As 2012 comes to an end, I would like to thank you for your support. This has been an exciting year with many changes and advancements for the AOCR.

ACGME Update
I am very pleased to report the American Osteopathic Association (AOA), along with the Accreditation Council for Graduate Medical Education (ACGME) and the American Association of Colleges of Osteopathic Medicine (AACOM), have entered into an agreement to pursue a single, unified accreditation system for graduate medical education programs in the United States beginning in July 2015. This unified accreditation system will preserve access to AOCR residency and fellowship programs for DOs and formally recognizes AOA training and board certification for DOs wanting to serve, and currently serving, as AOCR faculty.

This advancement could not have been achieved without your strong support! Because of this support we were able to inform the AOA of the impending ACGME proposed common program requirements which would have closed osteopathic trained physicians out of ACGME fellowship programs and removed AOCR certified physicians from ACGME faculty training positions. We received many reports of AOCR certified physicians being removed from ACGME faculty positions prior the announcement of the unified GME accreditation system. These DOs are now being reinstated thanks to your support.

I recently attended the AOA Bureau of Osteopathic Education meeting on behalf of the AOCR. This meeting included significant discussions and updates on the status of the unified GME accreditation system. As we move forward, the AOCR board of directors has offered the AOCR’s support to the AOA. We will continue to be in close contact with them and will send you further information as it becomes available.

Postgraduate Education
Our postgraduate opportunities continue to grow. Congratulations to the OSU Medical Center for adding three new vascular and interventional radiology fellowship training positions. The new program was approved by the AOA Program and Trainee Review Council (PTRC) on Nov. 1, 2012, and is expected to begin training its first fellows in July 2013.

Continuing Medical Education
The 2012 Mid Year Conference on Oct. 11-14, "Multimodality Women’s Imaging Including Multidisciplinary Breast Health" was a great success. This excellent program was co-chaired by Claire McKay, DO, from San Antonio, Texas, and Rocky Saenz, DO, from Farmington Hills, Mich. William E. Shiels II, DO, also prepared a hands-on interventional breast sonography workshop for the 186 registrants.

The 2013 Annual Convention will be held April 22-26, 2013, in Fort Lauderdale, Fla., at the Westin Beach Resort and Spa. “Radiology Essentials” will feature case-based reviews and panel discussions on a wide range of topics. Les Folio, DO, from the National Institute of Health, Bethesda, Md., will be the program chair. Moving forward into the electronic era, scientific exhibits will be displayed online next spring for all members to view and will be included on the attendees syllabus thumb drives. This will also be the first meeting we will be offering SAMs to help with OCC compliance.

Journal of the AOCR
This was the first year the AOCR offered the Journal of the AOCR thanks to the efforts of Editor-in-Chief William O’Brien, DO, and the outstanding editorial board including guest editors David Wang, DO, William E. Shiels II, DO, and Rocky Saenz, DO. I hope you have enjoyed each issue.

(Continued on page 2)
President’s Letter Cont.

Succession Plan in Motion

The AOCR home office is moving toward Pam’s retirement on July 1, 2013. Mary Lentz and Carly Bohle have both joined the AOCR staff full time. Carol Houston, Erin Maulsby and Jessica Roberts have also begun training with Pam in anticipation of taking over her positions.

In closing, I would like to wish a Merry Christmas and a Happy New Year to the entire membership and thank the AOCR staff for all their hard work! May you have laughter and love this holiday season and a healthy and successful new year.

Fraternally

Fred E. White, DO, FAOCR

Cystic Right Lower Quadrant Mass

Tammam Beydoun, D.O., and Sharon Kreuer, D.O.

Case Presentation

A 48-year-old patient presents for a lumbar spine MRI for low back and hip pain. A 6 cm mass was incidentally seen within the right lower quadrant at the level of the cecum (Fig. A-C). On review of systems, the patient reported intermittent right lower quadrant pain over the course of several years. Past medical history was notable for diverticulosis with an episode of diverticulitis in the recent past. Physical examination was noncontributory. Further evaluation with CT including IV and oral contrast was performed. (Fig. D)

See full case report on the JAOCR website.

New AOCR Members

RESIDENT MEMBERS
Tracy Chen, DO  
Daniel Falco, DO  
Brian Flanagan, DO  
Lacey McIntosh, DO  
Joanna Sadowska, DO  
Deeshali Shah, DO  
Val Smalley, DO

STUDENT/INTERN MEMBERS
Barry Amos  
Justin Becker, DO  
Hadi Bazzi, DO  
Robert Colvin  
Tara Deryavoush  
Meredith Disharoon, DO  
Rachelle Durand, DO  
Natalia Gaulke, DO  
Andrew Gordon  
Nicholas Hardin  
Andrew Harrison, DO  

Abrar Khan, DO  
Collier King  
Partha Mandal  
Shawn Nash  
Jessica Nieset  
Andrew Olsen  
Monica Owerczuk, DO  
Eric Royston, DO  
Robert Steffy, DO  
Jeremy Wachenschwanz, DO  
Joseph William
Many things in life require balance: work and play, study and application, or even too much or too little of just about anything. To help the entire imaging team appropriately weigh image quality and radiation dose during pediatric imaging, Image Gently® launched Back to Basics, a campaign designed to educate individuals about X-ray imaging, specifically digital radiography.

**Optimal Images and Dose**

“Digital radiology brought many improvements [to imaging], including the capability to transmit images system-wide for instantaneous viewing by caregivers,” explains Susan D. John, MD, FACR, campaign committee co-chair. “However, technical processes used for digital acquisition of images are different from those used in screen-film radiology, and knowledge about these differences and how they impact patient dose … may have lagged behind implementation of the technology,” she says.

For example, “With screen-film radiography, underexposed or overexposed images were readily identified; an overexposed film was dark and uninterpretable. The radiologic technologist knew to decrease technique to achieve the desired result. With digital radiology, this direct feedback has been lost,” explains Marilyn J. Goske, MD, in Pediatric Radiology.¹ This makes it important for the imaging team to understand the exposure index and deviation index. In an effort to make digital images more easily read, John notes, the balance sometimes leans toward overexposure, which increases the radiation dose administered to pediatric patients. “Although exposure indicators are available on acquisition devices, these indicators are not standardized between manufacturers,” she adds.

To help establish and maintain optimally exposed images, the Back to Basics campaign is designed to educate everyone involved in providing digital radiography to young patients, including radiologists, radiologic technologists, medical physicists, and vendors, as well as patients and their families. According to John, the campaign’s goals are to improve “digital radiograph quality in children and [ensure] lowest possible radiation exposures through multiple practice quality improvement projects and online educational materials” developed by the campaign.

These educational resources include five free PowerPoint presentations: Introduction to Digital Radiography, Using Exposure Indicators to Improve Digital Radiography, Digital Image Acquisition Systems, Immobilization Tips in Pediatric CR/DR, and Ten Steps to Help Manage Radiation Dose in Pediatric Digital Radiography, which are available on the Image Gently website (www.imagegently.org). In addition, the campaign committee members have developed instructional tools such as a CR/DR safety checklist, sponsored by the FDA, which reminds radiographers about critical safety steps to be used in routine radiography. The safety checklist includes an instruction manual and a practice quality improvement project.

“In the past, technologists would use calipers to measure body thickness to help them set the technique,” explains Steven Don, MD, who also serves as campaign co-chair. “We are urging a recommitment to the use of calipers and technique charts, especially when using manual technique to standardize the approach to digital radiography in children. In addition, grids are not necessary on body parts smaller than 10–12 centimeters in Anteroposterior dimension. The approach should be a departmental quality improvement effort. As routine radiography is the most commonly performed imaging study in children, it is important that we get it right every time.”

**Back to Basics in Pediatric Imaging**

**New Image Gently® initiative educates the imaging community and public on opportunities to optimize radiation dose in digital radiography.**

By Brett Hansen

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(Continued on page 10)
AOA, ACGME Move Toward Unified Accreditation for Graduate Medical Education Programs

The American Osteopathic Association (AOA), the Accreditation Council for Graduate Medical Education (ACGME) and the American Association of Colleges of Osteopathic Medicine (AACOM) announced their intent to pursue a single, unified accreditation system for graduate medical education (GME) programs in the United States beginning in July 2015. During the coming months, the three organizations will work toward defining a process, format and timetable for ACGME to accredit all osteopathic graduate medical education programs currently accredited by the AOA.

In 2015, if negotiations are successful, all training programs will become ACGME-accredited and DOs will have access to all training programs and fellowships when the Common Program Requirements are implemented. DOs entering residency programs in 2015 or later will have the option to choose osteopathic-focused training programs or allopathic-focused training programs. While details will be worked out in negotiations with ACGME, AOA board certification will be stressed for all DOs at the end of training as a demonstration of continued competence in osteopathic medicine.

The AOA intends the transition to a unified system to be seamless so that residents in or entering current AOA accredited residency programs will be eligible to complete residency and/or fellowship training in ACGME accredited residency and fellowship programs. This is a significant win for the osteopathic medical profession, as it has struggled to deal with a growing shortage of osteopathic training programs. This historic move preserves access to ACGME residency and fellowship programs for our DOs. The proposed changes the profession has faced would have blocked DOs in AOA residency programs from completing training in ACGME residencies and fellowships. Effective in July 2015, it will also formally recognize AOA training and board certification for DOs desiring to serve, and currently serving, as ACGME faculty.

Again, if negotiations are successful, the AOA and AACOM will become member organizations of the ACGME – along with its existing members, the American Board of Medical Specialties, the American Hospital Association, the American Medical Association, the Association of American Medical Colleges, and the Council of Medical Specialty Societies – and will nominate representatives to the ACGME Board and to the individual Residency Review Committees.

The agreement follows more than a year of advocacy work by the AOA to preserve DOs access to ACGME programs. The single, unified accreditation system creates an opportunity to set standards for demonstrating competency with a focus on positive outcomes and the ability to share information on best practices. While the AOA will be moving to a unified accreditation system, the standards and procedures identified by the AOA Council on Postdoctoral Training (COPT) will provide invaluable guidance for AOA and ACGME, particularly for the OPP and OMM core competencies. For physicians who completed AOA GME in the past, the ACGME’s agreement to deem the AOA programs ACGME accredited represents an historic acceptance of AOA graduate medical education.

Currently, ACGME accredits over 9,000 programs in graduate medical education with about 116,000 resident physicians, including over 8,900 osteopathic physicians. The AOA accredits more than 1,000 osteopathic graduate medical education programs with about 6,900 resident physicians, all DOs.

We recognize that many questions remain to be answered. These questions will be central in the AOA’s negotiations with the ACGME over the next several years. You can find some of the “frequently asked questions” on the next page and on the AOA website at www.osteopathic.org/acgme, as well as the most recent announcements about this issue. Above all, preserving OMM and OPP in GME training and strengthening the future of the osteopathic medical profession remain the AOA’s top goals.

AOCR Supports Unified Graduate Medical Education System

The AOCAOCR supports the American Osteopathic Association (AOA), Accreditation Council for Graduate Medical Education (ACGME) and American Association of Colleges of Osteopathic Medicine (AACOM) as they enter into an agreement to pursue a single, unified accreditation system for graduate medical education programs in the United States beginning in July 2015.

“I want to personally thank each and every person who has helped in the efforts to allow our residents to continue to have access to ACGME programs and for AOB certified physicians to continue to serve as ACGME faculty,” said AOCAOCR President Frederick E. White, DO. “The AOCAOCR has been actively involved since informing the AOA of the ACGME proposed Common Program Requirements and will continue to be at the forefront of the development of the new system.”

The AOCAOCR also supports the retention of OPP/OMM core competencies for osteopathic-focused training programs and AOA board certification for all DOs through this new single accreditation system.

“Americans deserve a health care system where continuously improving the quality of care and the health of our patients is the driving force. A unified accreditation system creates an opportunity to set universal standards for demonstrating competency with a focus on positive outcomes and the ability to share information on best practices.”

- AOA President
- Ray E. Stowers, DO

www.osteopathic.org/acgme
Unified Graduate Medical Education System
Frequently Asked Questions

Why is the AOA pursuing a unified accreditation system with ACGME?

About a year ago, the ACGME proposed two policies (Common Program Requirements). One policy would limit the ability for AOA-trained DOs to enter a second year of training in an ACGME program. The other policy would not recognize completion of an AOA-accredited residency program for entry into an ACGME fellowship.

The AOA is interested in ensuring that physicians who complete osteopathic graduate medical education continue to have access to ACGME residencies and fellowships.

Did the AOA try to get the ACGME to rescind or amend these proposed Common Program Requirements?

The AOA met multiple times with ACGME leadership to share our concerns. We also testified before the ACGME Committee on Requirements. As a result, the ACGME Board did delay the effective date for the new Common Program Requirements to allow for more discussion. Together, we then established a Joint Task Force on Graduate Medical Education to seek a solution.

Will the ACGME organizational structure include osteopathic representation?

If negotiations are successful, AOA and AACOM will become member organizations of the ACGME – along with the American Board of Medical Specialties, the American Hospital Association, the American Medical Association, the Association of American Medical Colleges, and the Council of Medical Specialty Societies – and will nominate to the ACGME Board and to the individual Residency Review Committees.

What will happen to the osteopathic training programs?

If negotiations are successful, as of July 2015, all osteopathic training programs will automatically be deemed accredited by ACGME. And, as occurred in the osteopathic accreditation process, when inspection time rolls around, all training programs will have to meet the same ACGME requirements.

How does a unified accreditation system benefit the osteopathic medical profession?

The unified accreditation system will preserve access to all training programs for DOs. Currently, there are 11,025 AOA training positions and more than 4,000 DO graduates each year. Osteopathic programs alone could not support the demand to train more DOs and help fill the upcoming physician shortage.

This move also preserves access to ACGME residency and fellowship programs for our DOs as well as eliminates any issues with DO eligibility for ACGME programs. In addition, those DOs who want to be program directors/faculty for ACGME programs can do so with AOA certification beginning in 2015.

For physicians who completed AOA GME in the past, the ACGME’s agreement to deem the AOA programs ACGME accredited represents an historic acceptance of AOA graduate medical education.

Will there be a single Match?

We will be discussing implementation of the unified accreditation system with AACOM over the next several months, including the best approach to a Match system. However, starting in March 2015, if all programs are considered ACGME approved, it is likely there will be one Match.

Will MDs and IMGs be allowed to train in osteopathic training programs?

Allowing MDs to enter into osteopathic-focused training programs will also be part of our transition discussions with ACGME. However, if they are allowed into osteopathic-focused programs, we would work with ACGME to identify educational prerequisites or other accomplishments or “check points” expected for MDs to meet in regard to OPP and OMM. The same would apply for IMGs.

FAQs provided by the AOA. Additional FAQs are available on the AOA website.
COPT/PTRC

Mary Lentz, Michael Cawthon, DO, and Carol Houston attended the AOA Council on Postdoctoral Training (COPT) and the Program and Trainee Review Council (PRTC) Meetings last month in Chicago. The councils reviewed basic standards and gave their support for the pursuit of a single, unified accreditation system for GME.

New Vascular and IR Residency

Oklahoma State University Med Center, Tulsa, Okla.

OSU Medical Center will be adding three new vascular and interventional radiology fellowship training positions to begin July 2013. This program was approved by the AOA Program and Trainee Review Council (PRTC) on Nov. 1, 2012.

AOCR Member Serves as Consultant to Surgeon General

Board of Directors Member-at-Large Michael Cawthon, DO, recently completed a 2-year term as the Army radiology consultant to the surgeon general. This position is very important and is a great honor.

Consultants to the surgeon general of the Army serve as subject matter experts in their specialty, assist in the maintenance of high standards of professional practice, contribute to the development of educational programs for the advancement of AMEDD officers, and provide essential liaison with leaders in medical and related professions.

In the Army, specific duties of this position are to manage the Army’s radiologist population which includes duty station assignments, deployments and providing assistance in assigning backfills for unexpected vacancies.

Another major role of the Army radiology consultant is with graduate medical education. This is an important aspect of managing the size and subspecialty expertise of the radiologist population in the Army. This involves developing the graduate medical education plan regarding size of residencies, and the types and numbers of subspecialists required for the service.

AIUM Ultrasound First Forum

Lynwood Hammers, DO, attended the Ultrasound First Forum organized by the American Institute of Ultrasound in Medicine on Nov. 12, on behalf of the AOCR. The forum addressed the expanding role of ultrasound imaging as a “first” imaging examination and encouraged the use of ultrasound as a safe, effective, and affordable alternative to other diagnostic imaging modalities where scientific evidence supports its appropriateness.

The forum brought together a broad range of stakeholders, including leading health care experts, representatives from more than 30 medical societies, insurers, the US Olympic Committee, patient advocacy groups, government agencies, industry, and others.

The dean from University of North Carolina discussed the training of all medical students in US beginning in their first year and throughout medical school. Thus far they have two classes that have graduated with excellent results.

The forum also emphasized the importance of connecting with advocacy groups such as breast cancer patients to help advocate the use of ultrasound.

It is also important to develop links to payer groups so radiologists can have input. Several payer groups, representing over 100,000,000 patients, were present at the forum. They stressed that research must prove that US is equal to or better than CT or MRI.

These payer groups stressed that they would strongly consider 3D US for uterine anomalies, IUD position, MSK, placement of catheters, and US before CT in FU of renal stones.

Full presentations from the forum are available at www.ultrasoundfirst.org.

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Full presentations from the forum are available at www.ultrasoundfirst.org.
Pam Honored by BOS

Executive Director Pamela Smith was presented with a Certificate of Appreciation by the AOA Bureau of Osteopathic Specialists during its annual meeting in Chicago. It was given for her leadership, guidance, and dedication to the Bureau of Osteopathic Specialists and for her commitment to the advancement of the osteopathic board certification process since 1984. Congratulations Pam!

In attendance with Pam at the BOS Meeting were AOBR Representative Michael Wilczynski, DO, and Erin Maulsby, AOBR staff. Specific topics that were addressed included policy decisions on special consideration for Osteopathic Continuous Certification (OCC), BOS leadership succession planning, the recent Accreditation Council for Graduate Medical Education (ACGME) unification announcement, and the administrative reorganization of the specialty certifying boards of the BOS.

OCC Update

OCC will launch January 1, 2013! All Time-limited certificate holders are required to enroll and begin participation in order to maintain their certification. For further information regarding OCC and the requirements click below:

Diagnostic Radiology
Radiation Oncology

Please refer to the www.aocr.org under the AOBR tab for updated OCC information.

It is incumbent upon diplomates to stay updated and informed on all OCC requirements. OCC updates in requirements are subject to change and will be available at all times on our website.

Questions?
660-265-4011
erin@aobr.net
pam@aobr.net

2013 Exam Schedule

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<th>Exam</th>
<th>Date/Location</th>
<th>Application Deadline*</th>
<th>Fee Deadline**</th>
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<td>Subspecialty (CAQ) Exam</td>
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<td>Diagnostic Radiology Written</td>
<td>September 28, 2013 Hilton Chicago O'Hare Chicago, IL</td>
<td>Feb. 1, 2013</td>
<td>July 1, 2013</td>
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<td>Part I - Physics &amp; Part II -</td>
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Recertification Exams

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<td></td>
<td>September 29, 2013 O'Hare Hilton, Chicago, IL</td>
<td>July 1, 2013</td>
<td>July 1, 2013</td>
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*Exam Applications can be found at www.aocr.org under the AOBR section.
**Exam Fees can be paid by sending a check to the AOBR office or by phone with a credit card.
Upper Right: Co-Program Chair Rocky Saenz, DO, is shown with David Moses, MD, who spoke on fetal cardiac ultrasound.

Upper Left: Genetic Counselor Kali Chatham is shown with Co-Program Chair Claire McKay, DO. Ms. Catham spoke on identifying high risk patients and hereditary breast cancer syndromes.

Center Right: Murray Rebner, MD, shown answering questions after his lectures which included imaging the high risk patient, breast MRI accreditation and Breast MRI interpretation.

Center Left: Executive Director Pamela Smith, AOCR President Frederick White, DO, and Faculty Member Sheri Albers, DO, who presented lectures on MR of the uterus and MR of the ovaries.

Lower Right: Patricia de Leon, DO, assisting Sarah Schafer, DO, during the hands-on-workshop.

Lower Left: Dr. Rocky Saenz and Lori Strachowski, MD, are shown after her lecture on acute pelvic pain in the nongravid female. She also presented on the AIUM standards for level 1 OB ultrasound and the role of sonography in OB emergencies.
Special thank you to the following for their support:

- AOCR Education Foundation
- Cook Medical, Inc.
- Hitachi-Aloka Medical, Ltd.
- Hologic, Inc.
- Lippincott Williams & Wilkins
- Medweb
- Orion HealthCorp, Inc.

Above Center: Dr. Claire McKay with Joanne Trapeni, DO. Dr. Trapeni presented her lecture “Breast MR PET and Tumor Marker” to registrants and the Webinar audience received 1-A credit from home. Dr. Trapeni also presented on breast interventional procedures and tomosynthesis.

Top Left: Surgeon Kathy Grove, MD, presented lectures on the surgical techniques for treatment of breast cancer and pathologies and surgical procedures.

Upper Left: Kevin Robinson, DO, presented “PET/CT of Breast Cancer” and “PET/CT of Gynecologic Malignancies.”

Center Left: Winners of the books donated by Lippincot Williams & Wilkins for conference attendees.

Bottom Left: Michelle Walters, DO, answering questions after her lecture on bone density.

Above: Co-Program Chairs Claire McKay, DO, and Rocky Saenz, DO, received their program chair plaques from AOCR President Frederick White, DO. Thank you for an outstanding program!
In Memoriam


He was a 1959 graduate of Kirksville College of Osteopathic Medicine. Dr. Brittingham practiced family medicine in Macon, Mo., until 1973 when he began a radiology residency at Zeiger-Botsford Hospitals in Farmington Hills, Mich. He became certified in radiology in 1978 by the AOBR.

He began his radiology career as an assistant profession of radiology at Kansas City College of Osteopathic Medicine and continued to practice radiology throughout Missouri, Iowa and Washington until 1992 when he began doing Locums Tenens. Dr. Brittingham became an Active Member of the AOCR in 1978 and a Life Member in 1997. He served on many AOCR committees throughout his career including the Ethics Committee, the Membership Committee and the Committee on Technicians and Paramedical Personnel.

He is survived by children, Joanie Keiser and husband Denny, John and wife Lisa, Jim, Tim, Kathy Hiatt and Michael Brittingham, Robert and Daniel, and loving grandchildren, nieces and nephews.


Dr. Buchea began his medical career serving as a medical lab tech in the Army during the Korean War. He graduated from the College of Osteopathic Physician & Surgeon, in Los Angeles, Calif., in 1960 and completed his internship at Waldo Hospital in Seattle, Wash., in 1961. He entered private practice until 1968 when he began his radiology residency at Garden City Hospital, in Michigan. He served as chairman of the department of radiology at University Heights Hospital in Albuquerque, N. M., from 1971-1974 and at Crater General Hospital in Central Pt., Ore., from 1974-1979. He practiced both radiology and general medicine for many years until his retirement.

He became certified in radiology in 1973 by the AOBR. Dr. Buchea became an Active Member of the AOCR in 1973 and a Life Member in 1993.

He is survived by his wife Dolores; children Bruce and wife Lori, Marc and wife Sheri, Collette and husband Kevin, and Danielle and husband Will; grandchildren Madison, Cutter, Tabbyha, and Samantha, as well as four step-grandchildren.

John H. Scott, DO, 55, of Owingsburg, Pa., passed away on Sept. 27, 2009.

Dr. Scott graduated from Des Moines University of Osteopathic Medicine and Surgery in 1979. He completed his internship at Cherry Hill Medical Center in Cherry Hill, N. J., in 1980 and his radiology residency at Metropolitan Hospital in Philadelphia, Pa., in 1984. Dr. Scott became certified in diagnostic radiology in 1985 by the AOBR. He was a partner with Pottsville Radiology Associates in Pottsville, Pa., for 25 years. He became an Active Member of the AOCR in 1985 and a Life Member in 2009. Dr. Scott is survived by his wife, Sheri C.; and his sons Kevin, Brian and Corey.

Jeffrey Don Smith, DO, 55, of Tulsa, Okla., passed away on Aug. 17, 2012.

He graduated from the West Virginia School of Osteopathic Medicine in 1983. He was called to serve in the U.S. Navy after the completion of his internship at Parkview Hospital in Toledo, Ohio, in 1984 until his honorable discharge in 1987. He completed his radiology residency at Botsford Hospital in Farmington Hills, Mich., in 1991 followed by a fellowship at the University of Arkansas in 1992. He was certified in diagnostic radiology by the AOBR in 1992. Dr. Smith was an attending radiologist with Diagnostic Imaging Associates in Tulsa, Okla. He became an Active Member of the AOCR in 1992.

He is survived by his wife, Susan; daughter, Jennifer Smith Kirkland and husband Jonathon, and Kristina Lee Smith; and granddaughter, Ella Lillian Kirkland.

Please notify the AOCR of any colleagues who have passed away.

(Continued from page 3)

Group Effort

Although radiologists do not acquire the images, Don notes that “the radiologist needs to understand what the technologist does and how the new technology impacts the image quality and patient dose.” This kind of understanding can only be gained from a team effort. Keith J. Strauss, MSc, FACR, medical imaging physicist and campaign committee member, elaborates: “You’re going to get the best result if you have a technologist, a radiologist, and a medical physicist all working cooperatively to create the best protocol. The technologist has the technical expertise of working with pediatric patients on a day-to-day basis, the radiologist has the medical expertise, and the medical physicist has the physics expertise.”

Greg Morrison, chief operating officer of the American Society of Radiologic Technologists, agrees: “It really does take some teamwork to make things happen and to produce an actual image.” He also notes, “It’s the technologist who has the last opportunity to ensure that … the dose is as low as possible for the clinical task.”

Children and families will learn about the role of the technologist — and all individuals involved in the imaging process — through educational resources such as patient brochures. This information is available now on the Image Gently website (www.imagegently.org).

ENDNOTE

Advocacy Alert

Stop the SGR and Sequester

Congress has only weeks to stop the upcoming 26.5% cut to Medicare physician payments. The same battle we have waged since the inception of the sustainable growth rate (SGR) continues and the divided Congress creates great difficulty in brokering any type of deal that won't leave physicians out to dry come Jan. 1. Adding insult to injury is the looming threat of sequestration that went into effect when last year's "Super Committee" failed to yield any type of resolution to the nation's fiscal situation - physicians face an additional 2% cut if Congress fails to act by Jan. 2.

As a Diagnostic Radiologist you will also be facing additional payment reduction from CMS' imposed 25 percent Professional Component Multiple Procedure Payment Reduction (MPPR).

Will the $250 billion ball and chain to the Medicare program finally pull us off the fiscal cliff? Congress must take action to permanently repeal the systemically flawed SGR formula and provide some stabilization of the current Medicare payments system for physicians. In addition, a balanced approach to deficit reduction must be agreed upon to prevent sequestration. Encourage your senator and representatives to stop the impending SGR cuts and co-sponsor the Diagnostic Imaging Services Protection Act (H.R. 3269/S. 2347) to preserve access to Medicare.

Send a letter now!
The 2013 Annual Convention, sponsored by the American Osteopathic College of Radiology, is intended for general radiologists. While the topic areas are of the utmost importance with up-to-date information, they are broad enough that residents should benefit while general radiologists are provided a review of important approaches, findings and differentials. Presenters will include audience response system (ARS) questions for more interactive presentations. Questions and answer sets will allow participants to assess their current practice performance and knowledge with peers and established benchmarks.

The program will include case-based reviews and panel discussions on current hot topics such as minimizing radiation dose, CT technical protocol management, RSNA informatics initiatives and general presentations that provide head to toe review of multi-modality neuro, chest, abdomen/pelvis and musculoskeletal imaging. Our goal is to provide key information that you can incorporate into your practices.

SAMs sessions, pending the American Osteopathic Board of Radiology approval, will be offered for participants to meet the new OCC requirements effective January 2013.

Three easy ways to register:
- Online at www.aocr.org
- By fax at 660-265-3494
- By mail at AOCR, 119 East Second Street, Milan, MO 63556

Printable registration forms are available at www.aocr.org

Full Schedule available at www.aocr.org

31.5 Category 1-A Credits