Once a year, faculty in the Department’s Breast Imaging division take on the kind of work weekend that couples intensive preparation with the rewards of contributing to one’s field. For what it takes to facilitate the NC American College of Radiology (ACR) chapter’s annual weekend review course on breast imaging, division members have played key leadership roles for the past nine years. Breast Imaging Division Chief Dr. Cherie Kuzmiak directed the course from 2004 to 2008, and Assistant Professor Dr. Dag Pavic took over the director’s role in 2009.

First facilitated in 1995, the course was the brainchild of Dr. Dale Shaw, the ACR’s CME Director, a former Assistant Clinical Professor in the Department in the 1970s and 1980s, and a present-day physician partner with Charlotte Radiology. In the early 1990s, Shaw and Dr. Phyllis Kornguth, then-Duke Department of Radiology Breast Imaging Section Chief, partnered to develop an intensive review course that would provide participants with an overview of current concepts in breast imaging. The new course also opened a door for breast imaging practitioners to satisfy the CME requirements mandated by the Mammography Quality Standards Act that the U.S. Congress enacted in 1994.

“When we presented the merit of introducing such a course to the North Carolina ACR chapter 18 years ago, they gave me the green light to get started,” noted Shaw. “When introduced, the goal of the course was to promote education in the field of breast imaging, as taught by medical school faculty from Duke, Wake Forest and UNC. Breast imaging radiologists and technologists from around North Carolina attended that first weekend course, and over the years it has attracted a significant number of radiologists from other states.”

Jointly sponsored by Carolinas HealthCare System, Charlotte’s Area Health Education Center (AHEC) and the North Carolina Radiological Society, the annual review course appeals to a range of providers involved in the treatment of breast diseases. Course content emphasizes practical patient care approaches and emerging concepts within breast imaging from the perspective of how these newer concepts integrate into current accepted practice. Made up of didactic lectures, Q&A panels and optional reading sessions, the course is spread out over a three-day, Friday-through-Sunday timeframe.

Cherie Kuzmiak was introduced to the key players of the weekend review course when she began training as a Breast Imaging fellow in the Department in 1999. The following year, course director Dr. Rita Freimanis, a Wake Forest University Professor of Breast Imaging, invited Kuzmiak to present an ultrasound lecture as part of the review course line-up.
“Course organizers were looking for breast imaging experts who could teach review topics to general radiologists, and it was an honor to be asked,” stated Kuzmiak. “As a participant for more than a decade now, I’ve observed that this course uniquely heightens the learning of a targeted audience who will in turn reciprocate by giving better, more informed information to their patients.”

After participating as a course lecturer for five years, Kuzmiak was approached by both Shaw and Freimanis to take over as director. Kuzmiak grew the stature of the course in her years as director, adding an exhibitional component that allowed breast imaging vendors to introduce their products onsite to participants who often didn’t have the benefit of attending larger meetings.

“What’s ideal about this course is that it’s facilitated over the course of a weekend,” noted Kuzmiak. “Though it’s brain-draining and labor-intensive, as facilitators, it’s worth taking the time from Friday evening through early Sunday afternoon to impart invaluable knowledge to our audience on what’s current in the field. That certainly beats having to invest up to a whole week of clinical time to attend a meeting out of town.”

In 2004, Freimanis also brought Pavic into the fold when she invited him to serve as a lecturer. Under Pavic’s direction in the past four years, the program added interactive digital mammography reading sessions, with imaging vendor GE sponsoring the mammography workstations onsite. For future courses, Pavic and Shaw plan to add self-assessment modules (SAMs) for the benefit of attendees trying to meet American Board of Radiology Maintenance of Certification requirements in Breast Imaging.

“A number of our attendees might as well be lecturers given their knowledge and experience, and the questions they ask provide different perspectives on breast imaging,” noted Pavic. “Many of our attendees come back every two to three years, and I enjoy seeing the familiar faces in the audience.”

“There are different approaches to practice amongst our attendees, most of whom are academics. It is invaluable to learn about the range of experience and ways of doing things, because it inevitably leads to a better understanding of patients’ needs and the reasons which lead us to practice in the way we do.”

The review course has recorded an average annual attendance of 180 participants over the past 10 years and has gained notice amongst its target audience, the majority of whom are radiologists. In the years since its inception, the course has incorporated an increasing number of leaders in breast imaging from teaching institutions across North Carolina and Virginia. Participants from at least 21 states have been represented at its meetings.

A number of faculty in the Department’s Breast Imaging division have participated as course lecturers, including current and former division colleagues Drs. Marcia Koomen, Dobrinka Dimitrova, Yeonhee Lee, Etta Pisano and Bob McClelland. Dr. Sheryl Jordan, a long-time private practice radiologist in Fayetteville, NC, trained intensively in breast imaging for six months with Kuzmiak’s division in 2010. She now serves as Director of Women’s Imaging at Valley Regional Imaging in Fayetteville and served as a course lecturer for the first time in 2011.

“It has been a true honor to be included on the course faculty for the past two years, especially to mesh academic-based tenets with community-based tasks,” noted Jordan. “Our multi-county southeastern North Carolina practice shares the perspective of virtually all statewide practices on the efficacy and efficiency of the course.”

Carolina Regional Radiology sends no less than six radiologists to the course each year. A regular course attendee and colleague of Jordan’s in Fayetteville, Dr. Russ Fisher noted: "The value of the annual ACR breast course cannot be overstated. Practical and concise, it's relevant to what we do every day in our practice, and it's the best deal on the planet."

For Dale Shaw, the course’s reputation from almost two decades of existence is key to its future success: “Since the 1990s, the push from both Congress and mammography practitioners themselves for proactive breast imaging education has translated into thousands of course attendees in the 18 years we’ve held this course. Our North Carolina ACR chapter has won several national CME awards over the years, principally because of this course, while competing against much larger states with much greater resources.”
Lin Named Fellow of American Institute for Medical and Biological Engineering

In November 2011, UNC Biomedical Research Imaging Center (BRIC) Director Dr. Weili Lin was elected to the American Institute for Medical and Biological Engineering’s (AIMBE) College of Fellows. The organization cited Dr. Lin’s outstanding contributions to the development and translation of MR functional neuroimaging as the basis for his election by peers. As one of 107 Fellows named in 2012, Lin was inducted in a formal ceremony held during AIMBE’s 21st Annual Event on February 20th, 2012.

“It was a great honor for me to receive this award from the AIMBE,” noted Lin. “The opportunities I’ve had both through the Department of Radiology and through UNC have tremendously helped me to advance in my field, and I believe this honor is not to speak to my accomplishments, but to the strides our institution is making in biomedical engineering.”

The AIMBE reserves election to the College of Fellows for individuals who have advocated for the medical and biological engineering community through their work. Comprised of the top two percent of medical and biological engineers in the country, the College of Fellows includes engineering and medical school chairs, research directors, innovators and those who’ve had entrepreneurial success in medical and biological engineering. The College of Fellows was founded in 1991, and its members have successfully advocated for public policies that enable researchers and entrepreneurs alike to further the interests of engineers, scientists and patients affected by advancements in medical and biological engineering.

Dr. Lin was appointed as the BRIC’s Associate Director when it was founded in 2005, and he was named the center’s Director in January 2011. He also serves as the Dixie Lee Boney Soo Distinguished Professor of Neurological Sciences in UNC’s School of Medicine and as Vice Chair of Basic Research for the Department of Radiology, and he is a member of UNC’s Lineberger Comprehensive Cancer Center.

Committee Impact – Jewells and Green Tackle “Meaningful Use”

In December 2011, Department Chair Dr. Matt Mauro appointed Neuroradiology Associate Professor Dr. Valerie Jewells and Vascular-Interventional Radiology Nurse Practitioner Jaclyn Green to serve as the Department’s faculty representatives on UNC Healthcare’s multi-disciplinary “Meaningful Use” (MU) committee. Coined when the 2009 American Recovery and Reinvestment Act was enacted, “meaningful use” is an umbrella term for rules and regulations that hospitals and physicians must meet to qualify for federal incentive reimbursements distributed by the Centers for Medicare & Medicaid Services. MU metrics include documentation of patient information (eg, vital signs, current medications, and disease processes) in a systemized manner to allow electronic reporting of such information.

In the past year, healthcare institutions like UNCH have been proactively enrolling eligible physicians who are to become "meaningful users" of certified electronic health record (EHR) technology and ultimately to increase patient billing revenues for their home departments. Along with other committee members, Jewells and Green have been instrumental in the process of enlisting UNCH physicians as MU providers.

Dr. Jewells has gained significant experience related to advocating for reimbursement revenues and similar issues through her work with the NC American College of Radiology (ACR), as well as with the ACR at the federal level.

“From what we’ve learned, a number of radiology departments nationwide have not attempted to obtain funds via MU since the criteria for inclusion are not typical metrics for determination of quality imaging procedures. I believe that our own department can take advantage of this funding by enrolling as MUs all physicians who interpret imaging studies, as well as those who perform examinations requiring nursing intervention. This will allow the majority of our Department’s physicians to be funded under this new method of physician reimbursement. Assisting the MU enrollment process at UNC Healthcare is important work to help maintain commensurate salaries in our field given our current climate of shrinking reimbursement.”

Jaclyn Green has acquired healthcare leadership experience since joining the Department both as an invited lecturer for the Association of Vascular and Interventional Radiographers and the Association for Radiologic and Imaging Nursing. She’s also served on UNC Healthcare’s “Six Sigma Project” committee for improving the Vascular-Interventional Radiology division’s patient care throughput.

“Serving on the hospital’s Meaningful Use committee allows me to advocate for the Department’s goal of integrating higher quality, safer, more patient-centered coordinated care in conjunction with the Centers for Medicare & Medicaid Services’ EHR incentive program. Given the challenging foundation of information for delivering patient care successfully, many radiology departments across the nation are choosing not to ‘play’ since participation in the incentive program is voluntary. Despite such an anticipated challenge, I’m pleased that our Department has elected to participate. We know the task is a big one, but it is one that we are looking forward to conquering!”
Fordham and Jewells Inducted as American College of Radiology Fellows

The Department’s own Drs. Valerie Jewells and Lynn Fordham were inducted as ACR Fellows on Sunday, April 22, at the 89th American College of Radiology (ACR) Annual Meeting and Chapter Leadership conference held in Washington, DC. Approximately 10 percent of ACR member physicians achieve this distinction, and being named an ACR Fellow is traditionally one of the highest honors the ACR can bestow on a radiologist, radiation oncologist or medical physicist. ACR Fellows are chosen based upon their demonstration of a history of service to the College, organized radiology, teaching and/or research.

“It is a great honor and privilege to be selected as an ACR Fellow. In fact, it is the highest honor in many ways for a radiologist,” noted Jewells, an Associate Professor of Neuroradiology. “The ACR is a very necessary organization that ensures that radiology is practiced to the utmost level of excellence by setting criteria for radiology standards, as well as ensuring that radiologic studies are performed safely and that the patient’s rights are upheld and protected. It is wonderful to be considered by this organization as an outstanding radiologist by having this fellowship status conferred.”

“I am proud to have been selected as an ACR fellow,” stated Fordham, Pediatric Imaging Division Chief and an Associate Professor. “I happily volunteer my time working on behalf of the ACR. In so doing, I have the opportunity to work with other dedicated radiologists and have learned many things along the way. I have been active with the ACR throughout my career and attended my first ACR meeting as a resident. I have served for several years on the pediatric sections of both the ACR’s Appropriateness Criteria and the Guidelines and Standards committees. I have lectured at state chapter meetings and I have also served as the American Association for Women Radiologists alternate ACR counselor. I would like to thank my colleagues and my family for making it possible for me to be an active member of the ACR.”

The 34,000 members of the American College of Radiology include radiologists, radiation oncologists, medical physicists, interventional radiologists and nuclear medicine physicians. For over three quarters of a century, the ACR has devoted its resources to making imaging safe, effective and accessible to those who need it. The College is organized around the following five pillars: Advocacy, Clinical Research, Economics, Education, Quality & Safety. ■

Stavas and Burke Take 1st Place at the SIR’s “Expert Film Panel” Competition

MARCH MADNESS took on a whole new meaning this year for Vascular-Interventional Radiology faculty Drs. Joe Stavas and Charles Burke. In late March at the Society of Interventional Radiology (SIR) 2012 Annual Scientific Meeting in San Francisco, CA, Stavas and Burke proudly represented UNC as they squared off against other interventional radiologist pairs at the SIR’s first-ever “March Madness Expert Film Panel” competition. The best part? – UNC’s own won the finals!

With meeting attendees serving as an oversized, ringside auditorium of sports fans, the SIR staged the film panel competition as purely interventional radiology-based, quizzing participants on their applied knowledge in unknown cases, as well as of history, imaging, devices, techniques and patient management knowledge specific to the subspecialty. In an NCAA bracketology-like, single-elimination competition, Stavas and Burke battled their way amongst 16 teams through the first-round, semi-finals and finals. Placed in randomly designated brackets, competing pairs were quizzed in quickly-moving, 10-minute Q&A sessions serving as rounds. As a moderator judged the correctness of the answers and awarded points, those who won a round moved on; those who lost took a seat.

The UNC team victory was even sweeter given the pairs competing from other heavyweight institutions such as Cornell, University of Miami, Northwestern, UC-San Francisco, University of Chicago and University of Washington. An international pair from New Zealand and Australia also participated, and as Stavas describes it, a secret “genius” team from the audience jumped in that was intended to unwittingly crush the invited teams.

But there was no stopping the Tarheels’ own Stavas and Burke.

Sporting a UNC wig as part of the only duo who wore institutional sports fan garb to compete, Stavas reflected: “This competition was aggressive and fierce, and it was hard to think through answers with a raucous audience that numbered in the thousands. Our own UNC cheering section fortunately grew larger with each correct answer, drowning out the rumble of San Francisco cable cars passing by. The Burke-Stavas team was concerned about the bravado and hubris of our opponents in the final round. Once we nailed the priapism and lymphangiography questions, we knew they were shark bait, and we sailed on to an easy victory and were rightfully crowned the SIR Film Panel champions!”

As Burke remembers it: “On the way to victory, we were proud to beat out teams from Miami, from Australia and New Zealand and from the University of Chicago. I found it unique that we were the only ones dressed to show our team spirit. Everyone else was in suits! We did get some cheerleading from our own small UNC contingent in the audience, but it was great to watch our fan base in the auditorium grow as the competition grew fiercer!” ■
The shift in ABR’s board examination structure to the “core exam” after 36 months of training has affected a number of processes in our Diagnostic Radiology program, among them, the duration of serving as chief resident. Traditionally, the Department Chief Resident and Associate Chief Resident serve out a 12-month term that starts in April of their 2nd training year. Such timing allows these two individuals to finish their out duties prior to their 4th year, when they take both the ABR’s written and oral board exams.

With the ABR’s first administration of its core exam in October 2013, our Department’s newly named chief residents – Drs. Sarah Thomas and Fernando Boschini – will commence a 20-month term in November 2012 that will last through June 2014. This transition will allow us to appoint new chiefs during their 4th year of training, serving out most of their term after taking the core exam. In our transition to this new chief resident structure, we would like to thank Drs. Casey Sams and Stuart Hebert for their ongoing service as chiefs for an extended term to 20 months, through October 2012.

Q&A with Sarah Thomas and Fernando Boschini

Q: What are your thoughts regarding being named as the first set of trainees who will be serving out a 20-month chiefs’ term?

Thomas: “I feel a little like someone handed me the helm of a cruise ship, and the only prior experience I have is watching a few episodes of Gilligan’s Island. Casey and Stuart faced this before us, and I think Fernando and I will be up to the job. It makes sense to keep stable leadership during times of change, and we’re headed toward a big transition.”

Boschini: “Our outgoing chiefs will actually be the first to serve a 20-month term. They gracefully volunteered to share the burden of transitioning from a 3rd-year chief year to a 4th-year chief year. I am excited to serve for an extended period simply because there are big transitions coming up in the next couple years that affect our class directly. This will give us the opportunity to have a spot at the table and make important decisions that will have a positive impact on years to come.”

Q: When you assume your new roles this fall, what do you think will be key to keeping a balance between clinical, call, and studying responsibilities, especially as you head into a training year culminates with the core ABR exam?

Thomas: “Teamwork. I’m glad Fernando is my partner in crime, and I know from this first call year that I can rely on anyone in my class (or in the residency!) for help as well. Also, as we learned at AUR, the new exam is designed to be on the level of a 3rd-year resident. Our studying won’t need to be as time-intensive as preparation for the current oral boards.”

Boschini: “I think ‘balance’ is the key. Sarah will be a great person to work with precisely because she keeps her head on her shoulders during times of stress. I think it will be important to share the burden amongst ourselves so that neither person gets overwhelmed, especially as we near our serious studying time. Most importantly, we will have to remember that there is life outside of residency and that we need to intermittently recharge.”

Q: Have our current chiefs imparted any words of wisdom on how to manage your new responsibilities?

Thomas: “Most of the advice Casey and Stuart have given me has been more practical ("Making the schedule is really complicated."… “Get used to saying ‘no’ to people.”… "I’m serious, making the schedule is REALLY complicated"). However, their example of leadership in the past year and a half has spoken eloquently of the dedication required for the job. It’s humbling to try to fill their shoes.”

Boschini: “I’m hoping they’ll pass on a big book of answers that will begin with an index, end with a glossary, and be labeled and marked on every page in order to guide us to the exact solution to every riddle that can be presented to a chief. Either that or a magic ball that you shake and tells you what to do.”

Q: Have you determined your pursuit of subspecialty at this point of training? Do you have more of an interest in academia or private practice?

Thomas: “I am 95% sure that I will go into body imaging, partially because you learn such a broad spectrum of modalities and disease processes, but mostly because the belly is my favorite part of the body. I’m also leaning toward academic radiology, but we’ll have to see what the job market looks like in a few years.”

Boschini: “For now, I am more interested in private practice because one can continue working in multiple areas and modalities instead of dedicating themselves to a single area of radiology. I chose radiology because of how widely it spans the entirety of medicine, and I would like the keep that breadth of knowledge alive as I continue my career. However, I do realize our specialty tends to be heading in the direction of universal subspecialization. For pursuit of fellowship, I’m still deciding, but interventional and neuroradiology have always been of particular interest to me.”

Q: What outside interests do you make time for in your off hours?

Thomas: “Indoor rock climbing, a group of friends (aptly named "Sarah Club"), my two cats, and my fiancé, Tim, keep me occupied in the non-hospital hours.”

Boschini: “My wife, Rachel, and brand new baby daughter, María Lucía, are my primary interests outside (and inside) of work. I spend the majority of my time in the company of God, friends, and other family. Beyond that, I particularly enjoy playing and watching sports, of which soccer takes precedence, with table tennis and bowling following in close order.”
Dr. Bob Dixon: Program Director – Diagnostic Radiology residency

“When I became program director of our Diagnostic Radiology residency in April 2011, I’d fortunately had firsthand exposure to the ACGME’s reaccreditation site visit process just a few months earlier. Going through that process with the former program director, Keith Smith, and our program coordinator, Laurie Birdsong, was instrumental in getting me headed in the right direction. Moreover, GME’s monthly meetings that gather a peer group of hospital-wide program directors have served as a tremendous resource and sounding board for me in my year as program director. Any program director would attest that learning how to ensure program and trainee compliance with institutional policies is hardly meant to be a solo experience!

Looking back on the year, I am happy to see that we faced the challenges that arose, recruited a fantastic class for 2013, and began making improvements in our education program. Now that I have one year under my belt, I feel like I can focus on improving things just a bit. I will be working with the “Educational Liaisons” (faculty identified in each division who are passionate about teaching) to strengthen our curriculum. In addition, I am working with the residents to modify and improve our orientation process. Lastly, I will continue to work with residents and faculty on multiple quality improvement projects using the ‘Lean Process’ which has significantly impacted the care here at UNC. Overall, it has been a very challenging, but very rewarding year.”

Dr. Ken Lury: Program Director – Neuroradiology subspecialty residency

“The year that I’ve served as program director of our Neuroradiology subspecialty residency has been quite an educational experience, especially regarding the myriad details required to maintain program accreditation. ACGME program requirements are a moving target and can make compliance a never-ending task. Things are constantly changing, new crises arise and new problems need solving. Another challenge in this role is keeping our educational program at a high level of performance via diligence with the details. It is vital to train our fellows to maintain the high level of patient care for which our division is known.

All said, this position has been very rewarding for me personally and professionally, and the awareness I’ve gained of what it takes to run a training program makes it easier to understand and cope with the ever-changing teaching environment. Before I was appointed director of our program, I was unaware of the complexities involved in overseeing a training program. I now feel fairly confident in my abilities to keep things running smoothly and have gained a sense of pride at carrying out a job well done.”

Dr. Charles Burke: Program Director - Vascular-Interventional Radiology subspecialty residency

“I’ve served as Vascular-Interventional Radiology subspecialty residency program director for almost five years now, and the role truly offers an opportunity to have a significant impact on the education of our trainees. It is a way to give back to all of the people who helped me learn the skills I need to practice my subspecialty when I was a fellow in the Department. Seeing the fellows we work with so closely grow and mature throughout the fellowship year is the primary reward. It is fun to work with residents and fellows and to look for new and better ways to teach the skills that they will need once they leave UNC.

As program director, I look at my role as a teacher in a different light. This role makes you realize how much more is involved in resident/fellow education than simply giving lectures. For one, there are multiple training-related competencies, such as professionalism and systems-based practice, to monitor. Incorporating these non-clinical skills into the curriculum helps to identify ways that I can individually improve my own teaching as a faculty member.

Of the time I’ve served in this role, the biggest challenge has certainly been keeping up with all of the documentation and the ever-changing rules and regulations that govern an ACGME-accredited program. Along these lines, preparing and getting through our 2011 ACGME site visit was certainly the biggest single challenge I have faced.”
If singer John Denver’s “Country Roads” ballad is meant to resonate with any native West Virginian, it just might with former Department Diagnostic Radiology resident and Neuroradiology fellow Dr. Carter Kenamond. After finishing five years of residency training at UNC Hospitals in 2007, Kenamond returned to his hometown of Wheeling, WVa, and joined private practice Radiology Associates. He is married to a fellow West Virginian and his UNC college sweetheart. When time permits in the off hours, Kenamond plays clawhammer-style banjo in an old-time string band at local festivals and fundraisers. And though a loyal UNC Tarheel fan from attending undergraduate in Chapel Hill, Kenamond is known to root for the West Virginia Mountaineers on occasion.

Loyalties to the Mountain State unquestioned, Kenamond nonetheless has reason for some clear endearment to the Tarheel State as well. Apart from spending his medical school years at West Virginia University, Kenamond’s post-graduate education otherwise all took its course at UNC between 1993 and 2007: four years of college; a preliminary year with UNC’s Department of Medicine; and four years of residency and one fellowship year with the Department of Radiology.

Inevitably, the influence of certain Department teaching faculty stands out in Kenamond’s mind in recalling what made his residency experience rewarding. While serving as chief resident during this third year of training, Kenamond worked closely with then-residency program director Dr. Paul Molina. Remembering his time as chief resident as an invaluable one for learning skills outside of the reading room, he valued Molina’s mentorship as both a radiologist and as a departmental leader. When Kenamond decided to pursue Neuroradiology for fellowship training sometime mid-residency, the influence of Department members also factored into his choice of subspecialty.

“I particularly enjoyed my Neuroradiology rotations during my first and second years of training. Both the Neuro faculty and some outstanding senior residents who were planning on pursuing Neuroradiology fellowships influenced my decision,” stated Kenamond. “There was always great teaching and interesting pathology to study in the Neuro reading room, and I can hardly overlook the impact of Dr. Castillo’s exceptional noon conferences.”

Kenamond also valued his residency as a window of opportunity to learn from established Department leaders in academic radiology such as Dr. Joseph K.T. Lee who wanted him to get the most out of his time in the reading room. Apart from their clinical teaching expertise, a number of Department faculty also served as good advisors to Kenamond on what to expect once he started his career.

“Once I’d received my job offer in Wheeling, I appreciated the helpful advice imparted by several Department faculty members who had private practice experience,” noted Kenamond. “Now that I’ve been in the system for several years, my own advice to trainees getting out and starting practice is to stay focused, work hard and enjoy it.”

“When I finished training and started full-time work, I was initially surprised by how busy private practice truly can be, especially for a small city in northern West Virginia. The patient volumes our practice sees continue to increase, and I can definitely credit the high volume clinical rotations and our junior-level call experience from my residency for preparing me for this experience.”

The good fortune of being able to start his chosen career in the town he grew up in does not escape Kenamond. He claims Wheeling as a wonderful family-oriented place for him and wife Lori to raise six-year-old son Grant and three-year-old daughter Audrey. Heading into his sixth year of practice, Kenamond credits a strong training foundation in general radiology and neuroradiology for equipping him to adapt to the changing demands of private practice. In his own words, he recognizes value of having trained at UNC for residency and fellowship even more now than he did during his in training years.

“With young children, I haven’t been able to visit Chapel Hill as often as I intend, but even during my last visit to town in spring 2011, I was impressed with the continued growth of UNC Hospitals and the Department of Radiology,” he noted. “I’ve enjoyed maintaining my UNC ties through reconnecting with former residents at meetings in recent years. It’s been nice to reflect on residency, compare and contrast experiences in private practice, discuss ongoing changes in radiology and medicine in the U.S., and to learn at a more personal level about each other’s families and hobbies.”
Within an integrated health care system, the Department of Radiology routinely participates as a partner when a new system is introduced, as related to advancement of our practice. In the past two years, our Department has transitioned to two new systems of practice, one distinctive to faculty-driven patient care, and the other unique to our training structure for four-year Diagnostic Radiology trainees.

UNC Healthcare’s adoption of the federal “Meaningful Use” (MU) program challenged faculty hospital providers of all School of Medicine departments to carry out daily clinical practice via a new system of greater efficiency and incentives. At its core, MU challenges the approximately 750 MU-eligible providers identified within the UNC Healthcare system to use electronic health record (EHR) technology routinely in patient care and in the exchange of health information with peer providers. In return for an MU provider’s demonstrated use of certified EHR technology, the federal Centers for Medicare & Medicaid Services (CMS) provides billing reimbursements that reward the institution, the department, and the provider.

MU encourages faculty hospital providers to adopt better patient care delivery practices via a system of financial incentives. As physician providers, we support hospital system’s vision of reducing inefficiency in our national health care system through increased usage of electronic communication systems. For our Department, MU reminds us that the practice of radiology within a larger, multi-disciplinary healthcare system is only as effective as our use of the most efficient methods available to us within the system.

Meeting the CMS’ criteria for demonstrating meaningful use of certified EHR technology has not proven an easy task for the field of radiology across the U.S. Many RIS and PACS imaging systems used by radiologists are not certified as complete EHR technology, and some hospital systems have been unwilling to further invest in our specialty until the CMS better explains the practices that qualify among eligible providers.

Fortunate for our Department, UNC Healthcare has taken an active interest in adopting and implementing MU-compliant EHR technology across its specialties. Our hospital system aims to have all eligible providers participating in MU by the time the CMS begins imposing Medicare reimbursement penalties for non-compliers in 2015. Such a system-wide push not only encourages faculty providers hospital-wide to adopt more efficient patient care practices. It also allows them to reap the benefit of CMS’ incentives for their home departments.

The Department has separately experienced a systematic change in teaching over the past two years due to an overhaul in the American Board of Radiology board examination structure for Diagnostic Radiology residents. In October 2013, after completing 39 months of training, our current 2nd-year residents will join same-year trainees nationwide as the first class of Diagnostic Radiology residents to take the first component of the ABR’s “exam of the future,” termed, the “core exam.” Fifteen months following completion of training, Diagnostic Radiology residents will then take the second component of the “exam of the future,” the final certifying exam.

Gone in Diagnostic Radiology training is the successive ABR process of taking a physics exam after 1st or 2nd year, followed by both the written and oral board exams in the fall and spring of 4th year. After debating such overhaul for years, the ABR determined that its initial board examination could be condensed and administered after residents completed 36 months of training, thereby opening up their 4th and final training year as a time to gain in-depth expertise in a few clinical areas. Medicine is increasingly practiced by physicians with finite subspecialty training, and the new core exam structure allows Diagnostic Radiology residents to obtain focused clinical experiences in their last year of training that better prepare them to enter today’s medical environment as practitioners.

The ABR’s shift to a one-shot, post-3rd-year core exam has significantly impacted how our Department’s leadership and teaching faculty train our Diagnostic Radiology residents in their first three years. When this first class of core exam takers arrived in July 2010 to start residency, their arrival also ushered in the institution of a new teaching curriculum for those in this class and all that followed. To prepare for the arrival of our first core exam takers, our Department formed a core curriculum committee that closely examined the knowledge areas -- anatomy, pathophysiology, diagnostic radiology, and applied physics in diagnostic radiology -- that will be covered by this comprehensive exam. When the Class of 2014 arrived in July 2010, this committee had an overhauled curriculum in place designed to adequately prepare them for the core exam ahead via relevant clinical rotations in their first 36 months.

Given the physics-integrated nature of the core exam, we have also assigned a series of 45+ online physics modules, each specific to a Diagnostic Radiology clinical area, to our two current classes of core exam takers for studying on a progressive basis throughout the academic year. Looking ahead, after this first class takes the core exam in October 2013, they will initiate our first round of “mini-fellowships” post-exam in the 2013-2014 academic year to further train in and explore areas of subspecialty interest.

Many an allegorical statement has been written about the impact of “change.” When our Department undergoes significant structural change, whether it’s at the system-wide or inter-departmental level, we believe it is always in the spirit of advancement, and we count on our own to prepare accordingly in anticipation of the rewards ahead. ■
The Department was pleased to have **Thad Benefield** join its Epidemiology Research Group as a statistician in late March. In his new role, Thad will work under Dr. Louise Henderson’s direction and provide statistical expertise related to data cleaning and analysis, variable, table and figure creation, manuscript writing, study design and proposal development.

Thad brings to his new position a wealth of statistical experience, much of it specific to UNC. From August 2010 through early 2012, he worked at the UNC School of Public Health Department of Health Behavior and Health Education as a statistical consultant. In this department, Thad lent his statistical expertise to research ranging from adolescent dating violence to a study linking a broad spectrum of health behavior outcomes to an array of biomarkers. Prior to UNC, Thad worked at contract pharmaceutical company Rho, Inc., in Chapel Hill as a biostatistician.

“My academic and professional background in statistics has prepared me in several ways for my new role. The nature of the data and the various analyses conducted in my position in the School of Public Health closely parallel the type of work I’ll be involved with in the Epidemiology Research Group. My work at Rho was quite different, but it helped me learn how to work within a team framework and allowed me to refine my skills in interacting with colleagues with a wide array of technical backgrounds.”

Doctoral coursework complete, Thad is pursuing his PhD in Biostatistics at UNC’s School of Public Health as he starts his new role. He has already obtained both his BS and MS in the field from the University. An applied individual away from work as well, Thad is also a competitive power lifter and currently holds the USA Powerlifting National Raw bench press record. He also spends time volunteering for Big Brothers/Big Sisters and the Durham Animal Protection Society.

The Department was pleased to have **Dr. Wei Gao** join its team of basic research scientists in September 2011. Gao obtained his PhD in Biomedical Engineering from UNC in 2010, and in the same year, he began working for the Department with Dr. Weili Lin group’s as a post-doctoral fellow. Once his fellowship was complete, Gao and Lin found mutual interest in continuing working together in functional brain imaging research. Gao was hired soon thereafter when an Assistant Professor position jointly supported by the Department and the Biomedical Research Imaging Center (BRIC) opened up.

Using neuroimaging methods to pursue his research, Gao collaborates with brain imaging researchers from UNC’s Departments of Psychiatry, Neurology, Psychology and Biostatistics to conduct multidisciplinary studies that explore the brain's functional wiring mechanism associated with both normal and abnormal development. Gao’s ongoing research concentration will be on brain disorders with a developmental origin.

Regarding his dedication to his line of work, Gao noted, “I found myself indulged in the amazing transformation process one's early brain development has to present. I would like a more detailed understanding of this process and the elements that lead to abnormal wiring. My ultimate goal is to aid the advancement of preventing, diagnosing and treating different psychiatric and neurological disorders and diseases.”

The Department of Radiology would like to recognize the following investigators for their newly awarded and renewed major grant funding:

<table>
<thead>
<tr>
<th>Principal Investigator</th>
<th>Funding Agency</th>
<th>Award Mechanism</th>
<th>Award Title</th>
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</thead>
<tbody>
<tr>
<td>Louise Henderson, PhD</td>
<td>NIH/NCI</td>
<td>RO1</td>
<td>“Technologists’ Effect on the Accuracy of Mammography (TEAM)”</td>
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<tr>
<td>Louise Henderson, PhD</td>
<td>Group Health/NCI</td>
<td>PO1</td>
<td>&quot;Risk based Breast Cancer screening in Community Settings&quot;</td>
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<tr>
<td>Dinggang Shen, PhD</td>
<td>NIH/NIBIB</td>
<td>RO1</td>
<td>“Fast, Robust Analysis of Large Population Data”</td>
</tr>
<tr>
<td>Dinggang Shen, PhD</td>
<td>NIH/NCI</td>
<td>RO1</td>
<td>“Online Collection of Patient-Specific Information for Daily Prostate Segmentation”</td>
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<tr>
<td>Dinggang Shen, PhD</td>
<td>NIH/NIBIB</td>
<td>RO1</td>
<td>“Continued Development of 4-D Image Warping &amp; Registration Software”</td>
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<tr>
<td>Wui Chong, MD</td>
<td>Bracco</td>
<td>Ranked top 3 in recruiting</td>
<td>“Characterization of Focal Liver Lesions with Sonovue Enhanced Ultrasound”</td>
</tr>
<tr>
<td>Weili Lin, PhD</td>
<td>Siemens</td>
<td></td>
<td>“Develop an Imaging Package for Obtaining Cerebral Metabolic Rate of Oxygen Utilization”</td>
</tr>
<tr>
<td>Cherie Kuzmiak, DO</td>
<td>Siemens</td>
<td></td>
<td>“Comparison of the Visibility of Suspicious Lesions with Automated Breast Volumetric Scanning versus Hand-Held Breast Ultrasound”</td>
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Lauren Burke, Wui Chong and Sonya Whitehead co-presented, “Acoustic radiation force impulse (ARFI) imaging for Noninvasive, In Vivo Evaluation of Renal Transplant Status” at the Abdominal Radiology Course 2012, jointly hosted by the Societies of Gastrointestinal Radiologists and Uroradiology in March 2012 in Scottsdale, AZ. Members of UNC’s Departments of Biomedical Engineering and Nephrology co-facilitated.

Wui Chong, MD, received the 2011 Editor’s Recognition Award for “Reviewer with Special Distinction” from the journal Radiology for the third consecutive year, as noted in the January 2012 issue.

Wui Chong, MD, was elected a Fellow of the Society of Radiologists in Ultrasound in October 2011.

Wui Chong, MD, served as a faculty facilitator for the refresher course, “Doppler US: Visceral and Carotid Applications” at the 97th Scientific Assembly and Annual Meeting of the RSNA in Chicago, Ill, in December 2011.

Wui Chong, MD, was elected Contrast-enhanced Ultrasound Community Chairman of the American Institute of Ultrasound in Medicine in April 2011 for the 2011-2013 chairmanship period.

Tae Il Han, MD, presented, “New Sign of Extravaginal Testicular Torsion in Neonate: Two Concentric Fluid Collections within the Scrotum” at the 97th Scientific Assembly and Annual Meeting of the RSNA in Chicago, Ill, in December 2011. Han also received RSNA’s Certificate of Merit at this meeting for this research study. (Authors: Han TI, Fordham LA, Kim I-O, Bidgood D)

Valerie Jewells, DO, was recognized by the American Journal of Neuroradiology in December 2011 for her service as a peer reviewer of manuscripts during 2011.

Valerie Jewells, DO, was appointed to a one-year term as a Bylaws Committee member for the American Association for Women Radiologists in February 2012.

Amir Khandani, MD, presented, “18F-NaF PET/CT: The Next Level in Musculoskeletal Nuclear Imaging” at the 97th Scientific Assembly and Annual Meeting of the RSNA in Chicago, Ill, in December 2011. (Authors: Shaikh FA, Etten J, Khandani AH).

Kyung Kim, MD, presented, “Embolotherapy in Trauma Patients” as an invited lecturer at the 10th International Intensive Course for Interventional Radiology (IICIR) in Seoul, South Korea, in February 2012.

Kyung Kim, MD, presented, “Renal Artery Intervention” at the 10th International Intensive Course for Interventional Radiology (IICIR) in Seoul, South Korea, in February 2012.

Cherie Kuzmiak, DO, served as a visiting professor at the MUSC Department of Radiology in Charleston, SC, in February 2012.

Joseph KT Lee, MD, was named an Honorary Member of the Japan Radiological Society and inducted at its 71st Annual Meeting in Yokohama, Japan, in April 2012.

Joseph KT Lee, MD, delivered the 12th Ho Hung Chiu Lecture (“The Re-convergence of Diagnostic and Therapeutic Radiology”) to the Hong Kong College of Radiologists in Hong Kong, China, in October 2011.

Paul Molina, MD, and Katherine Birchard, MD, presented a refresher course entitled, “Imaging of the mediastinum (‘How-to’ Workshop)” at the 97th Scientific Assembly and Annual Meeting of the RSNA in Chicago, Ill, in November 2011.

Richard Semelka, MD, presented, “MRI of the Gastrointestinal Tract” as a visiting professor at the Hospital Universitari Vall d’Hebron in Barcelona, Spain, in October 2011.

Richard Semelka, MD, presented, “MRI of the Gastrointestinal Tract” as a visiting professor at the University of Manitoba in Manitoba, Canada, in October 2011.

Richard Semelka, MD, presented, “Body MRI: Pediatric developments” and “Body MRI: Fast, efficient and comprehensive” as a visiting professor at the Medical University of Vienna in Vienna, Austria, in September 2011.


Richard Semelka, MD, served as the Cooley Visiting Professor at the University of Texas Medical Branch in Houston, TX, in March 2012.

David Warshauer, MD, presented "Imaging of the Spleen: An Update" at the Abdominal Radiology Course 2012, jointly hosted by the Societies of Gastrointestinal Radiologists and Uroradiology, in Scottsdale, AZ, in March 2012. (Co-Facilitator: KC Cho)

David Warshauer, MD, presented, “Eosinophilic Esophagitis an Esophageal Perforation” at UNC’s Department of Medicine Morbidity and Mortality conference in March 2012. (Co-Facilitators: MA Greganti, Madanick RD)


Molina Takes a Turn as UNC Women’s Basketball “Honorary Coach

In his years of affiliation with both the Department of Radiology and UNC’s School of Medicine, Dr. Paul Molina has undertaken a range of leadership roles. None, however, has as uniquely rounded out his résumé as Molina’s selection to be “honorary coach” for the UNC women’s team home basketball game against Duke on February 26th. While his youngest daughter Lindsey served as a game day ball girl, Molina sat shoulder to shoulder with the women’s team coaches and players, huddling up with Head Coach Sylvia Hatchell and her players during timeouts. In the tradition of naming honorary coaches for select UNC women’s home games at Carmichael Arena, Molina was selected for the most hyped game of the season.

A certifiable diehard Tarheels fan, Molina has supported and attended UNC athletics events since arriving in Chapel Hill for medical school in the late 1970s. Attending UNC in the years of Michael Jordan, Sam Perkins, James Worthy and an NCAA men’s basketball title was thrill enough, but over the years, Molina has also become a fan of UNC Women’s Basketball and Coach Sylvia Hatchell.

In his pre-game address to the team and coaching staff, Molina stated: “I admire Coach Hatchell’s coaching, leadership and interpersonal skills and applaud her for her generous personal support of patient care, including cancer care, at UNC Hospitals. You Lady Tarheels should be extremely proud of the way that you have battled together as a team this year through injuries, absences and adversity. Your ‘second season’ begins today. Play the Carolina Way. Play Smart. Play Hard. Play Together.”

Paul Molina, MD

The UNC Dept of Radiology is now on Facebook!

Just search for "UNC Department of Radiology" to locate our page and be sure to "like" us!

We have also created an Alumni-Only Facebook group, which is restricted to our current and former trainees. This private group is growing and we'd love to have you join us and get connected to other residents and fellows. To be added to the group, please send an email to eabowen@med.unc.edu.