



SUMMER 2004

focus

VOL. 24 No. 2



FROM YOUR PRESIDENT

Ewa Kuligowska, MD, FACR

OUTREACH BY THE AAWR TO THE NEXT GENERATION

Dear Friends and Colleagues:

The AAWR-sponsored Instructional Course during the 2004 annual meeting of the American Roentgen Ray Society in Miami, Florida entitled "Lessons in Leadership" was delivered by Alexander Margulis, MD, FACR. It was inspirational, full of wisdom, and extremely well received by a standing-room-only audience. Dr. Margulis' remarks made me reflect on the emergence of women as leaders in radiology at the beginning of the 21st Century.

The future is bright and the times are changing.

Last year on two continents, the Presidents of the two largest radiological societies, the Radiological Society of North America (RSNA) and the European Congress of Radiology (ECR), were women: Drs. Peggy J. Fritzsche, President of the RSNA, and Helen Carty, President of the ECR. Furthermore, multiple plenary sessions, refresher courses, and state-of-the-art lectures were delivered by distinguished women at congresses and other radiological meetings during 2003 and 2004.

Women now constitute 50% of all students entering U.S. medical schools. However, women continue to be underrepresented in radiology. Furthermore, their numbers have continued to decline in U. S. residency programs over the last ten years. Why are women not choosing radiology? This fact is of concern to many of us. One would predict just the

opposite, that radiology would be very appealing to women because of reasonable work hours, on-call schedules, and the opportunity of close patient contact. Radiology also provides the opportunity to balance work with personal interests and family responsibilities. Unfortunately, these realities are not getting through to medical students very often.

The challenge for the AAWR is to expose medical students to the exciting field of radiology, and to encourage talented young women to join our specialty and become leaders and mentors for the next generation.

Historically, radiology departments which support women and have women in senior faculty positions as leaders and effective mentors, have been successful in recruiting large cohorts of women into their residency programs. For example, departments of radiology in the Philadelphia area during the 1970s and 1980s had many outstanding women faculty members and teachers who also actively participated in the local radiological societies. They were leaders, mentors and role models. They stimulated students to consider careers in radiology, which resulted in 50% of radiology residents being women in many of these training programs.

It is time for the AAWR to act!

President continued on page 2

in *focus*

From Your President	1,2
Meet the Editor	2
AAWR/Astro Breakfast	2
Leading from the Top	3-5
Lessons in Leadership	6
AAWR Members on the Go	7
2004 Contributors	7
Councilor's Report on the 81st ACR Annual Meeting	8
AAWR Breakfast at the ACR Annual Meeting	9
AAWR 2004 Programs at ASTRO and RSNA	9
AAWR Corporate Partners	9
AAWR Virtual Mentoring Program	10-11
The AAMC Professional Development Seminar for Early-Career Women Faculty	12
Ten Helpful Hints for Being the Best Radiologist You Can Be	12
Residents' Corner	13
Members-in-Training Awards	14
Kudos and Plaudits	15
Welcome New Members	16-17
AAWR Luncheon at the 2004 SPR Meeting	19
Call for Awards	19

President continued from page 1

The AAWR must reach out to medical schools. In an effort to recruit more women to radiology we must expose them to the essential role of radiology in diagnosing and managing patients. The many diagnostic radiology modalities, the subspecialty of interventional radiology and the emerging field of women's imaging, will portray the importance and rewards of a career in radiology for women, more than ever before. During the four years of medical school training, particularly during electives in radiology, students should have access to women faculty who are effective as educators, mentors, and role models.

We need to infiltrate medical schools and student activities. By serving as student advisors, chairing Women's Health and Imaging interest groups and by participating in other faculty-student activities, AAWR members can have a real and positive impact on radiology education and ensure that medical students have ample information and experience to guide their choice of specialty. In my experience, most of the medical students who have participated in our clinical research projects have subsequently chosen radiology as their career.

gy as their career.

In order for the AAWR to be successful it is critically important that we develop a close liaison with Residency Program Directors across the country. Fortunately, the number of the AAWR members serving as residency program director is growing. We should consider forming a new committee that will develop outreach strategies from AAWR to these Program Directors and the medical student community. Over the years women have attained leadership positions and have demonstrated keen intellect, professional excellence, and outstanding communication and organizational skills. "Their wit, charm, and determination have set them apart as excellent leaders," as Dr. Margulis noted.

It is up to us – the AAWR leaders and members – with our "wit, charm and determination" to reach out, to welcome and inspire the women who are now embarking on medical careers and encourage them to join us in radiology. I am optimistic in the belief that based on our knowledge, skills and unique teaching talents we will achieve great success in this endeavor.



MEET THE EDITOR:

The AAWR Executive Committee welcomes a new Associate Editor to the Focus. Aletta Ann Frazier, MD is the Associate Editor in charge of the summer issue. Dr. Frazier currently combines a career in academic radiology with the roles of medical illustrator, wife of

a busy urologist, and mother of two young boys. She received her B.A. degree in Art History at Dartmouth College, Hanover, New Hampshire and her M.D. degree at The George Washington University in Washington, DC. Following her diagnostic radiology residency at the George Washington University Medical Center, she had the opportunity to spend two years as a Callendar-Binford Fellow in the Department of Radiologic Pathology at the Armed Forces Institute of Pathology (AFIP). She is now a medical illustrator at the AFIP and a Clinical Assistant Professor of thoracic radiology at the University Hospital, University of Maryland Medical System in Baltimore, Maryland. Dr. Frazier brings a new vision to the Focus with new sections written by AAWR members-in-training (Resident's Corner) and sections that explore exciting non-radiology activities enjoyed by our members (AAWR Members on the Go). Dr. Frazier has also laid the foundation for future articles on part-time employment in radiology.

"I hold the greatest affection and esteem for our Focus editor and 1998 AAWR President Dr. Melissa Rosado de Christenson, who has been a tremendous mentor, collaborator, and friend for over thirteen years. Thanks, Melissa!" - Aletta Ann Frazier, MD.

Calling All Radiation Oncologists:

Come to the First AAWR/ASTRO Breakfast Event!

The AAWR and ASTRO will host a breakfast in Atlanta, Georgia at the Omni Hotel on Sunday, October 3, 2004 from 7-8 am. Dr. Zhongxing Liao, MD of the University of Texas/MD Anderson Cancer Center will moderate a panel discussion entitled, "Mission Possible: Balance Career, Yourself and Family." Panelists include Maria D. Kelly, MD; Nancy A. Ellerbroek, MD, FACR; and Ritsuko Komaki, MD, FACR.

Don't miss what promises to be an excellent forum for women in medicine to address topics of personal interest. Visit with your colleagues and discuss how to better balance the demands of career and family while enjoying breakfast. The cost is \$25. Register for the ASTRO annual meeting and the AAWR/ASTRO Breakfast at www.astro.org/annual_meeting.

We look forward to seeing you there!

LEADING FROM THE TOP

By Laurie Fajardo, M.D., FACR

It was a distinct honor and pleasure to participate in the AAWR program at the 2004 ARRS meeting in Miami. I was asked to speak on “Leading from the top: the importance of mentoring for women radiologists”. I enjoyed discussing popular beliefs and the results of research relating to the advancement of women physicians’ career. I also presented my own personal thoughts on mentoring, leadership, and professionalism.

The practice of radiology is a thriving, technologically exciting, and ever-expanding field. Overall, women comprise 24% of all practicing radiologists in the United States. A commonly cited rule among diversity experts is that a subgroup within an organization needs to comprise 25% of the overall group in order to achieve success, impartial access to resources, access to critical organizational networks, and opportunities for career advancement. Thus, from at least one perspective, radiology is almost there. Yet, looking closer at the composition of women radiologists at various ranks within the 125 American Association of Medical Colleges (AAMC) schools, in the year 2001 women composed 23% of all faculty, 21% of associate professors, and 11% of full professors among radiology departments. Further, and perhaps more worrisome, while 50% of students entering medical school in 2004 were women, only 25.7% of radiology residents are women. This percentage has changed very little (and in fact, has decreased) over the last decade; in 1992, 26.4% of radiology residents were women. There are several reasons graduating women physicians might choose specialties other than radiology. First, our training period is relatively long – similar to surgical and surgical subspecialty training. The requirement for a clinical internship year may also be a factor. Second, radiology trainees are acutely aware of the conflicts and turf battles our subspecialty faces; individuals who are risk adverse may avoid radiology as a career choice. Third, radiology may be viewed as offering reduced opportunities to interact as a physician with patients and their families. Fourth, the demands for medical imaging in health-care continue to increase at rates that are not matched by a comparable rate in the production of new radiologists; this equates to ever increasing workloads and demands to provide “24/7” coverage. This work life scenario is diametrically opposed to the lifestyle expectations of the “Generation X”. Finally, a lack of exposure to women radiologist role models early in medical training may also be a factor.



Dr. Fajardo is Professor and Head, Division of Diagnostic Radiology, The University of Iowa. She was joined after her lecture by 2004 AAWR President Ewa Kuligowska (right) and Dr. Katarzyna Macura (left).

What about the “glass ceiling”?

Most women radiologists are familiar with the concept of the “glass ceiling”. First described in the early 1990s, the term refers to the scarcity of women at top levels of leadership and decision-making levels in both business and health-care organizations. It is said to exist when the number of women in an institution decreases as their occupation, authority, expertise or rank increases. The “glass ceiling” is perpetuated when institutional cultures embrace beliefs that hinder the advancement of women. One common belief is that women are unable to advance to positions of leadership or decision-making within their organizations because they are easily diverted from careers by family responsibilities. Another bias is that women with personality characteristics described as “tough, aggressive, and competitive” are unsuitable for leadership positions (although these same traits are sought and rewarded in male leaders). Perhaps the biggest obstacle women face is the most intangible: men at the top feel uncomfortable beside them. Yet, experts agree that career advancement and the attainment of leadership positions by women in the healthcare industry is critical to solving the healthcare challenges our country faces. For women who choose a career in radiology, there are several factors that might hinder their career advancement, including:

- Gender role stress (see discussion below)
- A lack of role models/mentors
- Professional isolation, loneliness, and marginalization within their organizations
- Exclusion from important peer networks
- Denial of opportunities for promotion, partnership track or leadership positions. Even when they are successful in

Leading from the Top continued on page 4

achieving leadership roles, women may experience resistance from staff and colleagues who report to them.

- Challenges in adapting to work volume demands, call duties, etc.
- A lack of sensitivity to the stresses of family responsibilities
- Pressure early in their careers to prepare for “partnership” or promotion. Although traditional academic careers are established by rapid progression early in the career cycle with a relative “plateauing” later in the career cycle, women’s careers might be best facilitated by the opposite paradigm. A slower “ramp up time” early on would permit attention to family responsibilities and childbearing, followed by more productive years when the children enter school. I know of at least one such example in academic radiology today (a close colleague, mentor, and soul mate, not at my own institution, with whom I have collaborated and published for many years). She began her career working as a part-time academic and is now an established, funded, and upwardly rising professional.

The concept of gender role stress was described by Virginia Valian in her 1999 book entitled “Why So Slow: The Advancement of Women”. Herein, she described the concept of gender schemas as mental models or habits of perception that have inherent perceptual errors and biases. Both men and women hold the same gender schemas, and these schemas are acquired early in life. Gender schemas affect our expectations of men and women, our evaluation of their work, and our assessment of individuals’ performance as professionals. Valian’s research found the most consistent and important consequence of gender schemas in professional life is that men are consistently overrated in their performance, and that women are underrated. In other words, “Whatever emphasizes a man’s gender gives him a small advantage, a plus mark; whatever accentuates a woman’s gender is a small loss for her, a minus mark”. These advantages and disadvantages accumulate over time with the result that women experience cumulative (negative) effects. It is these small differences in evaluation and treatment that contribute to “holding up the glass ceiling”.

How are we to face the barriers to the advancement of women in our profession? First, if we are to confront the issues of gender role stress and gender schemas, self-aware leaders must commit to more accurate evaluations of men and women in our organizations. We must learn about how to recognize gender schemas, along with how they manifest in the performance evaluations we conduct and in the conversations we have about colleagues. No one should feel comfortable about dismissing small differences in their treat-

ment of others as unimportant, because molehills will become mountains over time.

Secondly, we must advise women radiologists not to create their own barriers to advancement. Understanding one’s own personal beliefs about one’s competency and skills can influence how far and quickly you advance. Psychological studies of attributional style show that women are more likely to attribute their successes to luck and their failures to skill deficits, whereas men are more likely to attribute their success to skill and their failure to bad luck.

Third, women radiologists must be coached to practice and project professionalism early in their careers.

Professionalism means:

- Doing what you say you are going to do – keeping appointments, appearing on time for meetings, and living up to contractual agreements.
- Knowing how important appearances are – not just how you are groomed, but also how you engage in communication - eye contact, confident tone, active listening.
- Using professional methods of communication – knowing when to use e-mail, when to pick up the telephone, and when to seek out face-to-face communication.
- Supporting the leadership of your organization – your division director, chairperson, or group partners. When you say something or take an action that can be construed as non-loyal, you have made a statement about your value system. So always speak well of others.
- Keeping confidences - not sharing confidential information about colleagues. Once you break a confidence, it is very difficult or impossible to go back. Again, this makes a statement about your value system.
- Taking responsibility when you have made a mistake and admitting you were wrong.

Fourth, women radiologists need to practice the art of graceful self-promotion. Self-promotion is highly professional and should not provoke feelings of embarrassment.

Ways to practice graceful self-promotion include:

- Making it a habit to recognize and praise the accomplishments of others.
- Making sure key people “know what you have done for them lately”. Recognize that part of your job is educating leaders to know who you are and what you provide to the organization. View talking about yourself (or others) as educating or teaching others, rather than “selling”.
- Do not be modest or stingy with information about yourself and, importantly, keep your boss in the information loop, in a timely manner. Do not wait until your annual review to make her/him aware of your accomplishments

Leading from the Top continued from page 4

and achievements.

- Remember, your success reflects upon and makes your department look good.
- Report the publication, grant, award or other achievement in the local community or institutional newsletter or newspaper.
- Learn to practice graceful self-promotion to avoid “credit theft”. If you do not step up to take the credit for a job well done or some other accomplishment, someone else might assume the credit.
- Take credit gracefully and do not minimize it. You not only hurt yourself, but you also diminish the complimentor by dismissing a compliment or recognition.
- Above all, remember you serve as a role model to others in your field – when others see what you can achieve, they are encouraged to persevere with their careers.

References:

1. Tale of “O”: On Being Different in an Organization. Rosabeth Moss Kanter. New York: Harper and Row Publishers, 1980.
2. Why So Slow: The Advancement of Women. Virginia Valian . Cambridge, MA: MIT Press, 1999.
3. Increasing Women’s Leadership in Academic Medicine: Report of the AAMC Project Implementation Committee. Bickel J, Wara D, Atkinson BF, Cohen, LS, Dunn M, et al. Academic Medicine 2002;77(10):1043-1061.
4. Career Watch: Graceful Self-Promotion – It’s Essential. Morihan PS. Academic Physician & Scientist 2004; (Feb):2-3.
5. Mentorship - <http://www.aaup.org/aafctsht.htm>
6. Women and Leadership in Health Care: The Journey to Authenticity and Power.
7. Catherine Robinson-Walker. Published by Jossey-Bass, 1999. Mentor Functions and Outcomes: A Comparison of Men and Women in Formal and Informal Mentoring Relationships. B.R. Ragins, J.L. Cotton. Journal of Applied Psychology 1999;84(4):529-550.

Suggestions for Mentors & Protégés

By Laurie Fajardo

Suggestions for Women Physician Mentors	Suggestions for Women Physician Protégés
<p>Be sure that you want to be a mentor. Examine your own capabilities and motives for wanting to help each person you elect to mentor.</p> <p>When a protégé seeks you out, examine carefully the responsibilities entailed . Do not accept just because you feel flattered.</p> <p>If a protégé seems to resist your help, don’t give up.</p> <p>If a protégé appears uninteresting to you or lacking in promise, at least invest an adequate amount of energy in developing the relationship. If it does not work out, recommend a different mentor.</p> <p>Do try to examine the best ways to help your protégé – what he or she needs most.</p> <p>Do not insist that the protégé do everything your way. What worked for you may not work for her.</p> <p>Do not expect mentoring relationships to last forever. Most only last a few years.</p> <p>Do not try to serve as mentor to too many people at one time.</p>	<p>Do some soul searching to identify your values, capabilities, likes and dislikes, dreams and goals. Ask yourself if you really believe that a mentor can help you.</p> <p>Decide whether or not you are capable of being part of a mentorship relationship. Being a protégé requires the ability to accept help, to listen, to be reliable, to be diplomatic, and to show appreciation for help.</p> <p>Look carefully for a mentor or mentors who will help you look out for your needs and help you in the attainment of your goals. This needs to be someone in whom you have confidence and whom you trust.</p> <p>Be willing to be the initiator for a mentoring relationship.</p> <p>Be patient, be persistent, and do not let your own ego get in the way.</p> <p>Do not be discouraged if your initial attempts at a mentoring relationship fail.</p> <p>Expect both positive and negative feelings about a mentorship relationship. Positive feelings of admiration and respect may be mixed with feelings of resentment, envy, inferiority, and intimidation.</p> <p>Expect change in a mentoring relationship.</p> <p>Do not expect mentoring relationships to last forever.</p>



LESSONS IN LEADERSHIP: HOW TO LEAD, GAIN RESPECT AND RETAIN LOYALTY

Alexander R. Margulis

Alexander R. Margulis, MD, FACR was born in Belgrade, Yugoslavia in 1921. He obtained his medical degree from Harvard Medical School in 1950 and completed his radiology residency at the University of Michigan in 1954. He embarked on a successful academic career that culminated in service as Professor and Chairman of the Department of Radiology at the University of California, San Francisco (UCSF) (1963-1989), as Associate Chancellor at UCSF (1993-1999) and as Clinical Professor of the Weill Medical College-Cornell University, his present position. Dr. Margulis is the recipient of numerous national and international awards and honors. He authored or co-authored over 250 articles published in the radiological literature and several radiology text books. In 2002 he published *Be in Charge*, his latest book on the art of leadership, which has become part of the AAWR list of suggested reading for our members. The following remarks contain highlights of the AAWR-sponsored ARRS Instructional Course entitled "Lessons in Leadership" which was delivered during the 2004 annual meeting and scientific assembly of the American Roentgen Ray Society in Miami, Florida.

The Need for Leadership

In the modern world, success of an entity is not based on efforts of individuals, but on those of groups with members possessing different expertise. Teamwork is essential. To integrate a team's work and have it function smoothly, competent leadership is essential. Yet, born leaders are rare and even they need to learn basic rules, unless they are to acquire experience and knowledge through debacles.

Leadership is the ability to inspire others to follow and change the future. Its basic ingredients are integrity, vision, courage, refined taste in recruiting, and loyalty to one's principles. Before accepting a position, remember that even the most inspired leadership requires resources: space, freedom to recruit, initial funding support, and a variable degree of autonomy.

How to Gain Respect

A leader should not strive to be loved. Instead, he or she should aim to gain respect and, hopefully, loyalty. Genuine affection for associates is essential, as is unquestioned loyalty to them. Lack of sincerity shows. Do not ask associates to work harder than you do. Promise less and deliver more. Be approachable. Accept responsibility for mistakes or even failure, and be generous in giving credit for successes. Praise associates for their achievements in public, but chastise them for failures in private. Respect from associates is gained by being consistent, honest, and courageous: a positive role model. Do not have favorites on your team, but treat everyone courteously and equally. Nepotism is a big fault and must be avoided.

How to Gain Loyalty

Loyalty goes beyond respect. It is given by associates after the leader demonstrates repeatedly that everyone's

well-being, as well as that of the enterprise, is of paramount importance to him or her and that there is no striving for personal gain. Loyalty is not earned rapidly, but only after the demonstration of consistent caring, and it must also be based on respect. Cohesive, well led teams achieve successes and make life enjoyable, rewarding, and attractive.

Special Hints for Women in Medicine

Be yourself. Do not try to imitate the image of someone else. Allow your natural motherly instincts to come forth. This is still a man's world, and you have been advanced because you are better, but do accept this with modesty. Be decisive, predictable, and diplomatic. Tactfully remind doubters that you are in charge. Sometimes at a meeting listening to useless comments and critique may be exasperating, but remember: chiefs do not lose their temper in public and they also do not cry (unless for preplanned effect).



Following his presentation, Dr. Margulis was awarded honorary membership in the American Association for Women Radiologists by the 2004 AAWR President Ewa Kuligowska, MD, FACR (left), who summarized his accomplishments with the following descriptors: father of gastrointestinal radiology, triumphant academic chair, scientist, educator, scholar, author, clinician, revered mentor ... and friend. Dr. Margulis was also joined by Drs. Melissa Rosado de Christenson (right) and Katarzyna Macura (far right).



AAWR MEMBERS ON THE GO!

Eleanor Smergel, MD is Associate Professor of Radiologic Sciences, Drexel University College of Medicine, St. Christopher's Hospital for Children in Philadelphia.

Two years ago, after undergoing treatment for breast cancer, I was introduced to the sport dragonboat racing. My colleague Dr. Barbara Wolfson and I recently formed a recreational team from St. Christopher's Hospital for Children in order to enter the Second Annual Philadelphia Dragonboat Festival, an event aimed at fundraising for cancer. Our team comprised a collection of enthusiastic dragonboat novices, men and women from our hospital including doctors, nurses, administrators, secretaries, and accountants. Altogether, eighty teams participated in the day-long event on the Schuylkill River. Our team successfully raised over \$11,000 in donations for the Fox Chase Cancer Center in Philadelphia.

Dragonboat racing is an ancient Chinese sport where synchronicity is as important as strength. A crew of 20 are seated in pairs and paddle a long, heavy, canoe-like boat for a sprint against other teams. The sport is growing in popularity, and competitions take place at venues all over the world. A number of teams are made up of women breast cancer sur-

vivors. The first breast cancer team was formed in Vancouver in 1996, and there are now over 50 breast cancer teams in the United States and Canada alone. This "experiment" has helped to dispel myths about the physical limitations for women after mastectomy, and in particular contradicted the long-held belief that these women should avoid strenuous upper body exercise in order to prevent lymphedema. Members of these teams share their strength and regain their sense of well-being, and without question they find support in the camaraderie.

The St. Christopher's Hospital team was thrilled to experience the energy of this invigorating sport and to make a positive effort toward supporting the fight against cancer. If a dragonboat festival comes to a river, lake, or harbor near you, I encourage you to gather your friends and try it. For those members of AAWR who care for women with cancer, encourage your patients to get involved. The benefits are outstanding. Please feel free to contact me for further information: eleanor.smergel@drexel.edu



The "St. Chris Baby Dragons" team on the Schuylkill River.

Reference: McKenzie DC.
Abreast in a boat – a race against breast cancer.
Canadian Medical Association Journal 1998;
159:376

2004 Contributors to the AAWR R & E Foundation

Judith Amorosa, MD, FACR
Kimberly Applegate, MD, MS
Kathleen Barry, MD
Maria Boechat, MD, FACR
Agnes Boxhill, MD
Bernadette Curtis, MD
Nancy Ellerbroek, MD, FACR
Sandra Fernbach, MD, FACR
Jane Frank, MD
Peggy Fritzsche, MD, FACR
Diana Jucas, MD, FACR
Rita Kikkawa, MD
Ritsuko Komaki, MD, FACR
Ewa Kuligowska, MD, FACR
Faye Laing, MD
Ann Lewicki, MD
Katarzyna Macura, MD, PhD
Ellann McCrory, MD, FACR
Maria-Gisela Mercado-Deane, MD
Sheila Moore, MD, FACR
Linda Nall, MD
Leslie Nishimi, MD
Debra Pennington, MD
Fahima Qalbani, MD
Patricia Randall, MD
Melissa Rosado de Christenson, MD, FACR
Carol Rumack, MD, FACR
Suzanne Slonim, MD
Renate Soulen, MD, FACR
Lynne Steinbach, MD, FACR
Julie Stiles, MD
Diane Stollo, MD
Julie Timins, MD, FACR
Sharon Underberg-Davis, MD
Sharon Wallace, MD
Faith Weidner, MD
Ellen Wolf, MD, FACR
Beverly Wood, MD, MSc, FACR
Paula Woodward, MD

As of 8/1/04



Councilor's Report on the 81st ACR Annual Meeting

B.J. Manaster M.D., Ph.D., FACR

The 81st ACR Annual Meeting and Chapter Leadership Conference met in Washington DC May 9- 13, 2004. The AAWR was represented by Kimberly Applegate as our Alternate Councilor, and myself as Councilor.

The AAWR, and women in general, were moderately well represented. Of the 117 Alternate Councilors, 21 are women. Of the 246 Councilors, 40 are women. Of the 88 new fellows, 10 are women. In the more powerful positions: of the 29 members of the Board of Chancellors, 3 are women, of the 21 members of the Council Steering Committee, 5 are women, and of the 9 members of the Nominating Committee, 2 are women. Clearly there is room for more of us at the table. The elections process added Kimberly Applegate to the College Nominating Committee. I have already given her a couple of names of women to try to involve on committees, and I hope others do as well. Anne Roberts was voted a second term on the Council Steering Committee.

The Council was given special reports from three task forces: International Teleradiology, Professional Liability Reform, and Diagnostic Reporting and Communication. All represent difficult problems, with many aspects to consider. The reports can be found at www.acr.org. With reference to International Teleradiology, the Council passed resolution #33, which established ACR policy recommending, among other things, that the physician who interprets images by teleradiology meet or exceed standards met by physicians practicing within the U.S. (including being licensed in the state where the examination originates, being credentialed in the facility where the examination was obtained, having appropriate medical liability in the state in which the examination is obtained, and being responsible for the quality of the images being interpreted). Physicians must also willingly agree to submit to the jurisdiction of and be completely accountable to all applicable state and federal laws in the United States.

Members of the Council spent one day on Capitol Hill, meeting with their senators and house representatives. Three primary topics were addressed, all interrelated to utilization, cost, and ultimately patient access. First, legislators were urged to address the crisis in physician liability claims. The House has passed legislation for tort reform, but the Senate

has thus far failed to act. The legislators were assured that members would continue to visit them regarding this issue. Second, legislators were asked to correct the flaw in the conversion factor formula associated with the Medicare Fee Schedule's annual update. Without a correction, a very significant payment reduction is scheduled for 2006 and each year thereafter until at least 2012.

Finally, legislators were made aware of the practice and extent of self-referral. The elements of this include the recognition that the health care industry is not a pure capitalistic system, and should not be treated as such, as well as the emerging facts that self-referral results in significant overutilization and the associated significant increase in cost to the health care system. The legislators were told that we expect to bring legislation against self-referral for their consideration in the coming year. The overwhelming concern of the ACR membership as well as leadership this year is that of self-referral. This topic will be discussed by the large and subspecialty societies this summer at the Intersociety Conference. It also is going to be topic being given primary attention by the ACR leadership over the next two years.

The American Association for Women Radiologists thanks the following members who volunteered their time and staffed the ARRS Booth at the 2004 annual meeting of the American Roentgen Ray Society.

Lynn Fordham, MD
Ewa Kuligowska, MD, FACR
Ann Lewicki, MD
Katarzyna Macura, MD, PhD
Deborah ter Meulen, MD
Ellen Wolf, MD



AAWR BREAKFAST AT THE 2004 ACR ANNUAL MEETING

Kimberly E. Applegate, MD, MS
2003 AAWR President

The AAWR hosted its traditional breakfast meeting during the annual meeting of the American College of Radiology (ACR) to celebrate the new women Fellows of the ACR. The breakfast was hosted by Dr. Applegate. There were approximately twenty-five women in attendance, including Drs. Carol Rumack and Sarah Donaldson who currently serve on the ACR Board of Chancellors, and Dr. Ewa Kuligowska, 2004 AAWR President.

Ten of the 88 new ACR Fellows are women. Four of the new Fellows are also members of the AAWR. They are: Kathryn A. Evers, MD, FACR (Pennsylvania), Loretta P. Lawrence, MD, FACR (New York), Kristie Jones Paris, MD, FACR (Kentucky), and Diane Mary Twickler, MD, FACR (Texas) (see Dr. Twickler's biographical sketch elsewhere in this issue of Focus). Laura Knight (Kansas), Beryl McCormick (New York), Debra Monticciolo (Texas), Delores Pretorius (California), Suzanne Smith (New York), and Judith Wolfman (Illinois) were also awarded ACR Fellowship.

Fellows of the ACR represent approximately 10% of the total membership. Several articles published in prior issues of the FOCUS describe strategies and important criteria for earning Fellowship status. Further information on the process of becoming an ACR Fellow is available on both the AAWR and ACR web sites.

The new ACR Fellows were introduced and honored during the AAWR breakfast. An interesting exchange of ideas followed on the topic of why women medical students do not choose to enter the fields of diagnostic radiology and radiation oncology. The AAWR breakfast for the 2005 ACR annual meeting is again planned for Monday. We look forward to seeing you next year at the ACR meeting in Washington, DC!

AAWR Corporate Partners

E-Z-EM	Philips
Berlex	RITA
Varian	Agfa
Siemens	

AAWR 2004 Programs at ASTRO and RSNA

Mark your calendar and plan to join us!

AAWR Breakfast at ASTRO

Date: Sunday, October 3 from 7:00 – 8:00 a.m.
Topic: *Mission Possible: Balance Career, Yourself, and Family*
Speakers: Maria D. Kelly, MD; Nancy A. Ellerbroek, MD, FACR; and Ritsuko Komaki, MD, FACR
Moderator: Zhongzing Liao, MD

AAWR Business Luncheon at RSNA

Date: Monday, November 29 at noon
Topic: Award Presentations

RSNA/AAWR Refresher Course – sign up on RSNA registration form

Date: Tuesday, November 30 from 8:30 – 10:00 a.m.
Topic: *Infertility and the Professional*
Speakers: Ewa Kuligowska, MD, FACR
M. Victoria Marx, MD
Anne Roberts, MD, FACR
Lindsay S. Machan, MD
Ewa Radwanska, MD

AAWR In-Training Luncheon

Date: Tuesday, November 30 at noon
Topic: *My Involvement in Organized Radiology: What I Give and What I Get Back*
Speaker: Valerie Jackson, MD, FACR

AAWR President's Luncheon at RSNA

Date: Wednesday, December 1 at noon
Topic: *Putting Your Best Lines Forward: Using Communication to Your Advantage in Conflict Resolution*
Speaker: Carol Aschenbrener, MD

Additional information and registration forms are available at www.aawr.org

AAWR VIRTUAL MENTORING PROGRAM

Katarzyna J. Macura, M.D., Ph.D.
President-elect AAWR

AAWR is launching the **Virtual Mentoring Program**. The goal of this program is to provide AAWR members with an opportunity to interact informally with our more experienced members to discuss issues related to career development, promotion, radiology research, balancing family and work. Participants determine topics for discussion, which may include advice about career paths, works in progress, or how to get started.



HOW TO SIGN UP:

This invitation is extended to any member of AAWR including members at the resident, fellow, or faculty level, and members in private practice. To sign up, simply visit the Members Network (accessible via the Members Login link on the AAWR home page at www.aawr.org), login with your login name and password, click on the Virtual Mentor link and fill out the application.

The virtual mentoring program is designed to provide mentoring via e-mail messages and telephone conversations. Mentees will be notified of individual mentor assignments via e-mail prior to the annual meetings of the Radiological Society of North America (RSNA) and the American Roentgen Ray Society (ARRS), so that they may schedule a mutually agreeable meeting time with their mentors during these meetings. We ask participating mentors and mentees to follow the guidelines outlined below.

Mentee Guidelines

- I will respect my mentor's time, and promise to keep my email messages short and to the point.
- I will try to keep requests for expedited responses to a minimum.
- When communicating frustration or concern, I will not use profanity, make derogatory remarks, or specify names of people or entities in my communications.
- I will notify my mentor when I am unavailable to receive/send emails.
- I understand and acknowledge that my mentor's views, opinions, guidance and remarks are specific to her and may not reflect the views, opinions, guidance or remarks of the AAWR or other professional associations.
- I promise to abide by current and future guidelines adopted by the AAWR Virtual Mentoring Program. If I fail to adhere to these guidelines, I understand and agree that my name may be removed from the mentoring list.
- I understand that the assignment of mentors is voluntary. If my mentor elects to discontinue her participation in the program or if I choose to be assigned to another mentor, I will request reassignment via an email to the Chair of AAWR Mentoring Sub-committee.



Mentor Guidelines

- I respect my mentee's time, and I will answer emails promptly ("Promptly" is a term to be defined by the mentor and mentee.)
- I will try to guide my mentee through words and example.
- I realize the relationship between myself and my mentee is professional.

AAWR Virtual Mentoring Program continued on page 11

AAWR Virtual Mentoring Program continued from page 10

- I acknowledge that any views, opinions, guidance and remarks I may make are personal and may not reflect the views, opinions, guidance or remarks of the AAWR or other professional associations.
- I promise to abide by current and future guidelines adopted by the AAWR Virtual Mentoring Program. If I fail to adhere to these guidelines, I understand and agree that my name may be removed from the mentoring list.
- I understand that my assignment as a mentor is voluntary. If I elect to discontinue my participation in the program, I agree to promptly notify my mentees via email. As a courtesy to my mentee and the program, I will also promptly notify the Chair of AAWR Mentoring Sub-committee of my decision via email so that another mentor may be assigned to my mentee.



We are hoping that the AAWR Virtual Mentoring Program will become a valuable membership benefit, provide an opportunity for education and networking, and strengthen the relationship between AAWR members.

QUESTIONS?

If you have any questions about the AAWR virtual mentoring program, please contact admin@aawr.org.

AAWR Bookstore online: <http://books.aawr.org>



The book selection available on the AAWR web site is based on the Radiology Bibliography from the AAWR Survival Guide for Women Radiologists “The AAWR Pocket Mentor” and also includes authors who are AAWR members. If you find a title that is of interest to you, please make the selection and you will be directed to the Amazon.com website to complete the purchase. For every book sold through a direct referral from the AAWR web

site, our society can earn up to 15% in referral fees with no extra cost to you.

Here is how it works:

AAWR earns referral fees when a visitor follows a link from the AAWR Web site to Amazon.com and makes a purchase. An individual item link to a book sold by Amazon.com will earn a referral fee of 15% of the sale price if the purchase is a direct sale. A direct sale occurs when the customer adds the individually linked book from the AAWR Bookstore to her or his shopping cart immediately upon entering the Amazon.com site. If the customer searches Amazon.com before adding the title to her or his shopping cart, the sale is considered an indirect sale and earns a lower referral fee of 5% of the sale price.

Any item sold at Amazon.com can earn a referral fee for AAWR. The only requirement is to visit the Amazon.com web site via a button link from AAWR web site. Please note that all items other than books, music, and videos are subject to a \$10.00 maximum referral fee per item sold.

Thank you for helping AAWR to increase its revenues in order to better serve our members.





THE AAMC PROFESSIONAL DEVELOPMENT SEMINAR FOR EARLY-CAREER WOMEN FACULTY

Quynh-Thu Le, MD is an Associate Professor of Radiology at Stanford University, Stanford, CA and AAWR member since 1998.

I would like to express my gratitude to the AAWR for supporting my participation in this AAMC-sponsored annual seminar. A superb educational activity for women faculty, the meeting is designed to foster the progress and personal growth of women who are early in the course of their faculty appointments and desire leadership positions. The seminar addresses career advancement in academic medicine, provides an opportunity to meet role models, and helps participants identify areas for improvement. Participants are also encouraged to create an agenda for reaching their professional goals.

The program comprised three days of workshops and lectures. Topics included scientific writing, conflict management, academic career challenges, effective meeting organization, financial negotiation skills, clinical investigations, promotion issues, departmental financial basics, administrative skills, time management, and research grant writing. Spirituality and work, diversity enhancement, and curriculum vitae enhancement were also amongst the broad scope of offerings. I found the workshops the most valuable part of the meeting, because they allowed for open interactive discussions led by dynamic leaders in medicine. Through these workshops, I learned about the importance of goal setting, effective time management, and successful negotiations. I now realize that, both in my medical career and in life, decision-making and negotiation are successfully accomplished if approached logically rather than emotionally. I also gained strategies to deal with departmental and institutional politics, which will help me to maintain my own sanity and to achieve my career goals.

In addition to the workshops, there was also a session ded-

icated to the Myers-Briggs Type Indicator (MBTI) personality inventory. MBTI is a tool that helps people understand themselves and their behaviors in order to improve teamwork, resolve conflict, and enhance effective communication. All participants took the test to determine their personality type. This process provided me insights into my own and others' preferences, and how to deal with them in a constructive manner.

Overall, the AAMC seminar is a most valuable meeting for early-career women in medicine. I learned about myself, I acquired skills to meet new challenges, and I appreciate the power of networking. My only regret was that I did not attend the seminar earlier in the course of my career: it would have helped me tremendously through my promotion process. I strongly recommend this meeting, especially to women faculty in the first two years of their professional career. It is held annually in the gorgeous setting of Santa Fe, New Mexico, a place well known for its beautiful art galleries, fantastic food, and breathtaking views.

Interested members should apply for the AAWR's Research and Education Foundation Award (http://www.aawr.org/about/re_foundation.htm) which provides funding and a guaranteed slot at the meeting. Applicants need an updated curriculum vitae and a letter of support from the section or department chief. Other potential sources of funding available for attending the meeting include those from the institution dean's office and departmental chairs. Details are available at the AAMC web site: <http://www.aamc.org/members/wim/meetings/start.htm>

Ten Helpful Hints For Being The Best Radiologist You Can Be

By Kimberly E. Applegate, MD, MS – 2003 AAWR President

1. It is more important to do your best than to be the best.
2. Know what question the clinician WANTS answered with the examination that you are performing or interpreting.
3. Know what question you CAN answer with the imaging examination.
4. Know the evidence or lack of evidence to support performing the examination. If you don't know, educate yourself by doing a literature search.
5. When all else fails, remember to treat your patients as if they were your dearest relative: what would you want done if this patient was your son or daughter?
6. Be able to acknowledge your mistakes: if you do, you are able to learn from them.
7. Listen to your patients: they are your best teachers.
8. When possible, explain the test result to the patient or to his/her family.
9. Listen to those departmental employees who have been in the business longer than you have: they really can make you a better radiologist.
10. Be curious.

RESIDENTS' CORNER

Dr. Dawn DeLavallade is a senior resident in Diagnostic Radiology at the University Hospital, University of Maryland Medical System in Baltimore, Maryland. She is our first contributor to "Residents' Corner", which will provide perspectives from women currently training for a career in radiology.



Dr. DeLavallade

Although my parents divorced when I was eleven, I held fast to the ideal of a happy, cohesive family and I imagined myself as a good wife, a loving mother, and the proverbial glue that would hold my household together. After many years of schooling, studying, and discipline, I finally accepted the Hippocratic Oath in the year 2000. The vision of my happy and cohesive family soon started to blur. I quickly realized that medicine is not just a job, not just a career, but actually a lifestyle choice: the choice to work long hours, the choice to be away from your family at night, the choice to be called away from recitals and birthdays, and the choice to be paged incessantly even when you're not at work. Did I really understand these implications when I started as a pre-med college student? No, none of us did.

After two stimulating radiology rotations and valuable advice from senior physicians, I chose radiology as my specialty. I decided that this field would provide me the best opportunity to create a happy family. I also met the man of my dreams during the fourth year of medical school, we became engaged after seven months, and were married a year later. I knew that starting a family during residency was not going to be an easy task, but I am a planner by nature. After several discussions with upper level female residents, I concluded that my third year of residency would be the best time to have a child (only after the Physics boards, of course!). My friends and family laughed at my calculating approach to starting a family, but I held fast to my plan and scheduled a pre-conception interview with an obstetrician. She was as analytical as I about properly timing this pregnancy, because she too had children and understood my situation. "It may not happen that quickly", she said. Neither of us knew I was already 2 weeks pregnant!

Female residents may experience guilt for starting a family during residency. We feel that we should apologize for going "against the grain", upsetting the call schedule, and taking six weeks of maternity leave. However, having a healthy baby was my first priority. I initially shared the news with only a select few residents, as well as the three radiology attendings who needed to understand my reasons for not

performing fluoroscopy studies. After twelve long weeks of rumors, and a healthy fetus demonstrated by sonogram, I finally revealed my pregnancy to my program director. As the father of a young child, he was very supportive. Once the news was revealed to the rest of the department, fellow residents went out of their way to protect me from radiation. I was always given the nicest chair, I never had to bend over to pick up a pen, and residents would cover for me when back-to-back overnight calls became too taxing. The staff radiologists, both male and female, were also very kind. Overall, I found that my program was very supportive and respectful of my choice to start a family during residency.

My son is now nine months old and I am starting my senior year of residency. Sometimes I feel as if I am running in circles between work, overnight call, moonlighting to pay for daycare, and studying for boards. My husband is extremely supportive, which is definitely a blessing. At times I feel guilty when I get home too late to rock the baby to sleep, or when I have to spend 24 hours on call without seeing his face. I am trying to prepare myself mentally and emotionally for this upcoming year. I know that I can do it because many other women have done it before me. As the only female resident with children in my program, I occasionally feel alienated. I try to ignore pangs of jealousy when I consider my colleagues who leave the hospital at 5 pm and can spend the rest of the evening studying. When I get home, my day must start all over again. Once I look into my son's smiling face, I know that I wouldn't have it any other way.

As the end of my training draws near, I have a renewed sense of hope. I still believe that I can create that happy, cohesive family I envisioned as a young girl. I have chosen a great field of medicine that offers flexibility to mothers just like me. I believe in myself, I can take one day at a time, and I plan to heed advice from the women who have been in my situation. I still don't know the optimal equation to balance a demanding medical career with the all-encompassing task of being a loving mother and wife. Perhaps it is a matter of setting healthy limits in both arenas. I will put God first, then family, then career. Wish me luck!

The following AAWR members became ACR Fellows in 2004. Congratulations!

Kathryn A. Evers, MD, FACR u Loretta P. Lawrence, MD, FACR u Kristie Jones Paris, MD, FACR u Diane M. Twickler, MD, FACR

Members-In-Training Awards

The American Association for Women Radiologists 2003 Research and Education Member-in-Training Awards supported two members-in-training in presenting their work at the annual meeting of the Radiological Society of North America. The awardees received \$1,500 to support travel to the 2003 RSNA annual meeting.



Member-in-Training Award in Diagnostic Radiology to Miriam Bredella, MD from University of California San Francisco, San Francisco, CA

Value of 2-[F-18] 2-fluoro-deoxy-D-glucose Positron Emission Tomography (FDG PET) in the Assessment of Patients with Multiple Myeloma. **M.A. Bredella**¹, L.S. Steinbach¹, R.A. Hawkins¹, G.R. Caputo¹, G. Segall²

¹ Department of Radiology, University of California, San Francisco

² Department of Nuclear Medicine, VA Medical Center, Palo Alto

Purpose: To investigate the use of FDG PET in assessing the appearance and distribution pattern of multiple myeloma (MM).

Discussion: FDG PET is able to detect bone marrow involvement in patients with MM. FDG PET is useful in assessing extent of disease at time of initial diagnosis, contributing to more accurate staging. FDG PET is also useful for evaluating therapy response, especially when other imaging modalities (MRI, CT) remain abnormal.

Member-in-Training Award in Radiation Oncology to Welela Tereffe, MD, Memorial Sloan-Kettering Cancer Center, New York, NY.

Long-term Results of Hypofractionated Radiotherapy for Malignant Melanoma of the Head and Neck. **Welela Tereffe, M.D.**, Michael J Zelefsky, M.D., Lanceford M Chong, M.D., Suzanne L Wolden, M.D., Jatin P Shah, M.D. Department of Radiation Oncology, Memorial Sloan-Kettering Cancer Center, New York, NY; Head and Neck Service, Memorial Sloan-Kettering Cancer Center, New York, NY

Purpose: To report long-term local control and patterns of failure after high-dose per fraction radiotherapy (RT) given on days 0, 7, and 21 for patients with malignant melanoma of the head and neck (HN).

Conclusions: Excellent long-term control within the irradiated portal can be achieved utilizing hypofractionated radiotherapy for patients with high risk of microscopic residual disease after surgery for non-mucosal malignant melanoma of the head and neck. This treatment regimen was ineffective for patients with gross residual disease. Patients with mucosal melanomas experienced significantly inferior control within the irradiated portal compared to those with non-mucosal melanomas. Local tumor control remains an important objective given the prolonged survival observed in a significant number of patients for whom the cosmetic and functional effects of uncontrolled local disease in the head and neck would be devastating.

Reproduced with permission from the Radiological Society of North America. The full text of these abstracts was originally published in the RSNA 2003 Program Book as referenced below.

Bredella MA, Steinbach LS, Hawkins RA, Caputo GR, Segall G. Value of 2-[F-18] 2-fluoro-deoxy-D-glucose positron emission tomography (FDG PET) in the assessment of patients with multiple myeloma. *RSNA Scientific Assembly and Annual Meeting Program* 2003; 698-699.

Tereffe W, Zelefsky MJ, Chong LM, Wolden SL, Shah JP. Long-term results of hypofractionated radiotherapy for malignant melanoma of the head and neck. *RSNA Scientific Assembly and Annual Meeting Program* 2003; 387.

KUDOS

and PLAUDITS



Theresa C. McLoud, MD received the 2004 American Roentgen Ray Society Gold Medal, the highest honor bestowed by the society for distinguished service to radiology. Dr. McLoud is Associate Radiologist-in-Chief and Residency Program Director at the Harvard Medical School and the Massachusetts General Hospital (MGH) in the department of radiology. She is the first woman to have served as a section chief in her department and the first woman in departmental history to hold professorial rank. Her distinguished career encompasses worldwide lectures, prolific publications, leadership and service to many professional societies. She has held presidential appointments in the New England Roentgen Ray Society, the Society of Thoracic Radiology, the American Roentgen Ray Society, and the Fleischner Society. She currently serves on the board of the Radiologic Society of North America. Her major research interests include infiltrative lung disease, lung cancer screening and staging, and occupational lung disease. In 2003, Dr. McLoud received the Marie Curie Award from the AAWR.



Diane S. Babcock, MD, Professor of Radiology and Pediatrics at Cincinnati Children's Hospital Medical Center, is the 23rd recipient of the Society for Pediatric Radiology (SPR) Gold Medal. The SPR Gold Medal is awarded to individuals who have contributed greatly to the Society and to the field of Pediatric Radiology. Dr. Babcock is an internationally recognized specialist in using ultrasound to diagnose pediatric diseases, especially neonatal brain conditions and their aftereffects. She earned SPR's Caffey Award in 1980 and the Pioneer Award in 2001 for her work in this area. She served as SPR President in 1996-97. She is a fellow of the American College of Radiology, the American Institute of Ultrasound in Medicine, and the Society of Radiologists in Ultrasound. She has published three books, 27 chapters and 70 scientific papers in the field of pediatric radiology. She served as Distinguished Scientist at the Armed Forces Institute of Pathology and was named the Frederick N. Silverman Professor of Pediatric Radiology at Cincinnati Children's Hospital.



Stacy E. Smith, MD was awarded the 2004 Melvin M. Figley Fellowship in Radiology Journalism with the American Journal of Roentgenology (AJR). A native of Edmonton, Alberta, Canada, Dr. Smith received her medical degree from the University of Saskatchewan and completed her diagnostic radiology residency at Queen's University in Kingston, Ontario. In 1998-99, she completed a fellowship in musculoskeletal imaging in the Department of Radiologic Pathology at the Armed Forces Institute of Pathology in Washington, DC. She is currently an Assistant Professor of Radiology at University Hospital, University of Maryland Medical System in Baltimore. She is known as a dedicated mentor and teacher of medical students and radiology residents, and editor-in-chief of the departmental website. While her academic interests relate to the imaging of bone and soft tissue tumors, she is currently working on developing computer-based interactive teaching modules. She serves the American College of Radiology as alternate councilor for Maryland, and an executive member of the Maryland Radiological Society serving as membership chair. Dr. Smith will spend one month at the new AJR headquarters in Birmingham, Alabama under the direction of the Editor-in-Chief, Dr. Robert Stanley. She writes, "This will be a once in a lifetime learning experience allowing interaction with, and learning from, those who have already carved their niche in the radiology world."



New ACR Fellow

Diane M. Twickler, M.D.

The University of Texas Southwestern Medical Center, Dallas

Dr. Twickler holds the Fred Bonte Professorship in Radiology and is Co-Director of Obstetric and Gynecologic Ultrasound at the University of Texas (UT) Southwestern and Parkland Health and Hospital System in Dallas, Texas. She is Associate Residency Director and Director of the Women's Imaging Fellowship. She also serves on the Promotion and Tenure Committee. Her publications comprise over sixty peer-review manuscripts in addition to book chapters and invited articles. Her areas of research are fetal imaging, including ultrasound and magnetic resonance, gynecologic imaging, and the imaging of maternal complications of pregnancy. Dr. Twickler has been the recipient of Outstanding Teaching awards from both radiology and obstetrics & gynecology residents.

AAWR Welcomes New First Year Residents

Noof Abdullah, MD	Aileen Chen, MD	Heather Gordon, MD	Caroline Laroie, MD
Natasha Acosta, MD	Sara Chen, MD	Roopa Goswami, MD	Hyo-Jeong Lee, MD
Asma Ahmad, MD	Rosalyn Cheng, MD	Elaine Granmayeh, MD	Michelle Lee, MD
Adina Alazraki, MD	Clara Choi, MD	Paige Green, MD	Laura Lefkowitz, MD
Tahra Al-Saadi, MD	Reena Chopra, MD	Megan Gross, MD	Paula Leiva, MD
Maria Altavilla, MD	Rupal Chopra, DO	Vidhi Gupta, MD	Galina Levin, MD
Samira Al-Turkistany, MBBS	Wendy Chuang, MD	Mari Hagiwara, MD	Audrey Li, MD
Fayza Al-Zaabi, MD	Avni Chudgar, MD	Vandana Halder, MD	Irene Lin, DO
Monica Amantia, MD	Courtney Chupik, MD	Wendy Hara, MD	Margaret Lin, MD
Sonal Amin, MD	Kelly Cline, MD	Julie Harreld, MD	Hadassah Lipstein, MD
Cynthia Anderson, MD	Abbie Cluver, MD	GeumJoo Hartman, MD	Kathy Lo, MD
Letizia Antonietti, MD	Jessica Conn, MD	Dawn Hastreiter, MD, PhD	Steve Losik, MD
Krystal Archer-Arroyo, MD	Jennifer Connolly, MD	Shelly Hayes, MD	Ana Lourenco, MD
Pamela Argiriadi, MD	Claire Cooney, MD, BA	Caroline Henien, MD	Cari Lovelady, MD
Veronica Arteaga, MD, BS	Susan Crook, MD	Joy Henningsen, MD	Krystine Lupe, MD
Maryam Aslani, MD	Heather Curtis, MD, BSc, MSc	Barbara Henriquez, MD, BS	Natalya Lvoff, MD
Vignathi Atluri, MD	Darlene Da Costa, MD	Alice Ho, MD	Aimee Maceda-Richman, MD
Stephanie Aymond, MD	Charlotte Dai, MD	Imelda Ho, MD	Cynthia Madison, MD
Keri Azuar, MD	Maria D'Almeida, MD	Diem-Quan Hoang, MD	Kris Madison-Guerrier, MD
Hannah Bac, MD	Shahida Danier, MD	Tien Hoang, MD	Ceayee Mak, MD
Sunayna Bakaya, MD	Elizabeth Dann, MD	Hilary Hochberg, MD	Winnie Mar, MD
Chandra Baker, MD	Phoebe Dann, MD	Melanie Hodge, MD, BSE	Christine Marsch, MD
Tracy Balboni, MD	Sree Degala, MD	Stephanie Horton, MD	Jennifer Massengale, MD
Maroie Barkati, MD	Tami Denotter, MD	Elise Hotaling, MD	Jean Mathew, DO
Shira Baron, MD	Melanie Deslandes, MD	Tamarya Hoyt, MD	Zinaida Matlyuk, MD
Patricia Barry-Lane, MD	Sanjam Dhillon, MD	Rebecca Hsu, MD	Alejandra Mayorga, MD
Lisa Bash, MD	Bonnie Dickler Garon, MD	Martha Huller, MD	Erin McComb, MD
Shirley Bassiri, MD	Niti Dube, MD	Shaheen Hussaini, MD	Kathleen McConnell, MD
Hillary Bauer-Cohen, MD	Gabriela Dumitran, MD	Natalie Igel, MD	Erin McQuaide, MD
Lily Belfi, MD	Mini Elnaggar, MD	Radha Inampudi, MD	Nachida Mebrek, MD
Lisa Bell, MD	Jessica Emelin, MD	Erika Jacobs, MD	Amy Mehollin-Ray, MD
Tanuja Bhandari, MD	Christian Erichsen, MD	Stacy Jacobs, MD, BA	Aparna Mehta, DMRE
Monica Bhargava, MD	Dalia Fadul, MD	Haleema Javid, MD	Catherine Mendlick, MD, BA
Ratana Bharowaj, MD	Joanna Fair, MD	Ayodale Johnson, MD	Judy Merchant, MD
Lisa Bielamowics, MD	Laura Faix, MD	Lavanya Kalla, MD	Angie Miller, MD
Jasreet Bindra, MD	Xinhao Fan, MD, PhD	Kristen Kamienecki, MD	Michelle Miller-Thomas, MD
Whitney Black, MD	Lisa Finch, MD	Pimkhuan Kamnerdsupaphon, MD	Patrick Minor, MD
Meghan Blake, MD	Nilofar Firooznia, MD	Christine Kane, MD	Sarah Mizuguchi, MD
Ashley Blurton, MD	Michele Fitzpatric, MD	Aradhana Kaushal, MD	Ilana Moche, MD
Melisa Boersma, MD	Phoebe Freer, MD, BA	Katarzyna Kedzierska, MD	Laura Modzelewski, MD
Rachel Booth, MD	Bonnie Freitas, MD	Sonya Kella, MD	Monique Mogensen, MD
Heather Borders, MD	Angela Fried, MD	Lily Kernagis, MD	Stefania Morbidini-Gaffney, MD
Jaime Boudreaux, MD	Lily Fu, MD	Catherine Kim, MD, BS	Sandra Mun, MD
Sarina Brar, MD	Kelly Furda, MD	Sue Kim, MD, BA	Dung My, MD
Kerry Bron, MD	Heather Garrett, MD	Gretchen Kirwan, MD	Kari Nelson, MD
Juliet Brown-Lambey, MD	Carol Geer, MD	Tany Kisler, MD	Amy Neville, MD
Genevieve Buteau, MD	Julie Geng, MD, BA, MS	Michelle Klem, MD	Quynh-Nhu Nguyen, MD
Amy Campbell, MD	Alexandra Georges, MD	Bibianna Klepchick, MD	Ruby Obaldo, MD, BS
Bethany Casagrande, DO	Patricia Geraghty, MD	Jill Knapp, MD	Brigid O'Connor, MD
Megan Casey, MD	Rachel Gerson, MD	Bridget Koontz, MD	Bridget O'Mara, MD
Nancy Cersonsky, MD	Magda Ghobashy, MD	Catherine Kurowski, MD	Durga Pai, MD
Kirsten Cestaro, MD	Aprile Gibson, MD	Catherine Labrecque, MD	Neety Panu, MD
Christine Chao, MD	Alicia Gittleman, MD	Julie Labrosse, MD	Beata Panzegrae, MD
Munira Charania, MD	Elizabeth Glass, MD, BA	Magge Lakshmi, MD	Effie Pappas, MD
Lien Che, MD	Anitha Gonsalves, MD		Kavita Patel, MD

AARW Welcomes New First Year Residents, continued

Monica Patel, MD	Sharon Schlossberg, MD	Melanie Theriault, MD	Charlotte Yong-Hing, MD
Sheetal Patel, MD	Carrie Schultz, MD	Anna Thomas, MD	Esther Yuh, MD, PhD
Shital Patel, MD	Sara Sczepanski, MD	Lauren Thomson Granata, MD	Hanna Zafar, MD
Trishna Patel, MD	Christine Segal, MD	Claire Thurgur, MD, BSc, MSc	Sara Zakel, MD
Lindsay Pearce, MD	Parinda Shah, MD, BS, BA	Marjorie Thurlow, MD	Rong Zeng, MD
Allison Pearl, MD	Rajvee Shah, MD	J Timberlake, MD	Beth Zigmund, MD
Heather Pearlman, MD	Shidrokh Shakeri, MD	Rachel Title, MD	Nancy Ziroli, MD
Heather Peppard, MD	Shaifali Sharma, MD	Nghi Tran, MD	
Mary Peter, MD	Laura Shepardson, MD	Leslie Trien, MD	
Jinnah Phillips, MD	Monisha Shetty, MD	Alice Tsai, MD	
Michelle Ponder, MD, BS	Ann Shi, MD	Hilda Tso, DO	
Julie Poulin, MD	Karen Shore, MD	Michelle Udeshi, MD	
Monika Prost, MD	Stephanie Shors, MD	Shelly Van Scoyk, DO	
Tamra Quillin, MD	Svetlana Shteynman, DO	Gita Varaprasathan, MD	
Dejeana Radulouie, MD	Suzanne Shulman, MD	Charlene Varnis, MD	
Meera Raghavan, MD	Kristina Siddall, MD	Casey Veach, MD	
Rosa Ramos-Martinez, MD	Rebecca Sivarajah, MD	Nipa Ved, MD	
Anand Rao, MD	Catherine Smith, MD	Minh-Chau Vu, MD	
Molly Raske, MD	Jitka Sojkova, MD	Darci Wall, MD	
G Rauch, MD	Grace Song, MD	Laurie Walter, MD	
Julie Ritner, MD	Rui Song, MD	Gin Wang, MD	
Natasha Robinette, MD	Kathleen Sorensen, MD, BA	Amy Warpinski, MD	
Terri Robinson, MD	Brita Sperling, MD	Wendy Wasden, MD	
Neesha Rodrigues, MD	Angela Sroufe, MD PhD	Stephanie Weber, MD	
Lorene Romine, MD	Lauren Stegman, MD	Ania Weissman, MD	
Finusa Rosenzweig, MD	Jessica Stern, MD	Kira Wendorf, MD	
Anjali Roy, MD	Sarah Stevenson, MD	Beth Whiteside, MD	
Temple Rucker, MD, BA	Tyler Stockmann, MD	Brooke Wolvin, MD, AB	
Michelle Rutblat, MD	Lara Streng, MD	Suzanne Wong, MD	
Karina Sachdev, MD	Teri Stuckless, MD	Xing Wong, MD	
Sussan Sadeghi, MD	Susan Sung, MD, BA	Andrea Woodroof, MD	
Hedieh Saghari, MD	Rebecca Sweitzer, MD	Carol Wu, MD	
Amy Salinas, MD	Lily Tang, MD	Gina Wyatt, MD	
Maria Sanchez, MD	Gabriela Tarau, MD	Karen Xie, MD	
Alison Sandberg, MD	Mojgan Taremi, MD	Phyllis Yang, MD, BA, BS	
Ida Santiago-Maldonado, MD	Kristin Taylor, MD	Zhiyun Yang, MD	
Piya Saraiya, MD	Danielle Taysom, MD	Q Ye, MD	
Alex Sassani, MD	Krupali Tejura, MD	Jennifer Yilk, MD	
Isabelle Savoie, MD, MHA	Joanna Tewfik, DO	Subashini Yogeswaren, MD	
Kim Schindler, MD, PhD	Cynthia Theriault, MD, MSc	Sue Yom, MD	

New Members

Michele Albert, MD
 Maysoon Al-Hihi, MD
 Veronique Boullard, MD
 Shannon Campbell, MD
 Anna Chacko, MD
 Mary Ann Drinkwater, MD
 Kathleen Eggli, MD
 Birgit Ertl-Wagner, MD
 Bilha Fish, MD
 Ann Fulcher, MD
 Jennifer Gould, MD
 Ulrike Hamper, MD, MBA
 Mary Hu, MD
 Satomi Kawamoto, MD
 Beth Kleiner, MD
 Feng Ming Kong, MD, PhD
 Archana Laroia, MD
 Georgeann McGuinness, MD
 Cecilia Mercado, MD
 Irene Nakano, MD
 Diana Nelson, MD
 Manjeet Rai, MD
 Rochita Ramanan, MD, DNB, DMRD
 Akkamma Ravi, MD
 Anna Sinsky, MD
 Deborah ter Meulen, MD
 Jennifer Theoharis, MD
 Ping Xia, PhD



WE NEED YOUR E-MAIL ADDRESS!

To contain costs, the AAWR would like to send announcements such as this and other news by e-mail. Please provide us with your e-mail address via the AAWR Web site at www.aawr.org. Click the "Contact Us" tab, enter your name and e-mail address in the space provided, and submit.

Thank you!

Earn 19 category 1
hours of CME credit!



Order Today!

Only \$114 for ARRS members

Available from the
American Roentgen Ray Society
PO Box 18001, Merrifield, VA 22118-0001
703-729-3353 • 800-438-2777 • Fax 703-729-4839

www.arrs.org

2004 ARRS Categorical Course

Women's Imaging: Strategies for Clinical Practice

Topics Include:

*Digital mammography; breast MRI;
3D ultrasound of the pelvis;
imaging of endometrial,
cervical, and ovarian cancers;
DXA scanning; and much more...*

Co-Edited by

*Marcia C. Javitt, M.D.
Wendie A. Berg, M.D., Ph.D.*

Title	Item #	Members	Non-members	Quantity	Total Price
Women's Imaging (2004) 19 category 1 CME credits	S04P	\$114.00	\$190.00		
Oncologic Imaging (2003) 22 category 1 CME credits	S03P	\$132.00	\$220.00		
Body CT (2002) 18.75 category 1 CME credits	S02P	\$112.50	\$187.50		
Musculoskeletal MRI: Normal Anatomy and Key Pathology (2001) Not available for CME credits	S01P	\$15.00	\$30.00		
Breast Imaging (1998) Not available for CME credits	S99P	\$15.00	\$30.00		
Diagnostic Ultrasound (1998 print version) Not available for CME credits	S98P	\$15.00	\$30.00		
Diagnostic Ultrasound (1998 CD-ROM version) 28 category 1 CME credits	S98C	\$120.00	\$200.00		

Shipping	
Sales Tax (VA residents only, 4.5%)	
TOTAL	

Domestic Shipping & Handling Charges

	Regular (Continental US Only)	Expedited (Includes AK, HI)
\$0-\$199.99	\$7.99	\$17.99
\$200-\$399.99	\$9.99	\$21.99
Orders \$400 and above	\$11.99	\$25.99

Express shipping is available by special request only • NOT Saturday delivery not available.

International Shipping & Handling Charges

	Regular (5-6 weeks)	Expedited (3-4 weeks)
\$0-\$199.99	\$18.99	\$18.99
\$200-\$399.99	\$24.99	\$27.99
Orders \$400 and above	\$36.99	\$40.99

Express shipping is available by special request only.

Ship to:

Name _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____

E-Mail _____

Method of Payment:

- Check Enclosed American Express
 MasterCard Visa

Note: Credit card orders cannot be processed without signature and expiration date of card.

Credit Card # _____ Expiration Date _____

Signature _____

Telephone # _____

AAWR-SAW1-04

AAWR Luncheon at the 2004 SPR Meeting

Kimberly E. Applegate, MD, MS

The AAWR held its long-standing annual luncheon at the Society for Pediatric Radiology (SPR) Annual Meeting, which took place this year in Savannah, Georgia. Dr. Janet Strife was our featured speaker and discussed the efforts of the Cincinnati Children's Hospital to teach and improve professionalism in the Department of Radiology. Dr. Strife is a past president of the SPR, the former chair of the Department of Radiology at Cincinnati Children's Hospital, and a current trustee of the American Board of Radiology. In addition, she is the immediate past President of the Association of Program Directors in Radiology (APDR). She has worked diligently to promote concepts to teach medical students, radiology residents and staff to improve their professionalism and core competencies.

Dr. Strife presented survey data from her department which provided insight into the expectations of parents and patients when they undergo an examination in a department of radiology. Results showed that parents greatly appreciate an introduction to the person performing the test, an explanation of what the test is about, the opportunity to ask questions, and, finally, a discussion of the test results. In addition, the survey found that parents value seeing the radiologists wash their hands before and after the procedure. In summary, sometimes very simple actions on our part can improve patient/parent perception of our professionalism and our desire to improve the health of our patients.

We invite any attendees of the 2005 annual SPR meeting in Montreal to attend the AAWR luncheon. We look forward to seeing you there!

American Association for Women Radiologists Research and Education Foundation Awards

Call for Awards

Deadline: August 31, 2004

New Member-in-Training Award for Outstanding ASTRO Presentation

This year for the first time the AAWR Research and Education Foundation will give a \$500 cash award for professional development for an outstanding scientific presentation in radiation oncology at the ASTRO annual meeting. Applicants must have been members of the AAWR for one year at the time of application. Eligible fellows/residents may apply by writing a letter of application and including the title of the paper or abstract and unique ID number. Enclose a copy of the abstract, the letter of acceptance, a current curriculum vitae, and letters of support from the department chair and AAWR nominating member with the letter of application. Send to: admin@aawr.org.

Member-in-Training Awards for Outstanding RSNA Presentations

Two \$1,500 cash awards for professional development are given to fellows/residents who are both first authors and presenters of abstracts accepted for scientific presentation at the RSNA annual meeting — one for diagnostic radiology and one for radiation oncology. Applicants must be members of the AAWR on January 1 of the year of application. Eligible fellows/residents may apply by writing a letter that states their interest in the award, title of the paper or abstract, and unique ID number. Enclose a copy of the abstract with the letter of interest. Send to: admin@aawr.org.

Research Seed Grant

The purpose of the grant is to assist AAWR members in gaining experience in testing hypotheses and defining objectives before they apply for major grants from corporations, foundations or government agencies, by underwriting preliminary studies required prior to seeking major funding for a project. Those who have served as principal investigator on a major (\$50,000 or more) grant are not eligible for this program. Applicants must have been AAWR members for at least two years prior to application. One Year Grant Amount: \$5,000 or less payable to Department in two equal installments (does not cover institutional overhead costs). First installment paid in December at the RSNA annual meeting. Second installment paid at conclusion of study after a review of the study has been submitted to AAWR newsletter, *Focus*, and has been submitted either for scientific presentation, work in progress, or peer-reviewed journal. Grant application form can be downloaded at www.aawr.org. Send to: AAWR Research and Education Foundation, 4550 Post Oak Place, Suite 342, Houston, TX 77027.

Additional information and application forms can be obtained from the AAWR web site at www.aawr.org or by contacting Sheryl Trotz at 630-293-0622 or strotz@meetingmanagers.com.



AMERICAN ASSOCIATION FOR WOMEN RADIOLOGISTS
4550 POST OAK PLACE, SUITE 342
HOUSTON, TX 77027

You can reach us at

AAWR

4550 Post Oak Place, Suite 342

Houston, TX 77027

Phone (713) 965-0566

Fax (713) 960-0488

E-mail: aawr@meetingmanagers.com

Website: www.aawr.org

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 the benefit of its membership

Editor

Melissa L. Rosado de Christenson, MD, FACR

Associate Editors

Aletta Ann Frazier, MD

Lisa H. Lowe, MD, FAAP

We invite the membership to share its ideas and expertise with all of us by
submitting articles for future publication in the *Focus*

Editorial Deadlines

February 1, 2004

June 1, 2004

September 1, 2004

December 1, 2004