RETHINKING "SERVICE"

By David Tamas, MD, Duke Radiology House Staff, Class of 1987

I have been a private practice radiologist for 30 years, and thought I had seen just about everything. However, I was wrong. I recently attempted to call a radiology report on an ER patient, only to be told by the charge nurse that it wasn’t possible for me to call that report. When I asked why, the answer was that the patient didn’t have a room yet. To this I replied, “Well, if they don’t have a room assigned, where are they?” “In the waiting room,” came the answer. It turned out the inputs of the triage nurse automatically ordered the CT scan, apparently prompted by a script when she entered the complaint of: “flank pain.”

While I choose to see this event as an affirmation of our specialty, that radiology studies are being ordered freely because they provide value,
I believe that in the challenge to stay relevant, our specialty must work hard at maintaining a dialogue with our colleagues. Let me explain.

Shortly after this experience, I had my own exposure to the “consumer side” of healthcare while caring for my father during a recent episode of illness. It was instructive, and frankly refreshing to witness firsthand how dependent so many of the professionals caring for my father were on radiology and medical imaging. It is no wonder that professionals use these tools so frequently. The physicians and the extenders they supervised were constantly referring to “the report.”

These experiences made me recall the clinical year I spent in general surgery, and how dependent I was at that time in my training on medical imaging. Even though the technology was primitive, I was in awe of just how much value a capable radiologist added, and how much they knew about all disease. This is the reason I became a radiologist.

During my career, the volume of studies and Image count per study has increased enormously. This trend, in my opinion, is threatening to separate the radiologist from the medical management decision process, potentially relegating our specialty to the role of order taker and filler, operating in a relative vacuum regarding the physical exam and a truly relevant history. Our referring physician community has its own isolation pressures. Instead of an accurate history, there is often a reliance on “the story” from a lesser trained extender, followed by blanket ordering of imaging studies with the review of the results often before the patient is even examined.

I would like to contrast the present situation with what I found when I arrived at Duke for residency training so many years ago. I remember being impressed and intimidated by the amount of knowledge for which I would be responsible. But what I was even more impressed with was the example of humility and graciousness shown by the mentors I found there – leaders like Reid Rice, Jim Bowie, and James Chen. I was impressed by their gracious and respectful treatment of all referring physicians, including interns. I vividly remember a conference on the first day of residency in which ten new residents were “oriented” by Dr. Ravin, then the Vice Chairman of Radiology. One point Dr. Ravin made clear was that in our new role as Radiologists, our patients were not just the traditional patients, but also the physicians that sent them to us. As a “physician’s physician,” we were not only taking care of the patients but also our referring physicians/professionals who, like patients, could at times be demanding, intemperate and even unreasonable. Dr. Ravin knew that long after our referring physicians had forgotten the answers we gave them, they would remember how we treated them.

I hope we can consider the example of those who mentor us, even if it is now more of a challenge to put into action in this age of required high volume efficiency. The warm relationships between referring physicians and radiologists I witnessed in training, the incredible respect given to my mentors by the physicians that sought their help – I am certain was earned. This is the kind of radiologist I want to be.

After the unsuccessful conversation with the ER charge nurse, I called the ER physician’s direct line and told him he had a patient in the waiting room with acute appendicitis.
This was the second year for the Integrated IR Residency Match, now with 66 programs participating. There were 563 applicants for 124 positions, 2/3 of whom applied to both diagnostic radiology (DR) and interventional radiology (IR). Duke, with its newly ACGME approved Integrated IR residency, received 183 applicants for 3 positions. These will take the place of 3 positions previously held by DR residents. Duke interviewed 16 applicants. Each applicant was interviewed by 4 DR faculty members/Chief Residents and 6 IR faculty members. We were very excited to match 3 highly qualified medical students to our program:

Scott Perkins
Duke University
School of Medicine

Himanshu Ajarwat
University of South Florida
School of Medicine

Adam Zuchowski
University of Minnesota

The three students have all participated in research while in Medical School. They have also volunteered their time as teachers and health care workers both at home and abroad in Haiti, Honduras and Micronesia. They have many exciting interests outside of Medicine and we look forward to seeing them in our department starting July, 2018.

Retired!

After 25 years of service, Phil Goodman, M.D. retired from clinical work:

Clinician
Mentor
Expert
Division chief
Teacher

He will continue as Advisory Dean and teaching scholar for the medical students.
Depart Embarks on Routine “Huddle”

By Donald P. Frush

In early April after several months of planning, the Radiology Department began a regular huddle, a briefing more or less. The increasing complexities with patient care within the health system, including Radiology, accountability, and growing awareness of patient and staff experiences warranted the implementation of a well-orchestrated huddle program. The objectives include: applying the benefits of consensus including collaboration, improved communication, commitment to achieve consistently safe operations, supportive blame-free environment, team approach, minimization of hierarchy, and increased effectiveness and efficiency. These objectives are achieved with coordination and organization in the workplace environment through a routine "huddle," which shares some elements of both briefing and debriefing and other recognized strategies in improving safe and high quality personnel and patient care. This model is driven by the desire to improve what we do in Radiology, rather than a currently perceived compelling deficit.

This is based on a model outline in Donnelly et al in Pediatric Radiology in 2017 “The Daily Readiness Huddle: a process that rapidly identifies issues and fosters improvement through problem-solving accountability." Expanding on some of the above goals, the “huddle” benefits include: a) understanding of operations for all stakeholders, including department leadership, b) emphasizing the benefits of face-to-face interaction, c) reinforcing critical aspects of the department mission, d) assuring accountability, and e) affording measureable assessment (i.e. improvement) in department operations through targeted and prioritized efforts.

HUDDLE:

1. **When:** Tuesdays and Thursdays at 8:30 a.m.; it is anticipated that this would migrate to a daily (weekday) process
2. **Location:** 1W11 DMP
3. **Duration:** 15-20 minutes
4. **Participants:**
   a. Department leadership (Chair, Vice Chair, Division Chief or other designated physician representative)
   b. Sr. Chief Technologist
   c. Modality manager, supervisor or designee
   d. Nurse Manager or designee
   e. Facilities supervisor/designee
   f. Other services including information technology, transporters, receptionist, environmental
5. **Process:** The huddle is led by one of the individuals above, and the responsibility rotates between individuals. There will also be one facilitator that will document dialogue during the huddle. Enduring records will be taken by a predetermined scribe in electronic format, filling in template.
6. **Those unable to attend may join by conference call.** The scribe will be responsible for minutes (versus having a third person responsible for this summary). Process will consist of four components:
   - **Clinical Volume Review:** Hospital census and summary statements of individual work area volumes. Are scheduled examinations unusually high? Unusually low?
**Depart Embarks on Routine “Huddle” (continued)**

- **Metrics Review:** primarily related to safety events (e.g., days since last...)
- **Daily Readiness Assessment:** the acronym of PLEASE:
  - **P** – will be process,
  - **L** – will be leadership,
  - **E** – will be experience (including safety),
  - **A** – is associates (staff),
  - **S** – is supplies, and
  - **E** – is equipment.
  - **Process:** Are we prepared for service expectations? Operational issues? Construction, renovation, equipment installation, other DUH Duke Health operational issues?
  - **Leadership:** Any issues related to presence/absence of the departmental leaders?
- **Experience:** any issues with safe delivery of Radiology services? Communication strategies all working? This includes IT announcements.
- **Associates:** Staffing issues for modalities/areas in Radiology reviewed.
- **Supplies:** Deficit in materials for daily operation?
- **Equipment:** Self-explanatory.

- **The fourth area is accountability for issues.** These could be divided into short term (< 48 hours), intermediate (<6 weeks) or long-term (> 6 weeks). Appropriate champions for the intermediary and a long-term problem will be assigned with definitions about frequency of revisiting these issues to be developed.

---

**And the award goes to...**

“**My team would like to present Dr. Kyle Napier with a Parachute Award, for his outstanding work with our neuro procedure cases over the past several weeks. Dr. Napier’s dedication to patient care has been exemplary, including among other things, his willingness to work through the care process from beginning to end. We have observed Dr. Napier helping to transfer our patients from transport equipment to exam table, and then back again. He’s always concerned with his patient’s comfort level, and even typically helps our technologist staff clean the exam area after a procedure is completed. We’ve had the opportunity to work with many talented physicians in this capacity, so we felt compelled to pass along these kind words and a note of thanks to Dr. Napier for his outstanding professionalism, and his continuous efforts to put his patients at the center of everything he does.”**

– **Anthony Twisdale**

Supervisor for Fluoroscopy and Pediatric Radiology
Duke Participants in Cardiac CTA: Duke Advanced Radiology Technologist Education Program

PICTURES FROM DART
APRIL 2017
Lynne Koweek

TECHNOLOGISTS
Carolyn Lowry
Brittney Stone
Claire Miller
Susan Churchill

NURSING
Caroline Strazis
Angela Heilman
Allison Piela

VISITORS
CT TECHNOLOGIST/
CLINICAL APPS SPECIALISTS
Tom Fowler
Curt Gardiner
Shawn Sickle
Heather Clark

Dr. Marin headed a dual energy program during the month of May and there will be three more cardiac CTA and three more dual energy programs over the 2017 year.

For information on the Duke Radiology DART Program, Please contact either Lynne Koweek, MD at lynne.koweek@duke.edu or Daniele Marin, MD at daniele.marin@duke.edu.
### TRAINEE ALUMNI RAD Gift Report

<table>
<thead>
<tr>
<th>Name</th>
<th>Gift Fund</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. M. Paul Capp</td>
<td>Radiology Research Fund</td>
</tr>
<tr>
<td>Dr. James R. Edinger</td>
<td>Radiology Unrestricted Gifts</td>
</tr>
<tr>
<td>Dr. Nicholas Frankel M.D.</td>
<td>Radiology Unrestricted Gifts</td>
</tr>
<tr>
<td>Dr. Thomas A. Hetherington</td>
<td>Radiology Unrestricted Gifts</td>
</tr>
<tr>
<td>Dr. Michael J. Hewitt</td>
<td>Radiology Unrestricted Gifts</td>
</tr>
<tr>
<td>Dr. Gordon L. Hixson</td>
<td>Radiology Unrestricted Gifts</td>
</tr>
<tr>
<td>Dr. Delmar H. Knudson</td>
<td>Radiology Unrestricted Gifts</td>
</tr>
<tr>
<td>Dr. William M. Thompson</td>
<td>Radiology Unrestricted Gifts</td>
</tr>
<tr>
<td>Dr. Thomas M. Jamison</td>
<td>Reed &amp; Martha Rice Distinguished Professorship</td>
</tr>
<tr>
<td>Dr. Jerry S. Apple</td>
<td>Resident/Fellow Alumni Gift Fund</td>
</tr>
<tr>
<td>Dr. Dewey Lockwood Barton</td>
<td>Resident/Fellow Alumni Gift Fund</td>
</tr>
<tr>
<td>Dr. Andrew John Beloni</td>
<td>Resident/Fellow Alumni Gift Fund</td>
</tr>
<tr>
<td>Dr. Erica Young Berg</td>
<td>Resident/Fellow Alumni Gift Fund</td>
</tr>
<tr>
<td>Dr. Frank Berkowitz</td>
<td>Resident/Fellow Alumni Gift Fund</td>
</tr>
<tr>
<td>Dr. Eric Effmann</td>
<td>Resident/Fellow Alumni Gift Fund</td>
</tr>
<tr>
<td>Dr. Bjorn I. Engstrom</td>
<td>Resident/Fellow Alumni Gift Fund</td>
</tr>
<tr>
<td>Dr. Nicholas Frankel M.D.</td>
<td>Resident/Fellow Alumni Gift Fund</td>
</tr>
<tr>
<td>Dr. Thomas A. Hetherington</td>
<td>Resident/Fellow Alumni Gift Fund</td>
</tr>
<tr>
<td>Dr. Michael J. Hewitt</td>
<td>Resident/Fellow Alumni Gift Fund</td>
</tr>
<tr>
<td>Dr. William T. Jacoby</td>
<td>Resident/Fellow Alumni Gift Fund</td>
</tr>
<tr>
<td>Dr. James Stephen Killius</td>
<td>Resident/Fellow Alumni Gift Fund</td>
</tr>
<tr>
<td>Dr. Richard H. Laib M.D.</td>
<td>Resident/Fellow Alumni Gift Fund</td>
</tr>
<tr>
<td>Dr. R. William McConnell</td>
<td>Resident/Fellow Alumni Gift Fund</td>
</tr>
<tr>
<td>Dr. Charles H. McDonnell III</td>
<td>Resident/Fellow Alumni Gift Fund</td>
</tr>
<tr>
<td>Dr. Leroy Roberts Jr.</td>
<td>Resident/Fellow Alumni Gift Fund</td>
</tr>
<tr>
<td>Dr. Michael L. Ross</td>
<td>Resident/Fellow Alumni Gift Fund</td>
</tr>
<tr>
<td>Dr. Duncan Peter Rougier-Chapman</td>
<td>Resident/Fellow Alumni Gift Fund</td>
</tr>
<tr>
<td>Dr. Elliott C. Shull, Jr.</td>
<td>Resident/Fellow Alumni Gift Fund</td>
</tr>
<tr>
<td>Dr. Elizabeth Brooke Spencer</td>
<td>Resident/Fellow Alumni Gift Fund</td>
</tr>
<tr>
<td>Dr. William M. Thompson</td>
<td>Resident/Fellow Alumni Gift Fund</td>
</tr>
<tr>
<td>Dr. Harlan Lawrence Vingan</td>
<td>Resident/Fellow Alumni Gift Fund</td>
</tr>
</tbody>
</table>

Special thanks goes out to those of you who continue to support the mission of the Radiology Department, especially related to the radiology residency. Your contributions are greatly appreciated and will be put to good use.
Profiles

Ed Labajetta, R.T. (R)
Sr. Chief Technologist, Dept of Radiology – Duke Hospital

OBJECTIVE
I take extraordinary pride in the care we deliver each and every day. My vision and overarching objectives are to ensure that radiology at duke hospital fosters an inclusive and welcoming environment for our patients, their loved ones and each other and to ensure that the care we deliver is of the safest and highest quality attainable.

EDUCATION
Kent State University, Associates in Radiological Science
University of Mount Olive, Bachelor of Science, Health Care Management
University of Mount Olive, Masters in Business Administration

CERTIFICATIONS - ARRT
Registered Radiologic Technologist

YEARS AT DUKE
27 years

Charlene T. Montoya, MBA, RT (R)(MR), MRSO (MRSC™)
Chief Technologist, Duke MRI

OBJECTIVE
Over 15 years’ experience in an academic, Level I Trauma Center. I would like to create an environment where we approach every project in a detailed, analytical manner and act as patient-centric, detail oriented, strategic thinkers and leaders with the ability to analyze and solve problems with a constructive and creative approach. This includes a true passion for leadership, service and patient care excellence, safety/quality, and imaging.

EDUCATION
University of New Mexico School of Medicine, Albuquerque, NM
– Masters of Business Administration (MBA), 2012
– Baccalaureate Degree of Science Radiologic Sciences, 2005

CERTIFICATIONS-ARRT
American Board of Magnetic Resonance Safety, 2016
  Magnetic Resonance Safety Officer MRSO (MRSC™)
American Registry of Radiologic Technologists, 2016
  Magnetic Resonance Imaging (MR)
American Registry of Radiologic Technologists, 2005
  Radiography (R)

YEARS AT DUKE
1 year
Profiles, cont.

**Michelle O’Neal, MHA, MSL, CNMT**  
Interim Chief Technologist, Duke Nuclear Medicine/Nuclear Cardiology and PET

**OBJECTIVE**

As Chief Technologist of two outstanding imaging teams, I am proud and honored to lead such an exceptional group of professionals. These professionals diligently work with providers and cross-functional teams across Duke and beyond to make the impossible possible every day to improve the lives and outcomes of our patients.

**EDUCATION**

Pfeiffer University, Master of Health Administration/Master of Science in Leadership  
University of Mount Olive, Bachelor of Science Business Administration: Health Care Management  
Pitt Community College, Associate of Applied Science: Nuclear Medicine Technology

**CERTIFICATIONS-ARRT**

Certified Nuclear Medicine Technologist

**YEARS AT DUKE**

12 years

---

**Timothy Pulliam, RT, R, CT, CV**  
Chief Technologist, Duke Interventional Radiology

**OBJECTIVE**

As Chief Technologist at Duke IR, it is my pleasure to provide leadership to dedicated and highly skilled imaging professionals as we apply the latest technologies and techniques to assist the Interventional Radiologist with minimum invasive procedures.

**EDUCATION**

Vance Granville Community College, Associates in Radiological Science

**CERTIFICATIONS-ARRT**

Registered Radiologic Technologist  
Certified in Cardiovascular Interventional and Computed Tomography

**YEARS AT DUKE**

19 years
Profiles, cont.

Annette N. Rich, RT, R, CT, CV  
Chief Technologist, Duke Bone/Chest Imaging

OBJECTIVE
I strive to ensure that the staff in the diagnostic section have the tools and resources required to provide safe and quality imaging services to our patients. As the Chief Technologist for bone and chest imaging I am proud to be a member of the Duke Radiology team, and look forward to new and exciting challenges.

EDUCATION
Conemaugh Valley Memorial Hospital School of Radiologic Technology

CERTIFICATIONS-ARRT
Registered Radiologic Technologist

YEARS AT DUKE
26 years

Marie Stone
Chief Technologist, Breast Imaging Division and Outpatient Imaging Clinics

OBJECTIVE
As Chief Technologist of Breast Imaging and Outpatient Imaging Clinics, it is the goal to provide ever-evolving technologically advanced care for our patients, while assuring them the safest, highest quality imaging possible. Through a multidisciplinary approach, we work together to educate others, participate in research efforts and keep abreast of the latest advancements in breast and diagnostic imaging. As a leader, it is important to raise awareness of the mission, vision and values and to motivate the team to align with these goals. We must keep the team inspired and engaged so they feel a sense of ownership in the day-to-day clinical operations.

EDUCATION
Duke University (Magna Cum Laude), Radiologic Technology
University of North Carolina – Chapel Hill, Undergrad studies
Emory University, Mamography

CERTIFICATIONS-ARRT
American Registry of Radiology Technology

YEARS AT DUKE
40+ years
Profiles, cont.

Laura Street, RDMS, RVT
Chief Sonographer, Duke Radiology Ultrasound

OBJECTIVE
When people hear the words Duke Ultrasound, I want them to think of world-class skill delivered in a manner that makes every patient feel like the most important person we have provided care to on that day. We are only able to deliver this level of service due to the outstanding collaboration that occurs between the ultrasound support staff, sonographers, nurses, residents and attending radiologists.

EDUCATION
Rochester Institute of Technology,
– Bachelor of Science Diagnostic Medical Sonography

CERTIFICATIONS – ARDMS, RVT
Registered Diagnostic Sonographer Abdomen, Ob-Gyn and Vascular Technology

YEARS AT DUKE
27 years

Trenton Tallent
Nurse Manager, Operations

OBJECTIVE
My goal is for nursing to promote safety and efficiency in all aspects of image acquisition and interventional radiology. I am particularly interested in how we can use analytical information to guide our allocation of nursing resources to best promote positive outcomes and optimal patient flow.

EDUCATION
Jacksonville State University – B.S. 2010
University of North Carolina, Chapel Hill, – MBA Candidate, 2018
Profiles, cont.

MIRONDA DIVERS, BS, CNMT, MBA
Strategic Service Associate
DUHS Diagnostic Services

OBJECTIVE
My performance expectations are to provide high quality outcomes to Radiology and Clinical Laboratories. I focus on capital projects, improvement opportunities, safety efforts, and strategic initiatives. My expertise lies within developing detail plans and timelines to ensure the clinical operation team is prepared for the transition to a new workflow, a new facility, or new equipment. I continually evaluate progress to ensure project enhancements are made in accordance with DUHS goals.

EDUCATION
Meredith College
– Master of Business Administration
Old Dominion University
– Bachelor of Science in Nuclear Medicine Technology

PROFESSIONAL CERTIFICATION:
Certified Lean Six Sigma Black Belt
NMTCB Certified Nuclear Medicine Technologists

YEARS AT DUKE
9+ YEARS

DONNA D. PARKER, RT(R) CT
Chief CT Technologist, Duke University Medical Center

OBJECTIVE
During my 30 year career at DUH, my objective has always been placing our patient’s care in the center of everything I do. As a manager of 20 years in the CT Department at DUH, my objective has been to lead the CT team by example, so that they will have the same objective in placing their patient’s care in the center of everything they do.

I am certainly proud of our CT Department. The CT staff strive to use their expertise in operating “cutting edge” CT scanners, so as to give our Radiologists the diagnostic CT imaging they require. This will in-turn be of assistance in our patient’s Clinician’s care plan of action, which will ultimately improve our patient’s health and well-being.

EDUCATION
Associates Degree in Administrative Science, Patrick-Henry College
Graduate of The University of Virginia’s Radiologic Technologist Program
Registered Radiologic Technologist/Registered CT Technologist, ARRT
# 2016-2017 Radiology Fellows

<table>
<thead>
<tr>
<th>ABDOMINAL IMAGING</th>
<th>BREAST IMAGING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Petar Duvnjak</td>
<td>Nimisha Khanna</td>
</tr>
<tr>
<td>Wendy Ehieli</td>
<td>Matthew Miller</td>
</tr>
<tr>
<td>Jason Extein</td>
<td></td>
</tr>
<tr>
<td>Brian Flemming</td>
<td></td>
</tr>
<tr>
<td>Matthew Suberlak</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Benjamin Godwin</td>
<td>Edmund Hong</td>
</tr>
<tr>
<td>Michael Rosenberg</td>
<td></td>
</tr>
<tr>
<td>Nicholas Rudnick</td>
<td></td>
</tr>
<tr>
<td>Matthew Suberlak</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NEURO RADIOLOGY</th>
<th>CARDIOTHORACIC IMAGING</th>
<th>ABD/MSK/VIR IMAGING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kal Clark</td>
<td>Edmund Hong</td>
<td>Michael Hodavance</td>
</tr>
<tr>
<td>Kevin Herman</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benjamin Knepper</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jeremy Macke</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Michael Malinzak</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nancy Pham</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jeffrey Prescott</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Casey Schmitz</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patrick Brown</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nathan Hull</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MUSCULOSKELETAL IMAGING</th>
<th>VASCULAR INTERVENTIONAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adam Cole</td>
<td>Alan Cubre</td>
</tr>
<tr>
<td>Alexander Craft</td>
<td>Cole Denton</td>
</tr>
<tr>
<td>W. Lee Hall</td>
<td>Matt Langman</td>
</tr>
<tr>
<td>Victor Lee</td>
<td></td>
</tr>
<tr>
<td>Patrick Magoon</td>
<td></td>
</tr>
<tr>
<td>Benjamin Swan</td>
<td></td>
</tr>
<tr>
<td>Christopher Long</td>
<td></td>
</tr>
<tr>
<td>Jessica Stewart</td>
<td></td>
</tr>
<tr>
<td>Christopher Yurko</td>
<td></td>
</tr>
</tbody>
</table>
## FUTURE DATES OF DUKE RADIOLOGY CME

<table>
<thead>
<tr>
<th>Event</th>
<th>Dates</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2017</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27th Duke Review Beach Course</td>
<td>Jul 24-28, 2017</td>
<td>Kingston Plantation, Myrtle Beach, SC</td>
</tr>
<tr>
<td>Comprehensive Review of Musculoskeletal MRI</td>
<td>Oct 2-5, 2017</td>
<td>Fairmont Mission Inn, Sonoma CA</td>
</tr>
<tr>
<td>Imaging in the Blue Ridge Mountains</td>
<td>Oct 21-24, 2017</td>
<td>Grove Park Inn, Asheville, NC</td>
</tr>
<tr>
<td>Duke Radiology at Walt Disney World</td>
<td>Nov 5-8, 2017</td>
<td>Disney's Grand Floridian Resort</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Walt Disney World, FL</td>
</tr>
<tr>
<td>Comprehensive Review of Musculoskeletal MRI</td>
<td>Nov 7-10, 2017</td>
<td>Four Seasons, Manele Bay, Hawaii</td>
</tr>
<tr>
<td><strong>2018</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duke Radiology in the Islands</td>
<td>Jan 15-18, 2018</td>
<td>The Ritz Carlton Aruba</td>
</tr>
<tr>
<td>Comprehensive Review of Musculoskeletal MRI</td>
<td>Feb 18-21, 2018</td>
<td>Disney's BoardWalk Inn</td>
</tr>
<tr>
<td>Advanced Imaging in the Islands</td>
<td>Feb 19-22, 2018</td>
<td>The Ritz Carlton Grand Cayman Island</td>
</tr>
<tr>
<td>2018 Duke Review Course</td>
<td>Mar 3-9, 2018</td>
<td>Sheraton Imperial Hotel, Durham, NC</td>
</tr>
<tr>
<td>Radiology on Kiawah Island</td>
<td>Jun 17-20, 2018</td>
<td>Kiawah Island Resort, SC</td>
</tr>
<tr>
<td>28th Duke Review Beach Course</td>
<td>Jul 23-29, 2018</td>
<td>Kingston Plantation, Myrtle Beach, SC</td>
</tr>
<tr>
<td>Imaging in the Blue Ridge Mountains</td>
<td>Oct 20-23, 2018</td>
<td>Grove Park Inn, Asheville, NC</td>
</tr>
<tr>
<td>Duke Radiology at Walt Disney World</td>
<td>Nov 4-7, 2018</td>
<td>Disney's Grand Floridian Resort</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Walt Disney World, FL</td>
</tr>
<tr>
<td><strong>2019</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duke Radiology in the Islands</td>
<td>Jan 21-24, 2019</td>
<td>The Ritz Carlton Aruba</td>
</tr>
<tr>
<td>Advanced Imaging in the Islands</td>
<td>Feb 18-21, 2019</td>
<td>The Ritz Carlton, Grand Cayman Island</td>
</tr>
</tbody>
</table>

Registration & information available on our website at: [www.radiology.duke.edu](http://www.radiology.duke.edu)
CONGRATULATIONS

Bastiaan Driehuys, Ph.D., was an NHLBI Contract. Title: VITA Non-Invasive Diagnosis of Pulmonary Vascular Disease Using Inhaled 129XE MRI.

Jeffrey R. Petrella, M.D., received the Distinguished Alumni Award from his alma mater, Rutgers Robert Wood Johnson Medical School, at the 7th Annual Scholarship Gala.

Daniel Barbriak, M.D., co-chair for the Perfusion, Diffusion and Flow-MRI Biomarker Committee of the Quantitative Imaging Biomarker Alliance (QIBA) of the RSNA.

Member of the Artificial Intelligence Advisory Group of the American College of Radiology as a representative of the Commission on Research. The role of the advisory group is to provide input to the leadership of the ACR Center for Data Science, whose mission is to advance and validate artificial intelligence in medical imaging for the benefit of patients in radiology and the profession.

Christopher Roth, MD., Dr. Roth was recently recognized at the Society For Imaging Informatics In Medicine (SIIM) 2017 for the Most Downloaded Paper in the 28 year history of the Journal of Digital Imaging.

G. Allan Johnson, Ph.D., received the 2017 Distinguished Investigator Award from The Academy for Radiology & Biomedical Imaging Research. “Recipients of this award have attained a level of research accomplishment that ranks within the top 10% of all academic radiology faculty.”

Brian C. Allen, MD., featured in ASCO’s Daily News for the Annual National Meeting.

Duke Radiology Chief Residents named for 2017-2018. Congratulations to: Amrita Devalapalli, M.D., Raymond Groller, M.D., M.S., Vishwan Pamarthi, M.D. and Matthew Thorpe, M.D., PhD. Also, a special thank you to our former Chief Residents: Michael Enslow, MD., Raj Gondalia, MD., Jennifer Shaffer-Ngo, MD. and Benjamin Tibriner-Wildman, MD.

Jenny K. Hoang, MBBS, on receiving the American College of Radiology (ACR) Innovation Fund for $100,000.00. Project Title: ACR TI-RADS Thyroid Ultrasound Registry. Compelling work!

Timothy J. Amrhein, MD., on winning the 2017 RSNA Research Scholar Grant. The project: “A Randomized Trial of CT Fluoroscopy-guided Targeted Autologous Blood and Fibrin Glue Patching for Treatment of Cerebrospinal Fluid Leaks in Spontaneous Intracranial Hypotension.” Excellent job!

Waleska Pabon-Ramos, MD., MPH., who has been selected to Chair the Economics committee of the Society of Interventional Radiologists. (SIR).

Rajan T. Gupta, MD., who has been selected to represent the Society of Abdominal Radiology at the 2017 International Conference, as part of the SOCHRADI 2017 Conference in September. SAR faculty will be hosted by the Chilean Society of Radiology.

WELCOME

New 2017 Faculty Members:

Erin McCrum, MD, a 2016-2017 Fellow at University of Virginia, will now join the Duke Radiology Faculty in Musculoskeletal Imaging. Congratulations and Welcome!

Radiology News courtesy Dara Ferguson with additional information found at https://radiology.duke.edu/about-duke-radiology/news/
SAVE THE DATE!

PIG PICKIN', HAY RIDES AND FAMILY FUN!

Saturday, September 23, 2017 • 3:00-8:00pm • at Dr. Frush’s home

RSVP if “yes” to Candy Stewart at candie.stewart@duke.edu by Sept 1st.
All Alumni and families are welcome! More details to come!