endorse their Fellowship application.

I encourage all military and civilian radiologists, radiation oncologists and related professionals to become members of the American College of Radiology and to seek service opportunities. There is much work to be done, there are few volunteers, and ACR Fellowship represents the reward and recognition for your contributions to our specialty.



WHY I AM A MEMBER OF THE AAWR

By Ernest J. Ferris, MD, FACR

Ernest J. Ferris has been an active member and supporter of AAWR since 1983. He is Chairman of the Department of Radiology of the University of Arkansas for Medical Sciences. His is the first in a series of articles that feature our male members.

As Chairman of a university department of radiology with the ultimate responsibility for teaching, education, and clinical activities, I am always looking anywhere I can to find the best individuals to assist me. There has been an increase in the number of women entering medicine and particularly radiology in this country. Through my experiences in Europe, I have found that in some countries, women radiologists outnumber men. This seems to make no difference in the high quality of medicine that I observed during my six-month sojourn in Europe. As long as the goals, and the educational background are appropriate, women are treated the same as their male counterparts in my department.

At the University of Arkansas for Medical Sciences, a woman heads our pediatric division, a woman heads our training program, and a woman heads our division of medical imaging. Their influence as well as their salaries and academic ranks are based not on their gender, but on their ability. In belonging to the AAWR, I support an organization, which I believe will at some point in time equalize women's rights in medicine and particularly in academia. I have been a member since 1983 and certainly urge chairs of medical school radiology departments to support the AAWR.



Taking Care of Yourself Basics of Self-Preservation

By Kimberly Applegate, MD

Kimberly Applegate is Vice-President of AAWR. The following is an excerpt from her chapter contribution to the upcoming edition of the AAWR Pocket Mentor.

Although a radiology residency is not typically one of the most physically demanding career choices, there are some basic principles to keep in mind. The radiologist is actually more active than in former years, with much walking and standing, particularly in the interventional and angiography subspecialty area.

It is helpful to realize that you will not be alone in feeling tired and discouraged at times, though many of your colleagues may not admit this. Realize that some of your exhaustion may be self-inflicted. Many women feel that they have to work harder, study harder, and spend more time being sympathetic with patients and co-workers than their male counterparts. First, realize that you are just as smart as the guys, or you would not have been accepted into the program. Second, realize that if you don't start taking care of yourself, you are going to wind up sick, out of commission or even chronically depressed. Third, if you are constantly sleep-deprived, you are going to be irritable and impatient and have a much harder time retaining what you are being taught during the day because you will not be able to concentrate. It is also important to remember that you need to stay focused on your work responsibilities and not be distracted by the many things you feel you need to be doing but aren't. Some people find that making lists of things to be accomplished each day, each week, or each month is helpful. Some people find studying in the morning before coming to work helpful, whereas others prefer to work at night, for example, after significant others or their children have gone to sleep. Whatever method you use that works to keep on top of all of the reading, studying, and lecture preparation, use it. Some people prefer to study with a group, whereas others prefer to read alone.

If you don't know what your priorities in life are, welcome to the club. Sit down and write a list of your own personal and professional goals. Then try to list some specific steps you must take to accomplish each goal. Ask some of

the more senior residents or staff whom you have identified as possible mentors for help. You will be more productive and self-confident if you identify your goals. Then structure your time so that most of it is spent on your priorities, not someone else's.

Once you have set your goals, you can feel more relaxed about where you are headed. There is no doubt that finding appropriate support groups or individuals is critical to your emotional survival. You may simply need to see more sunshine than you normally see in the basement of the hospital in your department. Therefore, think about eating lunch outside, either alone or with a friend. You may be able to meet clinical house staff if you want to discuss clinical medicine or possible research projects. Equally, or perhaps even more importantly, you will need to find time with your fellow residents to discuss the pros and cons of the day or the residency as a whole. This "complaint session" may be important to your emotional survival; however, it should not be allowed to take up large amounts of your time and should never take place in front of the department staff. Although these staff members may have deficiencies, they are contributing to the department in ways that the residents may not be aware of. Complaining too much in front of the staff will not help you when you need a letter of recommendation or are looking for a job; it will only label you as difficult and not a team player. It does not matter if some of the complaints are legitimate. You must pick and choose which unfair issues are worth battling to change. For example, if you are asked to do trivial tasks while on a certain rotation, you may choose simply to do them rather than try to change a staff member who may always expect the residents to do these tasks.

The residents will always complain about call. Sometimes getting together with the other residents and coming up with creative solutions to a bad call situation may be beneficial. Learn what you can on call. Use your

time effectively, such as by studying, copying cases, learning how to use the computer, and reading journals in the library. Always learn what you can from the radiologic technologist and the other clinicians you work with while on call. This is an incredibly important learning opportunity. On the other hand, when time for sleep is available, take it.

Deciding what clothing is appropriate during your residency depends on the individual and the expected dress code in the department. Some residency programs require identification badges and white coats. Others are very casual. Look professional, act professional, and expect respect. Comfortable shoes are essential given the amount of walking you will do both during the day and on call. Remember that barium can stain clothing and shoes, so while on those rotations, you may choose to be more casually dressed. Also, while on fluoroscopy rotations, you may

spend many hours wearing your lead apron. This may create or worsen already existing back problems. Some people prefer the single-piece lead apron with the back belt, whereas others prefer the skirt-and-vest two-piece lead apron.

Exercise will help your mental and physical health. Any form of exercise will do as long as you enjoy it. Couch potatoes are usually depressed. So, take the stairs whenever you have the chance.

Make a list of things to do that are just for fun. When you feel that you have been working too hard or studying too hard, take a break, go to a movie or do something else that you enjoy. And remember, a sense of humor goes a long way toward surviving a residency and is, in fact, essential. Most of all, realize that you are important and unique and you must take good care of yourself as well as your patients.



Wow! Where Can I Get a Mentor?

By Carol L. Andrews, MD

Carol Andrews is Assistant Professor-in-Residence in the Department of Radiological Sciences of the UCLA School of Medicine in Los Angeles, California. Carol is past member-at-large of the Executive Committee of the AAWR and one of the chapter authors of the AAWR Pocket Mentor.

Some years ago, when I first became involved with the American Association for Women Radiologists (AAWR) as a resident, I participated in a project to foster mentoring relationships between women resident/fellow trainees and radiologists in academic and private practice. When recruiting a junior faculty member for the resource pool, I described the desired outcome of providing guidance to junior colleagues. She responded, “Wow! That sounds great! Where can I get a mentor?”

Now, as a junior faculty member myself, I understand her impassioned response as I seek to meet the challenge of balancing family and profession, as well as research with clinical work and administrative demands. It is easy to become so wrapped up in daily hassles that I can’t always “see the forest for the trees.” While I have had the opportunity of working with some truly amazing mentors including B.J. Manaster, Melissa Rosado de Christenson and Ines Boechat, it is useful to have a basic framework to work from as I plan my own career.

The Association of American Medical Colleges (AAMC) sponsors an annual seminar to address some of these very concerns specific to the junior academician in need of information, guidance and mentoring. This four-day

seminar provides a solid platform of information to address many of the primary concerns of today’s aspiring medical professional. I was honored to represent the AAWR at this year’s AAMC Professional Development Seminar for Junior Women Faculty, held in Savannah, Georgia in December 2000. The meeting brought together 140 junior faculty women recognized, recommended and supported by their departments and various specialty organizations for participation in the conference. All academic medical subspecialties were represented and both MDs and PhDs were among the attendees.

In preparation for the meeting, each attendee was given a group of reading assignments including a book written by this year’s keynote speaker, Linda Austin, MD, entitled “*What’s Holding You Back? Eight Critical Choices for Women’s Success.*” In it, Dr. Austin details issues any professional must address as she shapes her direction and contributions. She explains that we must determine what we care about (Motivation), learn to master anxiety (Risk-taking), and focus our interests and efforts (Intellectual Preferences). We shape our own work life by determining

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The AAWR Research and Education Foundation awards a Seed Grant Award for research each year. In 2000, two seed grants were awarded. The award recipients and a short description of their research projects are listed below. Interested applicants for 2001 should contact AAWR headquarters to receive application information. The deadline for applications is 31 August 2001.



Katarzyna J. Macura, MD, PhD
 Johns Hopkins Medical Institutions
 Baltimore, Maryland

Are You Ready For Call?—Intelligent Tutoring System for Emergency Radiology

The complexity and volume of work confronting radiology residents on call has escalated in recent years due to advances in technology, as well as increasing patient referral and pressure to deliver prompt and accurate service in a competitive environment. To be ready for call, radiology residents must become familiar with emergency medicine demands and all imaging modalities in a very short period of time, as they enter the call schedule a few months after starting their training. The goal of this project is to use the newest educational technology based on the intelligent tutoring system paradigm to design and build an interactive computer course to teach emergency radiology to junior radiology residents. The program will present emergency radiology cases in real life scenarios, and provide a diagnostic and educational environment that teaches diagnostic skills and patient management. The program will offer access to the radiology experience stored in previously solved case problems and will incorporate a series of lessons linked to the cases. The teaching scenarios and clinical pathways will be designed based on the diagnostic algorithms utilized by domain experts. The computer-based course will cover the most frequently encountered diagnostic problems in emergency radiology, will test resident's readiness for independent practice, and may serve as an adjunct tool in preparing radiology residents for call.



Talissa A. Altes, MD
 University of Virginia
 Charlottesville, VA

MR Ventilation and Perfusion Imaging

The purpose of this project is to develop a magnetic resonance (MR) ventilation-perfusion scan for the evaluation of chronic lung diseases such as asthma, cystic fibrosis, and chronic obstructive pulmonary disease. Intravenous agents have been employed in MR angiography of pulmonary vasculature and evaluation of pulmonary parenchymal perfusion. Hyperpolarized gas is a new class of MR contrast that is now available for MR imaging of lung ventilation. An MR perfusion sequence will be developed and will be combined with an already developed MR ventilation scan to produce an MR ventilation-perfusion scan. The authors will then evaluate findings in six subjects with cystic fibrosis; two each with mild, moderate, and severe pulmonary involvement. The authors hope that the MR ventilation-perfusion scan will be useful in evaluating lung physiology and pathophysiology through high resolution images depicting regional ventilation and perfusion.



Mentor continued from page 7

the issues that are important to us (Problem-fixing or Problem-finding). Competing effectively (Competition) and learning to deal with difficult people as a matter of routine (Managing Yourself) are as essential to success as is dealing effectively with failure (Rebounding from Defeat). The ultimate critical choice relates to understanding and using power effectively (Brokering Power).

The AAMC fashioned a series of workshops and discussion groups to help address topics specific to the academic medical professional but with clear relevance to anyone seeking a successful career in medicine today. The general challenges of academic career building were discussed, as were specific topics on clinical investigation skills, writing and getting grants, writing for the professional journals and understanding the academic promotion process. Specific personal skills were addressed including the art of self-promotion and engaging in effective financial negotiations for fair compensation as well as the basics of time management and organization skills. Added to this were topics related to

effective administration including conflict management, running effective meetings, understanding the basic financial issues in your practice and department, and engaging in effective policy-making.

These meetings were balanced with open periods spent talking with other junior women attending the conference and with senior faculty, whose own personal experience provided a rich resource for learning. The issues and concerns, regardless of specialty or training, were similar and the opportunity to talk with others working through the same issues and challenges provided a forum for networking among junior and senior faculty, an essential part of developing professionalism.

The AAWR provided me with an invaluable opportunity to participate in and learn from this well-organized and timely seminar. Today, the AAWR continues to provide networking and mentoring opportunities to me as a junior academician just as it did when I was a resident in training. It is good to realize that through this organization I do have Mentors.

The AAWR is currently accepting applications to the 2001 AAMC's Professional Development Seminar for Junior Women. Interested members should visit the AAWR web site or contact AAWR headquarters at aawr@rsna.org.

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take the profession seriously since I had a husband who could support me.

Why am I retelling this saga? I think it is to show part of the story of one woman who felt isolated during her early professional years. I was not only the only physician, but the only working mother in our neighborhood (or that my children knew).

I became involved with the AAWR during its early years almost by default. Kay Shaffer and I were talking about an early AAWR meeting, and one of my male mentors joined the discussion. When I said I didn't think I would attend, he encouraged me to go (perhaps for the wrong reason since he said that if "moderates" like Kay and I didn't go to the organizational meeting, then it would be engulfed by "radicals"). At those meetings, I discovered several things. First, there were lots of women out there dealing with the same issues that I was—and that, although there were no universally "right" solutions for us all, sometimes what worked for someone else could be helpful to me. Secondly, I became interested in many of the socio-economic issues that confront radiologists, both men and women. By working with the AAWR, I became involved with other radiological organizations at a time when they were looking to involve more women. So I was there at the right time and, as I learned at

a regional AMA leadership meeting "It's OK to be the token woman—as long as you work hard and do your job well—you'll be recognized".

Radiology has been good to me. Through the field, I met my husband Bill—my best friend, my sounding board and most loyal supporter. I've made wonderful friends throughout the United States. I have a sense of satisfaction after most days at work.

So, thank you again. It means a great deal to join the ranks of the other women who have received this award—Lucy Squire, Barbara Chick, Wilma Diner, Adele Swenson, Eleanor Montague, Linda Olson, Mary Stuart Fisher, Florence Chu, Ann Lewicki, Anne Osborn, Ruth Ramsey, Anne Brower, Sarah Donaldson, and the late Helen Redman. These are bright lights in our field—they have advanced diagnostic radiology and radiation oncology, and have served as mentors to myriad of men and women. Last year I was so pleased to see Helen Redman accept this same award—one of many she received in those last days of her valiant fight against breast cancer. At Helen's funeral, I was moved by the eulogy of one of her residents who told what an inspiration Helen was both as a woman and a radiologist. I am honored and humbled to be included in this group of Marie Curie Award winners and hope to be able to follow in the footsteps of these giants.

CLASSIFIEDS

POSITIONS AVAILABLE

Arkansas

The Division of Radiation Oncology at the University of Arkansas for Medical Sciences (UAMS) is seeking an academic radiation oncologist with primary interests and experience in brain tumors and stereotactic radiosurgery to join a promising and dynamic young program housed in a brand new two-story facility. Equipment includes a new model B Gamma Knife® unit jointly run with the Department of Neurosurgery, two identical Varian Clinac-2100 Ex units with 120 leaf MLC, a Ximatron Vision, an AcQSim, and ADAC Pinnacle Treatment planning software. The third vault is earmarked for the addition of Intensity Modulation Radiation Therapy. We also have brachytherapy programs, both HDR and LDR, for treatment of various tumor sites. Housed in the same facility is the radiation biology research laboratory, which is structured and organized to maximize multi-disciplinary collaboration and synergy. Future expansion is planned with the current building structurally designed for the addition of 6 more floors

Radiation Oncology is currently a freestanding division, and will receive departmental status when four radiation oncologists and one physicist are on faculty. A residency training program is planned once faculty numbers and case load/mix are optimal. We are currently seeking a third radiation oncologist to run the neuroscience radiation oncology component, as well as cover two additional cancer pathologies (to be negotiated individually). Candidates should have solid clinical experience in brain tumor Radiation-Oncology and radiosurgery and a demonstrated track record in education, research, and administration adequate for independent program development. UAMS is affiliated with the only comprehensive cancer research center in the state of Arkansas and serves a population of 2.6 million people.

Compensation package and academic rank will be commensurate with individual experience and qualifications. Send a letter of interest and C.V. to Vaneerat Ratanatharathorn, MD; Director, Division of Radiation Oncology, UAMS, 4301 West Markham, slot 771, Little Rock, AR 72205. The University of Arkansas for Medical Sciences is an Equal opportunity Employer.

**New Mexico**

Why not make New Mexico your home? Here you will find amazing beauty, ancient cultures, outdoor recreation, and warm hospitality. The landscape is rich with diversity from mountains to desert to lakes and forests. Albuquerque is the state's largest city offering a spectrum of exciting attractions and events, including the Kodak Albuquerque International Balloon Fiesta.

Radiology Associates of Albuquerque (RAA) is a privately owned, hospital-based radiology practice that has been a New Mexico corporation since 1970. All physicians are board certified, with several certified in more than one subspecialty area. RAA physicians have provided professional radiology interpretation to the Presbyterian Healthcare System, one of the region's leading healthcare providers, for over 30 years.

RAA is currently recruiting for partnership positions for radiologists specializing in general, musculoskeletal and interventional radiology. For immediate consideration or for more information, please contact: Catherine Dawson, telephone (505) 332-5814, email cdawson@radassociates.net, fax (505) 332-5892.

**Tennessee**

Opportunity to join two general radiologists at community hospital in E. Tennessee, one hour from Knoxville. Digitized fluoro, helical CT, 1.0T MRI, and teleradiology planned. Also, multi-specialty clinic, CT, US, NM, mammography in department and over-reads of family practice films. Country town, great recreational area near Smoky Mountains. Weekend coverage in place Fri.-Sun. p.m. Short partnership track. Reply to Patricia E. Perry MD at [H] 423-581-6633 or email at peperry@charter.net

**Wisconsin**

Assistant Professor, Breast Imaging full-time faculty position. The Department of Radiology at the University of Wisconsin Medical School, Madison is seeking a radiologist with expertise in breast imaging who is interested in pursuing an academic career. The ideal candidate would have a primary focus in breast imaging including fine needle aspiration and breast biopsies. Duties include medical student and resident teaching, radiology service, and clinical research. Candidates must be board certified in diagnostic radiology. Send a current resume and a cover letter explaining interest in the position to: Patrick Turski, M.D., Professor and Chairman, Department of Radiology, E3/311, Clinical Science Center, 600 Highland Avenue, Madison, WI 53792-3252. Unless confidentiality is requested in writing, information regarding the applicants must be released upon request. Finalists cannot be guaranteed confidentiality. An equal opportunity / affirmative action employer. Wisconsin caregiver law applies. Should you have any questions, please call. The Difference at (773) 465-3144.

KUDOS

and PLAUDITS



Katherine A. Shaffer, MD, FACR is President of the Wisconsin Radiological Society State Chapter of the American College of Radiology. Dr. Shaffer's Presidency term is from October of 2000 to October of 2001.



Judith K. Amorosa, MD, FACR, was honored by the University of Medicine and Dentistry of New Jersey for her teaching excellence. She was among 12 faculty members cited as Master Educators in the fall 2000 edition of the University's publication, *HealthState*.

Dr. Amorosa has taught at the medical school for 20 years and was instrumental in developing the radiology residency program. She teaches first, second, and third year medical students and has developed an elective three-week senior radiology clerkship that is so popular that 75 to 95 percent of the student body participate. In addition, she is the director of the diagnostic radiology residency program at Robert Wood Johnson University Hospital. One of Dr. Amorosa's on-going projects is developing computerized and web-based educational programs in radiology.

AAWR 2001 Calendar of Events

AAWR Research & Education Foundation Meeting

AAWR Executive Committee Meeting

Sunday, April 29, 2001

Washington State Trade and Convention Center, Seattle, WA

AAWR Luncheon during ARRS Meeting

Tuesday, May 1, 2001

Washington State Trade and Convention Center, Seattle, WA

AAWR Luncheon during SPR Meeting

Monday, May 28, 2001

Paris, France

AAWR New Fellows Luncheon during ACR Meeting

Tuesday, September 11, 2001

San Francisco Hilton & Towers, San Francisco, CA

AAWR Luncheon during ASTRO Meeting

Sunday, November 4, 2001

Moscone Convention Center, San Francisco, CA

AAWR Research & Education Foundation Meeting

AAWR Executive Committee Meeting

Sunday, November 25, 2001

McCormick Place, Chicago, IL

AAWR Business Luncheon during RSNA Meeting

Monday, November 26, 2001

McCormick Place, Chicago, IL

AAWR Sponsored Refresher Course during RSNA Meeting

Tuesday, November 27, 2000

McCormick Place, Chicago, IL

AAWR Residents' Luncheon during RSNA during RSNA Meeting

Wednesday, November 28, 2000

McCormick Place, Chicago, IL

AAWR President's Luncheon during RSNA Meeting

Thursday, November 29, 2000

McCormick Place, Chicago, IL



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Articles for consideration for publication in the *Focus* can
be submitted to the address above.

Focus is published four times a year by the American Association for
Women Radiologists (AAWR) for its members.

Editor

Melissa L. Rosado de Christenson, Col, USAF, MC, FACR
I invite members to share their ideas and expertise by submitting articles
for future publication in the *Focus*.

Editorial Deadlines

June 1, 2001
September 1, 2001
December 1, 2001
February 1, 2002