



FROM YOUR PRESIDENT

Ritsuko Komaki, MD, FACR

Greetings to all AAWR members, members-to-be, and those who are considering whether or not to apply for membership. Consider that AAWR dues are modest for active or international members and not required for members-in-training in the first and second years of residency.

The American Association for Women Radiologists (AAWR) was established in 1982. The first President was Carol M. Rumack, MD who continues to contribute her time and energy in supporting this association. Her consistent support and continued involvement are well appreciated by all of us. Kay H. Vydareny, MD, became President of AAWR in 1984 and has also continued to mentor women radiologists ever since. Her tireless efforts and contributions earned her the Marie Curie Award, which she received during the 2000 AAWR business meeting at the RSNA. A list of Past AAWR Presidents is found below. We truly appreciate their efforts in establishing our society as well as their continued support.

- 1982 Carol M. Rumack, MD
- 1983 Linda M. Fahr, MD
- 1984 Kay H. Vydareny, MD
- 1985 Gretchen A. W. Gooding, MD
- 1986 Anita P. Friedman Price, MD
- 1987 Patricia A. Randall, MD
- 1988 Sandra K. Fernbach, MD
- 1989 Dixie J. Anderson, MD
- 1990 Peggy J. Fritzsche, MD
- 1991 Cheryl S. Hicks, MD
- 1992 Katherine A. Shaffer, MD

- 1993 Karen L. Reuter, MD
- 1994 Lynne S. Steinbach, MD
- 1995 Judy M. Destouet, MD
- 1996 B. J. Manaster, MD, PhD
- 1997 Nancy S. Rosenfield, MD
- 1998 Melissa L. Rosado de Christenson, MD
- 1999 Teresita Angtuaco, MD
- 2000 M. Ines Boechat, MD

In recent years, Melissa Rosado de Christenson, MD, led the AAWR through the formulation of its first strategic plan and a limited number of short-term goals; Teresita Angtuaco, MD revised and refined the bylaws of the AAWR Research and Education Foundation; and M. Ines Boechat, MD, led the organization through its transition to administrative management by the RSNA. Today we count on Lise Swanson and Sheryl Trotz for our administrative support within the RSNA. Ines negotiated with Marcia C. Javitt, MD, Editor-in-Chief, *Journal of Women's Imaging (JWI)*, as it became the official journal of the AAWR. As we welcome more radiation oncologists, radiation biologists, medical physicists and international members into the AAWR, we continue to increase our level of diversity. Ewa Kuligowska-Noble, MD, has been instrumental in promoting corresponding (international) AAWR members at a reduced fee.

In the future, we will stay focused on our mission and will continue to provide a forum for issues unique to women in radiology, radiation oncology and related professions, to

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CURRENT TRENDS AND OPPORTUNITIES FOR WOMEN IN THE WORKPLACE

By Janet L. Strife, MD

Dr. Strife is Radiologist-in-Chief and Professor of Radiology and Pediatrics at the Children's Hospital Medical Center in Cincinnati, Ohio. Dr. Strife is also President of the Society for Pediatric Radiologists. It should be noted that as subspecialists, pediatric radiologists represent one of the largest membership groups within AAWR.

I am pleased to have the opportunity to address current trends and opportunities for radiology residents in the workforce. The presentation is somewhat biased toward an academic view, as I am currently the Director of Radiology at the Cincinnati Children's Hospital which is affiliated with the University of Cincinnati. In addition, I am knowledgeable concerning job opportunities in the workforce, particularly as it relates to pediatric radiology. I am currently the President of the Society for Pediatric Radiology, and retention and recruitment into our subspecialty have been a focus for strategic planning.

In today's presentation, I intend to look at current trends and to have you think through the potential opportunity that each trend provides.

The first trend is the workforce crisis. Indeed, if we look at current assessments and predictions related to the workforce, in the mid '90's managed care and particularly capitation predicted a decrease in imaging volume and revenue for radiologists. Individual groups did not hire, graduating fellows had difficulty finding positions, residency programs decreased in size, contractual relationships limited practice in surrounding areas, and so on. However, not only did radiology imaging not decrease, but recently Dr. Elias Zerhouni stated that it has increased by 30% over the last 3 years. Dr. Douglas Maynard, in his presidential address at the RSNA, predicted continued significant growth in imaging over the next 10–20 years.

Another significant trend is for hospitals and clinics to demand 24-hour professional radiology coverage, 7 days per week. This has been a hot topic at the Intersociety Commission, the American College of Radiology and at all the subspecialty societies. It is hard to argue that there is one standard of practice before 5 p.m. at night and another after 5 p.m. Indeed, the driver of the demand for service is not the emergency room physicians but a healthcare system, which demands professional coverage on a 24/7 basis. The American public realizes the expense of healthcare and feels entitled to immediate answers to their clinical problems. A dual career family with a child with an elbow injury needs to know whether the patient has a fracture or not. The radiographs need to be interpreted in a timely fashion and

with expertise. If not interpreted or incorrectly interpreted, the family must be recalled, and a second emergency department visit is necessitated. This is costly in terms of insurance reimbursement for emergency care and in terms of the parents who must take time away from work a second time after the child's initial acute management.

What is the opportunity? Most practicing groups will need to reorganize into some improved 'shift work,' which allows 24/7 coverage. This will mean that the groups will need to expand their resources and/or network with other hospitals. The expansion to more 'shift work' may increase and prolong the demand for radiologists. The opportunity to work selected shift work may benefit dual career families and provide improved coverage for the practice.

As volume increases, retention and recruitment will be key issues. The workforce, according to recent JAMA data, indicates that approximately 30% of all residents in radiology are women. Therefore, all subspecialty groups, academic hospitals, and private practices will need to address this large influx of women into the workforce. We need to provide templates for part-time employment during the child-bearing years. The potential effect of early retirement will have a greater effect on the workforce than any cumulative effect by part-time positions. The recent article "Where have all the radiologists gone" by Peter Pesavento (Imaging Economics, Jul/Aug, 2000) emphasizes that recent trends in the market have created successful early retirement packages for many radiologists, enabling them to have second careers by retiring at the age of 55. In addition, the recent evolution of managed medical care with declining reimbursement for clinical work has necessitated an increased workload per radiologist to justify their income and benefits. At some point, individuals will decide to leave the specialty or retire, as their practice ceases to be personally rewarding.

Another significant trend in the workforce is the increasing value of new graduating residents. In the past, imaging looked toward the more experienced radiologists who were the most esteemed and respected for their large and broad-based clinical knowledge, plain film analysis, and fundamental imaging. The new resident was considered

to be inexperienced and one who did not *pull her/his weight* during the first 5-6 years of practice. However, academic programs and private practice groups look to the newly graduating residents as providers of expertise in imaging, knowledge of new science, and as leaders of digital technology both educationally and clinically. The leaders of tomorrow will be knowledgeable in molecular biology, informatics, computer sciences, and networking. You, the residents of today and tomorrow, are poised to further position yourselves as leaders in your new groups, new hospitals and new organizations. Change is occurring quite rapidly and, like the popular new book “*Who Moved My Cheese*” by Dr. Spencer Johnson, the cheese has moved. I view the residents as similar to the mice in the book; they have already begun to appreciate that new cheese tastes better than old cheese.

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sponsor programs that promote opportunities for women and to facilitate communication among our members. I still remember the late Helen Redman, MD when she stated that “Eventually we will not need AAWR to support women to be recognized in the society where more men have dominated.” I am sure that this time will come since approximately 40% of medical students in the United States are women. However, because of our numerous obligations, which include raising families and being spouses, we lead complex lives that require support from each other as well as from family members. While, I strongly feel that married women in the USA are generally supported by their spouses in their dual roles as professionals and family members, I also believe that this type of support is not as developed in Asia, some European countries or in South America. Although we will continue to assist AAWR members to achieve personal and professional fulfillment through equal recognition and opportunities, we also need to extend our support to international members in the future.

Congratulations to each of you on your own accomplishments. Certainly, you must be proud of your elite status, your solid knowledge base, and your thoughtful approach to your profession. The American Association for Women Radiologists has worked towards networking, promotion of professionalism among women, enhancement of our ability to cope, management of our unique roles within our homes, communities and hospitals, and towards building and learning through active exchange of information. I am optimistic in the belief that you will have an enhanced role as radiologists and that your intrinsic knowledge, your skills and unique perspectives will improve our work environment. Your personal rewards will include the good works of exceptional individuals who embrace the joy and hope of tomorrow.

Please bring to our attention any gender-unique issues and any conflicts related to job opportunities or gender discrimination. We must encourage more women and supportive men to become AAWR members. We are very appreciative of the support we receive from our corporate partners, without whom we would be unable to fund our awards and special recognitions. Katherine Shaffer, MD, has worked tenaciously in promoting such support throughout the course of many years. We will encourage junior staff and residents to apply for AAWR Research and Education Foundation awards. We will continue to improve visibility and communication through our web site under the leadership of Katarzyna Macura, MD, PhD. I am grateful to the AAWR members for the opportunity to serve you as your President. I would like to encourage all members to submit articles to *Focus* as well as to the *Journal of Women's Imaging*. As we begin a brand new century, I encourage all of our members to take full advantage of all the opportunities the AAWR continues to offer them.

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INTERNET FOR YOU

By Katarzyna J. Macura, MD, PhD
AAWR Web Site Editor

Searching Strategies

Finding information on the world wide web (WWW) can be easy or seem impossibly difficult. This is in part due to the sheer size of the WWW, currently estimated to contain over a billion documents. It is also because the WWW is not indexed in any standard vocabulary; unlike a library's catalogs which use accepted standardized subject descriptors. In order to make Internet searches more efficient, special search tools have been created. When a search tool is used to "search the Web," the user does not search the Web directly. It is impossible to search the WWW directly because the Web is made up of many (over a billion) web pages which reside on computers called "servers" all over the world. Thus, it would take a very long time to perform a direct Web search. With the help of search tools, users access one of several intermediate databases created to organize web pages that were registered with a specific search tool. These databases are part of the "search tools" and provide users with URL links to actual web pages. There are three types of Internet search tools: Search engines, Meta search engines, and Subject directories/guides.

Search engines are programs written to query and retrieve information stored in a database containing selections of Web pages. Databases are compiled by "spiders," which are computer robot programs or software programmed by a human to automatically gather information from all over the Net. Spiders work around the clock, visit the Web, scan pages on the fly without the owner's knowledge or consent, and download web documents into the search engine server. This way, they keep the search engine database up to date. They obtain new pages, update known pages, and delete obsolete ones. There is very minimal human oversight. It can take six months for spiders to cover the Web, resulting in a certain degree of delay. The search engines are like on line "librarians" tracking locations of web pages. When queried they just retrieve records from their own archives, but pages may not exist on the Web any longer, or may have moved. Examples of search engines include: Infoseek, AltaVista, Google, Yahoo!, AskJeeves, Lycos, Excite, HotBot, and many more.

Meta-Search Engines are very quick search tools that superficially search several individual search engines. An

important caveat is that they only capture about 10% of search results in any one of the search engines they visit. Therefore, they are called "quick and dirty." They visit selected search engines, spend very short periods of time, and return results as lists of hits from each engine that was queried. Aggregate results are based on the "vote" of the individual sites. Meta-search engines can be downloaded free of charge, and can be customized to search selected search engines with complex search features. Examples include Metacrawler and Copernic.

Subject directories and guides are collections of hand-selected sites organized into hierarchical subject categories and compiled by professional or volunteer editors, subject specialists, agencies, associations, or hobbyists. Directories provide categorized lists of web sites with brief descriptions. The user can move from menu to menu, making one selection after another, until she/he finds a listing of sites of interest. The directories are organized in general categories. Most university libraries maintain their own subject directory. Another example is Britannica's Internet Guide.

The main difference between a search engine and a directory is that the search engine indexes all the information on all the Web pages it finds, whereas a directory categorizes web sites and contains very little information about them (just the description). Search engine indexes are generated automatically, based on the words and phrases found on the web pages. There is no human judgment filtering the information. The subject directories are created with human input, and therefore contain far fewer sites. Also since directories are updated manually, a very time consuming process, sites that are no longer valid (dead links) are often listed long after their demise. A search engine takes the user to the exact web page on which the words and phrases the user is looking for appear. A directory takes the user to the home page of a web site, and from there the user can explore to obtain the information she/he wants. A search engine should be used when the aim is to get to a particular piece of information quickly. A directory is very helpful when the user has only a vague idea of what she/he wants and when guidance is needed. A directory functions like the "yellow pages," the user knows what she/he is looking for but the exact name is unknown. The search engine becomes very helpful whenever the user knows the exact name of the subject matter being searched for.

Some search services use both schemes, search engine and directory approach, in a hybrid combination. These services occasionally send out a spider to collect Web sites, alongside people who catalogue sites submitted by developers. Examples include, Infoseek and Excite.

There are two search strategies that can be used when searching the Web with search engines. The first is a simple keyword search, and the user enters one or more keywords separated by spaces in the search box. In this type of search, the user accepts the system's defaults, and may be overwhelmed by too many off-target results, especially when searching large databases. However, this is the best strategy for searching small and specialized databases. The small size of the databases makes more complex searching unnecessary and may even exclude many relevant documents. A second type of search strategy is the advanced search. Advanced search techniques include, phrase searching, truncation, Boolean logic, grouping terms, sub-searching, and field searching. Phrase searching requires that the terms entered in the search box appear in exactly the same order as in the documents retrieved. To perform a phrase search, e.g. a proper name, name of organization or movement, or a distinct phrase, the phrase has to be enclosed in double quotations " ". Truncation can be used when the user is looking for terms with many possible endings. Truncation permits retrieving all variations in a search term. Some systems search word ending variants automatically. Example: *femini**, for feminism, feministic, feminine, etc. The Boolean logic can be applied as a way to combine terms using "operators" such as AND, OR, AND NOT and sometimes NEAR (within ten words). Example: **AND** forces all the terms to be present in all documents retrieved. **OR** retrieves records with either term. It is helpful when there are synonyms, spelling variations, e.g. (women OR females) AND networking. **AND NOT** excludes terms. If the user anticipates large search results with unwanted terms, Boolean AND NOT will help. Example: When searching for *biomedical engineering AND cancer*, such a query will retrieve a long list of academic programs. If the user just wants to search for their research reports, to exclude the documents containing *Department of OR School of*, the query should contain "*biomedical engineering*" AND *cancer* AND NOT "*Department of*" AND NOT "*School of*." Grouping of

terms is possible with the use of parenthesis (). As in algebra, what appears inside the parenthesis is processed first during searches. Some search engines permit sub-searching or searching within the results, allowing for subsequent narrowing of the list of hits. Field searching can be used to search within specific parts of web pages, designated as titles, authors, etc. For advanced searches, the Altavista search engine works very well. It has great coverage, claims over a hundred million sites, and allows the use of advanced query features, such as Boolean logic, sub-searching, and truncation. It also allows limiting the number of documents by date and translates to and from 25 languages.

No one service catalogs the whole Web. Each service logs parts of it and certain overlap exists. It is estimated that each of the search engines provides about 40% unique content and that there is an overlap of about 60% among search engines. Therefore, to obtain a broad coverage it is recommended to try more than one search tool. Services also differ in the way they rank hits. For instance, some advertisers pay for their sites to be listed on some services, so their sites get priority listing, being listed in the search even if their site has nothing to do with what the user is looking for. Some search engines, such as Google, use unique ranking algorithms that are based on how many other sites link to a particular site. The popularity ranking is based on the assumption that other pages would create a link to the "best" pages. This type of ranking usually works very well, returning quality documents.

Concluding Tip

There are hundreds of search tools on the Web. Do not restrict yourself to using only the large and popular ones. Try using a variety of search services using favorite key words, and you will see how radically different hits you obtain with each search engine or directory. No one service is perfect, so use as many as you have time for. Using many search engines will also help you get a feel for how the different kinds of services work. You will soon find a favorite search tool that will allow you to get to all the information you need quickly and painlessly.

Mark your Calendars!

The AAWR Research and Education Foundation is soliciting applications for its American Association of Medical Colleges' Leadership Awards. The deadline for applications to the Leadership Seminar for Senior Women is 13 March 2001. The deadline for applications to the Leadership Seminar for Junior Women is 5 July 2001.



Angela Katz, MD, (left) receives the Eleanor Montague Distinguished Resident Award in Radiation Oncology from Ritsuko Komaki, MD, FACR, 2001 AAWR President, pictured with M. Ines Boechat, MD, FACR, 2000 AAWR President (center).



Kay A. Shaffer, MD, FACR (left) receives the Alice Ettinger Distinguished Achievement Award. Pictured with James E. Youker, MD, FACR, Professor and Chairman of the Department of Radiology from the Medical College Wisconsin, who nominated her and M. Ines Boechat, MD, FACR, 2000 AAWR President.

Joan Katherine Frisoli, MD, PhD (left) receives the Lucy Frank Squire Distinguished Resident Award in Diagnostic Radiology from M. Ines Boechat, MD, FACR, 2000 AAWR President.



AAWR 20

Marie Curie
Kay H. Vydareny, MD, FACR, ER

Alice Ettinger Distinguished
Kay A. Shaffer, MD, FACR, M

President
Heidi Patr
Renate L. Sou
Wayne Stat

Lucy Frank Squire Disting
in Diagnosti
Joan Katherine F
Stanford Universi

Eleanor Montague Disting
in Radiatio
Angela Katz, MD, University of Te

100 Awards

Marie Curie Award
University of Wisconsin Medical Center

Distinguished Achievement Award
Medical College of Wisconsin

President's Awards
Lara Patriquin, MD
Renate L. Soulen, MD, FACR
University of Wisconsin

Distinguished Resident Award
in Diagnostic Radiology
Lara Frisoli, MD, PhD,
University of Wisconsin Medical Center

Distinguished Resident Award
in Medical Oncology
University of Texas-MD Anderson Cancer Center



Kay H. Vydareny, MD, FACR (left) receives the Marie Curie Award. Pictured with Sarah Donaldson, MD, FACR (center) who nominated her and M. Ines Boechat, MD, 2000 AAWR President.



Renate L. Soulen, MD, FACR (right) addresses the AAWR members after receiving one of the AAWR President's Awards. Pictured with Ewa Kuligowska Noble, MD, FACR (left) who nominated Dr. Soulen and M. Ines Boechat, MD, FACR, 2000 AAWR President.



Lara Patriquin, MD, accepts the AAWR President's Award from Nancy Rosen, MD on behalf of her late mother, Heidi Patriquin, MD.

HOW TO BECOME A FELLOW OF THE ACR: THE RADIATION ONCOLOGIST'S PERSPECTIVE

By Nancy Ellerbroek, MD, FACR
Member-at-Large for Radiation Oncology, AAWR

Radiation oncologists have ample opportunity to become Fellows of the American College of Radiology (ACR). According to Marcia Hendershot of the ACR, while 8% of the active dues-paying American College of Radiology (ACR) members are radiation oncologists, they constitute 11% of the Fellows. It should be noted that women still constitute only 16.5% of Fellows and members.

Interested readers are urged to refer to several recent excellent articles on the subject published in this newsletter,¹⁻³ as I will repeat only a small portion of the content on the specific steps involved in becoming a Fellow.

Becoming a Fellow would not, to most applicants, be an end in and of itself. Fellowship is rather recognition of the exceptional service provided by the Fellow to medicine and to our specialty. The ACR recognizes contributions in the form of:

1. Service to the ACR or to organized medicine
2. Research and publications
3. Teaching

However, most candidates nominated for ACR Fellowship have usually assembled a substantial history of service to the ACR and organized medicine.

The very first step is to become a member of the ACR. Fellowship applications fall into categories based on the length of time served as a member.^{1,3} The next step is to become involved. Active involvement often arises from a fundamental wish to improve our specialty for the ultimate benefit of our patients.

For those of you just starting out, it is important to honestly assess your talents and skills, and how much and what type of work you are willing to do. Then find a mentor, if you do not already have one, and find some way to apply yourself. There are many means of involvement, for both academic² and non-academic³ radiation oncologists. You may want to effect societal change for the benefit of your patients, and involvement in state and county medical organizations can help you accomplish this goal. You may have benefited from the work of radiology organizations, and may want to contribute and give back something to those societies. Alternatively, you may model yourself

after one of the many excellent teachers in radiation oncology and pursue educational endeavors.

I recommend that you join several organizations including not only the American Society for Therapeutic Radiology and Oncology (ASTRO), but also organizations such as the ACR, your local County Medical Association, the AAWR, the American Medical Association (AMA), the American Radium Society, and the Radiological Society of North America (RSNA). I was very pleased to initiate my contributions to organized medicine within the RSNA, for example.

To work with any organization, you will need to establish contacts, and once again, having a mentor can help considerably. It is never too early to become a mentor yourself. Try to get appointed to a committee. You have fewer choices regarding committee appointments earlier on, and accomplishing tasks effectively can be the best way to prove yourself and be asked to do more. Become involved with your local ACR State Chapter. You could offer to help organize the local meeting, hold office, or volunteer to serve as a Counselor. It will always be a challenge to excel at work for medical and radiological organizations while maintaining teaching, research, and/or active practice.

There are opportunities for involvement in the ACR both nationally and at the state chapter level for radiation oncologists in academics and private practice alike. There is strength in numbers, and radiation oncologists constitute a relatively small group. If radiation oncologists do not stay active in the ACR, we could run the danger of not having our special needs and those of our patients addressed. On most issues we agree readily with our colleagues in diagnostic radiology. There are times, however, when the radiation oncology perspective provides insight our colleagues might not otherwise have. We want to be heard, and a hard-working volunteer can be rewarded with credibility and recognition.

It is likely that there are many of us who qualify for ACR Fellowship who do not apply. I believe this is a mistake, as the Fellowship is just as meaningful for radiation oncologists as it is for radiologists. I did not consider applying for Fellowship until I attended an inspiring talk

given at one of the AAWR luncheons during the RSNA. I was then encouraged to apply by my mentors. Radiation Oncologists have the option of applying through their State Chapters, but can also be nominated through CARROS (Council of Affiliated Regional Radiation Oncology Societies). Most state societies will not endorse a Fellowship application if they believe that the applicant has not made sufficient contributions. Allow yourself plenty of time to complete your application. It must bear the original signatures of at least two ACR Fellows, one of whom is not associated with you in practice. These individuals must also write letters in your support. However, it does not hurt to have additional letters of support and signatures.

I spoke with one of the members of the committee that approved my Fellowship application. I learned that contributions to ASTRO are recognized on essentially equal footing with those made to other radiology organizations. While having contributed in all three categories (service,

research and publication, and teaching), helps considerably, an applicant who is very strong in one or two categories would likely be approved as well.

So, join early, work hard, and network with others. Cultivate good mentoring relationships. As a radiation oncologist you can make a difference. Do not hesitate to strive for the recognition you deserve!

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3. Timins JK. American College of Radiology Fellowship: The Non-Academic Route. *AAWR Focus* 2000; 20 (3): 6-7.



Journal of
Women's Imaging

Affiliation between the AAWR and the Journal of Women's Imaging

A new affiliation between the AAWR and the Journal of Women's Imaging was announced during the annual meeting of the Radiological Society of North America. The Journal of Women's Imaging is now the official journal of the American Association for Women Radiologists. Thus, you will see the AAWR's name on the cover of the journal, and the AAWR officers will be listed on the masthead page. In addition, AAWR members will be eligible to receive the Journal of Women's Imaging at reduced rates. We are excited about this new affiliation and look forward to a fruitful relationship between the AAWR and its journal. Marcia Javitt, MD is Editor-in-Chief of the Journal of Women's Imaging.



Lara Patriquin, MD (center), accepts President's Award on behalf of her late mother, Heidi Patriquin, MD. She is pictured with M. Ines Boechat, MD, FACR (left) and Nancy S. Rosen, MD (right).

Heidi Patriquin, MD

By Nancy Rosen, MD, Past President, AAWR

On November 27, 2000, Dr. Heidi Patriquin was awarded a special AAWR President's award during the AAWR annual business luncheon held during the meeting of the Radiological Society of North America in Chicago, Illinois. Dr. Nancy Rosen made the following remarks when she presented the award.

It is a pleasure to present this award to Dr. Heidi Patriquin in recognition of her lifetime achievement in radiology. Heidi was to have been here today to accept the award but, tragically, she died on Thanksgiving Day. Before she died, Heidi asked us to celebrate her life rather than mourn her death. I am going to try to do this. I will begin by telling a story which I told Heidi many times. I was a pediatric radiology fellow at the Boston Children's Hospital, during the last year of Dr. Edward Neuhauser's chairmanship. When Dr. Neuhauser heard me speaking in my Queens New York accent, he said "you should speak like Heidi Patriquin." When I did things he would say, "you should do this the way Heidi Patriquin does," and finally, "you should be like Heidi Patriquin." Years later, when I met Heidi, I realized Dr. Neuhauser was absolutely right and that Heidi was someone to emulate.

This beautiful, dedicated Pediatric Radiologist was also a talented musician who played the

viola da gamba and sang in many choirs. She was an accomplished outdoorswoman and athlete who could bicycle, jog, and roller blade. She made extensive contributions to radiology. Heidi is a role model for all of us in the American Association for Women Radiologists. She successfully combined a career with raising three children. She worked part time when her children were young and when they grew, she returned to full time practice, learning the emerging technology of ultrasound and introducing ultrasound, especially doppler ultrasound, to the practice of pediatric radiology. The Society for Pediatric Radiology honored her with its Pioneer award for this accomplishment.

Heidi battled metastatic breast cancer for almost seven years. During the time she was being treated, she hiked and camped in five continents, trekked in Nepal, and ran a marathon with her daughter, among other achievements. Heidi was justifiably proud of her family. Her partner, Dr. Michel LeFortune, was a source of great joy and support. Her son, Martin, is a journalist in Toronto, daughter Karin is an architect in New Haven, and daughter Lara a radiology resident in Boston and the mother of Heidi's beloved grandchild Lucas. It is my pleasure to present this award for Dr. Heidi Patriquin to her daughter, Dr. Lara Patriquin. ■

KUDOS

and PLAUDITS



Kimberly E. Applegate, MD, served as one of two Radiological Society of North America Editorial Fellows for the year 2000. The one-month fellowship is held in the fall and continues through the RSNA's Annual Meeting and Scientific Assembly. The editorial fellows work

with the Editors of Radiology and RadioGraphics. Dr. Applegate received her medical degree from the George Washington University Medical School, and completed her residency in diagnostic radiology at the Dartmouth-Hitchcock Medical center. She completed her fellowship in Pediatric Radiology at the Children's Hospital in Boston. Dr. Applegate is currently an assistant professor of radiology at Rainbow Babies and Children's Hospital of Case Western Reserve School of Medicine. Dr. Applegate already possesses a wealth of editorial experience and has been a reviewer for the Journal of Urology, RadioGraphics, Radiology and the journal of Clinical Ultrasound and Clinical Pediatrics. She has served as assistant editor of Radiology as well. Dr. Applegate has made a major contribution to the American Association for women Radiologists as Member-at-Large for Diagnostic Radiology, Chair of the Child Care Committee, Secretary and currently as Vice-President.

Reference: Congratulations to the 2000 Editorial Fellows. RSNA News 2000; 10 (11): 4-5.



Nora Janjan, MD, Professor of Radiation Oncology at the University of Texas, MD Anderson Cancer Center has been named President-elect of the American Society for Therapeutic Radiology and Oncology.



Peggy J. Fritzsche, MD, was elected the Chairman of the Board of Directors of the Radiological Society of North America in 2001. Dr. Fritzsche has served on the Board of Directors since 1995. She is Medical Director of Riverside MRI Center and Clinical

Professor of Radiology at Loma Linda University School of Medicine. Dr. Fritzsche is Past-President of the American Association for Women Radiologists.



Theresa C. McLoud, MD, was elected to a six-year term on the Board of Directors of the Radiological Society of North America. Since 1998, Dr. McLoud has been the Chairman of the RSNA Program Committee. She is Chief of Thoracic and Cardiac Radiology and

Director of Education for the Department of Radiology at the Massachusetts General Hospital and Professor of Radiology at Harvard Medical School. She is Past President of the Society of Thoracic Radiology and has been a member of the American Association for Women Radiologists for many years.



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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

February 1, 2001
June 1, 2001
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