AHRA Launches New Certification Program

In its biggest endeavor of the organization's 29-year history, AHRA has announced the launch of a new certification program for radiology professionals. Primarily funded by generous pledges from Kodak's Health Imaging division and the AHRA Education Foundation, the program will certify radiology administrators who pass a test developed by their peers, earning them the right to use the Certified Radiology Administrator (CRA) credential.

The AHRA Education Foundation is also supporting the program, donating $250,000 altogether. "The role of radiology administrator has changed rapidly in recent years," said AHRA Education Foundation Chair J.D. Mace. "A credentialing program will identify the current scope of responsibilities and skills that are required for the position, and allow prospective and current radiology administrators to demonstrate their acumen in these areas."

AHRA and the AHRA Education Foundation officially launched the start of the CRA program at the Annual Meeting held earlier this month. The first examination (which is currently being developed) will take place at next year’s Annual Meeting in New Orleans, and subsequent exams will be given at testing centers around the country. AHRA expects to release a study guide for the

Communication—Perception is Reality

By Hazel Hacker

Do you say what you mean? Do you mean what you say? "Of Course!" you may answer. But think about it. How many times can you remember situations that have arisen due to unclear or misunderstood communications?

I had an incident in my center in which a patient was sitting behind a curtain waiting for her MRI exam. As she peeked out from the curtain, she heard the technologist say, "What are you looking at? Stop it and get away from me." Needless to say, she was quite upset and went straight to administration (me) once her exam was done to complain about this rude treatment.

Upon further investigation, I discovered that the technologist was kidding around with an aide, not even realizing that the woman was behind the curtain. He apologized to the patient, and all was

continued on page 8
Reflections on Our Odyssey

Well dear friends, my 2001 Odyssey as president has come to its end, and I must bid you farewell. It has been a fantastic journey. I have met so many new and exciting members during the past year—members that I now call friends.

Your support and encouragement has been the fuel that has kept me going. I did not seek office for personal ego or gain. I wanted to give back to the organization and our membership just a fraction of what it has given me, and I hope that in some small way, I have. In supporting the mission and vision of the AHRA and being mindful of your needs, I hope that we have enhanced our profession and represented you with honor and dignity. I truly love and care for the AHRA and my AHRA family.

There were times when the going got rough. I was in the midst of a tidal wave and transition at work. There were changes in the board structure that needed to occur for the board and organization to move forward. We had major decisions and changes to make that could affect the AHRA for years to come.

The AHRA and its Education Foundation were blessed this year with a wonderful and exciting new opportunity and challenge to bring a great product and benefit to our membership, thanks to a lot of hard work and the generous support of one of our commercial partners. By now, I hope that most of you have heard this exciting announcement. (For those who couldn’t attend Odyssey, see article on page 1.)

AHRA has moved its cheese. Mega-changes have happened (with more to come) that will shape this organization and its leaders for years to come. Past directors have laid much groundwork over the past several years to get us to where we are today and to where we need to move our cheese.

As parents or managers, you do your best to raise your "child" with the right foundation, values, and structure. Parenting does not come with a manual or a delete key. The same goes for serving the AHRA. We do what we feel is the best. Sometimes it works, and sometimes it can backfire, but we always have your best interest and well-being at heart.

You nourish, encourage, fret, and make decisions that are not always popular with your child, but you see the good that it will bring years down the road. When raising children, you will not see the fruits of your labor until they are older and wiser and have become the wonderful adults that you hoped they would be.

Not quite 30 years ago, the child named “AHRA” was born. There have been many wonderful "parents" (presidents), and each has done what he or she felt was best for the AHRA. Some were stricter than others, some were more popular, some were completely “hands-on,” while others let their child “find himself.” Even though there were many differences in parenting skills, the one thread that we all shared is that we wanted to help the AHRA to grow and change. But like a child, you will not see those changes until they are grown.

I hope to be remembered as the type of parent who dearly loved her child, AHRA. One who worked hard to be fair and always had your best interest at heart. A parent, who regardless of being popular or not, made decisions and changes that she felt needed to be done for its future.

I believe in the philosophy that "it takes a village to raise a child." Even though being president of the AHRA is like being a parent, one did not and cannot raise this "child" alone. There have been great predecessors before me, and greater ones will follow.

I wanted to take this opportunity in my last president's message to recognize and thank you the membership for your confidence and support by electing me to serve as your president this year. I want to thank JD Mace, Gordon Ah Tye, and all the past presidents for your guidance, friendship, and your willingness to see into the future. You started the process that has allowed us to become who we are today and prepared us for who we need to be for our future.

A special thank you goes to Sheila Sferrella, your incoming president. The AHRA could not be in better hands. Sheila has been such a tremendous force this year. Her talents, skills, and support have brought added value to the position of president-elect. She has been such a rock for me during the transition and tidal waves at my work, my health problems, and spearheading the strategic planning team. Thanks is simply not enough Sheila.

Thanks to all the board for your support, your challenges, and your willingness to participate in the exercise in which we took a look at ourselves and recognized what we needed to do, change, and accept. I truly respect and admire you all.

Thank you is never enough when it comes to the wonderful AHRA staff: Mary, Holly, the two Sues, Donna, Katheryn, Denyse, and Virginia. You have been so gracious and have worked so hard. Thanks, Holly, for all your editing on the president’s messages. You make it look so easy to write! Mary, many thanks for your support, confidence and eagerness to help me learn and allow me to grow.

continued on next page
THE PASSING OF THE GAVEL

Looking Forward into AHRA’s Future

I send warm greetings as I write my first President’s message to you. I want to thank DiAnne Wallace, J.D. Mace, Mary Reitter, and the Board of Directors for their support this year as I prepared to take the baton from DiAnne.

“Reflections of...the way life used to be.” This is an exciting time to be part of the AHRA. As I’ve worked with DiAnne Wallace and J.D. Mace this past year, I’ve seen a number of big projects come to fruition. I believe these will change the face of the AHRA and our future.

We have just completed a three-year market research study, which involved more than 6,000 members and prospective members across the nation. We have always surveyed our members about their needs and desires, but we have not surveyed non-members to find out why they haven’t heard of the AHRA or are not members. This information is vital for the board to make decisions about how to use our membership dues wisely. As a result of this survey, the board has the data to make decisions about the priorities for our organization.

This national certification program is also the culmination of more than two years of work. Thanks to the assistance from Kodak, this project has been on a fast track for the last year. The first exam will be administered at the annual meeting next year in New Orleans, Louisiana.

The AHRA used to participate in Strategic Planning every couple of years. Five or six years ago, many of you remember that the organization restructured itself. The regions were eliminated, and bylaws were changed to reflect the new structure. Since that time the board has been in transition in one respect or another. At the last board meeting, we began a process that will change the way the board governs and operates. In the “old days,” the officers actually ran the organization with the help of a very small central office. In today’s world we have an Executive Director and staff that support the organization. Thus, the board doesn’t have to focus on operations but can concentrate on the future of the AHRA.

When DiAnne asked me to lead the Planning Team this year, I thought it was a great opportunity to plan for my year as president. As a result, we will spend each board meeting discussing our strategic plan. We will use the market research study and other data to guide our organization into the future. I will update you after our board meetings to keep you apprised of this plan.

The way the AHRA governs has not changed very much over the years. This coming year, I have asked our president-elect Mark Viau to lead a team reviewing our bylaws and board structure. We are using a new governance model, which will help to keep the board focused on the strategic plan and the future for the AHRA. I will also write about these priorities as we develop them.

As you can see, the AHRA is a very complex organization. Our most important priority is you, our members. I would like to thank you for the opportunity and honor of serving as your president. One thing that has never changed about this organization is the people—our members. Please e-mail or send me notes. I will be accessible to you and am at your service. See you next month.

Reflections

continued from preceding page

Thanks to Robbie Edge and the entire Design Team and Hachero-Hill. And a big thank you to our commercial partners whose support allows us to come together to learn, network and grow as an organization. A great big thank you goes to all the team leaders and many volunteers during the year. Without you, the AHRA would not be the organization it is today.

By now, you are probably thinking that I sound like someone who just won an Emmy. But without each of these individuals, the president and this organization could not succeed.

Last, but not least, I must thank my husband, Sonny. He has been my biggest fan and supporter. He has worked beside me stuffing envelopes, running errands, and being our mascot, “Honey Do.” He has loved each of you and looks forward to being with you as much as I do.

I just hope and pray that what I did helped to bridge the gap between AHRA’s past and present to its future. I hope that, in some small way, I did make a difference and that the reason you voted for me was validated.

Thank you all and God Bless.
**Calendar**

**Conferences and Meetings**

**Ahra Audioconferences**

**Mentoring—An Aid for Retention & Professional Development**
featuring Melissa Jackowski and Laura Carwile
September 13, 2001
1:00 - 2:30pm (EDT)

**Security Issues and the Radiology Department**
featuring Michael Glagola
October 4, 2001
1:00 - 2:30pm (EDT)

**2002 Annual Meeting**

**Reflections • 30th Annual Meeting & Exposition**
July 28 - August 1, 2002
Ernest N. Morial Convention Center
New Orleans, Louisiana

For information, call toll free (877) 984-6338 or (301) 984-9450, followed by the appropriate extension:

- **Registration & Exhibits**
  - Corey Chandler x17
- **Speakers**
  - Jennifer Leo x16
- **Conference Logistics**
  - Linda Hachero x13

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**Contributions and comments are welcome. Send address changes and all correspondence to AHRA Link, PO Box 334, Sudbury MA 01776 or e-mail publications@ahraonline.org. Reach us by phone 800/334-2472 or 978/443-7591; fax 978/443-8046. Visit us on the Web: www.ahraonline.org. © 2001 by AHRA. May not be reproduced in part or whole without written consent from AHRA.**
AHRA EF to Aid Jobless Members

Have you recently lost your job? Don’t lose your AHRA membership, too! Let us help!

The AHRA Education Foundation has just developed a new “Transition Package/Dues Waiver” program that will allow unemployed members to apply for an extension of their AHRA membership and benefits. Any current member who is unemployed and actively seeking employment in radiology management is eligible (consultants or consulting work excluded).

“We know how valuable the networking and other benefits of an AHRA membership can be to managers who are job hunting, and it becomes especially beneficial to those members who have lost their job,” said Executive Director Mary Reitter. “We want to be able to help those loyal members who happen to be in the unfortunate position of not having a job currently, and thus are unable to pay their membership dues.” Remember: your AHRA membership is transferrable should you change jobs, because it belongs to you, not to your employer.

If you meet the above criteria and wish to apply for a dues waiver, contact the AHRA office at (800) 334-2472 or (978) 443-7591.

It’s All in the Presentation
Got something to say? Well, do it at the 2002 Annual Meeting in New Orleans. The Call for Presentations (i.e. speakers) is currently in the mail to all members, and information is also available online at www.ahraonline.org/annmtg/2002/call.htm. Hurry, though—the deadline is August 31! Call Hachero-Hill at (301) 984-9450 if you need more information or have questions.

Looking for Guidance?
On July 6, the Department of Health & Human Services issued the Guidance to Address Privacy Rule Uncertainties for specific requirements contained in the final Standards for Privacy of Individually Identifiable Health Information under HIPAA. Available online at www.hhs.gov/ocr/hipaa, the Guidance addresses many of the issues raised in the more than 11,000 comments received during the additional comment period offered by DHHS in March. According to DHHS Secretary Tommy Thompson, the Guidance “is an opening step in helping physicians, health care providers, and health plans understand their obligations to patients under the rule.”

Se Habla Espanol?
Then you’re in luck! The American Society of Radiologic Technologists (ASRT) has just added descriptions in Spanish of radiologic examinations to its web site, www.asrt.org. “In order to ensure quality patient care, ASRT recognizes the need for patient information in Spanish,” said Ellen Lipman, manager of professional development products and services for the ASRT. The specific Spanish pages can be found on the web site, under the section “Patients and the Public.” Among the topics listed are computed tomography, intravenous pyelogram, mammography, magnetic resonance imaging, and more.

Desperately Seeking...
Christopher Bower
Ron Kovacs
Linda J. Patricia
If you know the whereabouts of any of the above, please contact the AHRA office. They are current members with not-so-current mailing addresses.

This month’s featured web site is the radiology department at:

Uniformed Services University
http://rad.usuhs.mil/

A very cool, interactive site with no shortage of information. The official radiology site of the Federal Medical University, USU features online lectures, handouts, and distance learning. Unique features include a Brain Lesion Locator and an Eye Motion Simulator. The “Radiology Toolbar” also provides links and information of all things radiology, from a radiology phone book to information on digital mammography research. In addition, the site also includes its own self-contained child abuse homepage.

This feature is designed to enable AHRA members to visit other members’ sites to share and compare, obtain valuable information and to network. If you would like to submit your department's web site, or another that you have seen, e-mail the site's address to:

Link@ahraonline.org
No commercial submissions, please.
Lend Me Your Ear
Practicing Effective Communication

By Paul Thomas

According to the “Book of Paul Thomas,” the three characteristics most instrumental to our personal and professional success in life are Effective Communication Skills, Integrity, and our Ability to Negotiate. It is the first characteristic, Effective Communication Skills, that will be the focus of this month’s article.

On a daily basis, we have hundreds of communication interactions. Our field of expertise or our discipline within the field does not matter—communication is essential to our success. Think about it on a personal level: communication begins the moment we come out of the womb—when we cry for that first breath of air, when we signal the need for nourishment, when we wave our arms and contort our faces, and when we raise our voices—all in an effort to receive attention. We continue to communicate, verbally and non-verbally, for the rest of our lives, until the moment of our death. We use communications effectively and, unfortunately, ineffectively, in our personal and professional lives.

Visualize, if you will, for just a moment, trying to motivate and manage a group of very young softball players or Little Leaguers without effective communication. Without effective communication in directing the action of these youngsters, how could you possibly accomplish anything? The game would deteriorate into chaos. As a manager or employee, we use communication to effectively perform our jobs everyday. Imagine what would happen in our world if we couldn’t communicate effectively. We would be completely ineffective because we couldn’t make good connections.

The keys to effective communication are simple: We must be active listeners, accurate observers, precise appraisers, and limited talkers. Unfortunately, for most people, talking is the dominant activity when it comes to communicating. Yet, it plays the least important role. Active listening requires us to carefully hear, understand, and remember what is said to us. We have to be able to interpret and evaluate as discussions are occurring. If we are not effective at listening, we are not going to be effective in addressing the issues raised, whether it is social conversation, a cocktail party, or directed conversation requiring action associated with the performance of our duties. If we can’t accurately observe verbal and non-verbal communication activities, we are going to miss the message that is being delivered to us. Observing means being able to hear, sense, and feel from a subjective perspective those actions and activities associated with the communication. Proper examinations and precise appraisals require us to objectively measure the communication as it is being presented to us. Finally, talking allows us to respond to the issues, ideas, and concepts that we have actively listened to, observed, examined, and appraised. So, talking takes up about 20% of the active communications activities.

The art (and it is an art, much more than a science) of communication is simply about making a connection. It relies on a person’s ability to listen, frame, identify, diagnose, prescribe, take action, provide feedback, and then start the process all over again. You can adjust each of these steps relative to your discipline, but each step must occur in one form or another. In the area of customer/patient service you might listen and frame the issues; then, briefly and cautiously, express empathy. Next, you would mentally identify and diagnose the issues and then isolate the problem. Then, you would prescribe actions and move to correct the issues raised. Finally, you would listen and provide feedback, adjust, listen some more, and determine if the stakeholder is satisfied. Remember, making connections is what communications is all about. I have seen more connections severed by talking too much than could ever occur by listening. We have all heard the story of the salesperson who talked so much during a sales presentation that they missed all the buying signs the prospect was communicating. When the salesperson first walked in the room for the closing meeting, the prospect wanted to do was end the meeting, not buy anything.

Unfortunately, in my career I have witnessed this type of behavior. Effective communication is such a powerful tool, and ineffective communication is equally destructive. There is a quote that I learned years ago that is ageless. It is a fitting end to an article about the power of communication:

The tongue is but three inches long; yet, it can kill a man six feet tall.
—Author Unknown

Paul Thomas is the CEO of The Thomas Group, Ltd. He is a regular columnist for Pl@qthld.com.
The Long and Shortage of It

Hospitals aren’t the only ones feeling the staffing crunch

By Gail Nielsen, FAHRA

This year the American Hospital Association (AHA) is giving considerable effort to understanding the nation's hospital workforce shortages. The AHA is conducting its second annual “Healthcare@Work” study of employee commitment, collecting data and reporting it later this year. In April, the AHA held a symposium entitled, "Solving the Healthcare Workforce Shortage—Innovations from the Field," in Washington, D.C. Approximately a hundred state healthcare representatives, and hospital and healthcare organizations' CEOs from around the country attended. The Health Professions Network (HPN) spoke of how the shortages also affect allied health professionals.

HPN’s Kristen Waterstram-Rich, CNMT, was one of three speakers on a panel consisting of representatives from nursing and pharmacy and allied health, with the presentation, "There is More to Healthcare Than Doctors and Nurses—Allied Health is in Crisis, Too." Asked to suggest practical solutions to the healthcare shortage problem, Kristen set the stage by describing factors affecting the shortages in allied health, such as demographics, low interest in the allied health professions, and workplace issues such as lack of trust and apparent preferential treatment of nurses. She also suggested practical solutions to help address the situation.

Waterstram-Rich also noted that:
- Allied Health is approximately 200 different professions representing 60-70% of the healthcare workforce.
- Shortages in the allied health workforce are due to aging of the workforce, decreased enrollment in education programs, personnel retention issues, low salaries, unequal treatment of personnel, workplace environmental issues, and lack of trust in the employer.
- Decreased student enrollment in allied health education programs is due to changes in society, growth of competing jobs such as the computer industry, closure of programs due to low enrollment and costs of maintaining them, workforce shortages affecting the clinical setting and workloads, and professionals discouraging students from entering their fields because of their own workplace dissatisfactions.
- There is lack of trust between the allied health workforce and health facility administrators. Allied health professionals have foregone salary increases while nurses receive increases greater than the cost of living.
- The government is seemingly unaware or unsympathetic: bills are being introduced to correct nursing shortages while similar shortages exist in many allied health jobs.

To encourage the AHA to tackle these obstacles, Waterstram-Rich and the HPN suggested that AHA:
- Offer educational initiatives for allied health employees such as tuition incentives, stipends, or tuition reimbursement
- Develop internal career pathways
- Don’t eliminate travel and education opportunities as first cuts during budget crunches
- Keep salaries competitive—allied health professionals often have education backgrounds comparable with nursing, yet are paid $5 less per hour
- Work with area schools to implement K-12 school to work transition programs
- Provide clinical education sites
- Provide housing for out of town students
- Provide stipends in return for work commitments
- Provide venues to keep faculty current in clinical settings
- Work with allied health programs to help recruit students and promote career awareness
- Display awareness during professional weeks, not just for nursing
- Promote innovative department and workforce management
- Look to clinical best practices

Allied Health Connections is a regular feature in Link. For further information about HPN or the recent symposium, contact Gail Nielsen at isgail@home.com.

On the Web

www.acronymfinder.com

To say that the radiology world is full of acronyms is like saying Bill Gates is computer-literate. This consummate acronym resource (145,000+ items) is searchable by both acronym (TCP, for example) and name (Transmission Control Protocol), offering multiple options (when available) for each entry. A search of “AHRA” returned six names—can you name the other five?

Do you have a favorite site that you’d like to share? E-mail Link@ahraonline.org or fax to (978) 443-8046.
Communication

continued from page 1

well.

Recently, I wasn't feeling well, and my husband offered to go to the supermarket for me. Once I recovered from the shock of this offer, I rattled off the items we needed: milk, bread, three toothbrushes, etc. He replied affirmatively, and off he went.

Now for you newlyweds, here is a bit of advice: If you ever send your husband out to shop, WRITE A LIST. Don't leave things to his memory or to chance. This is why: My husband returned from shopping with way too many bags for the number of items I asked him to buy. But I needed to be careful here, realizing that I had to weigh my words and not freak out, on the outside chance that I might need him to go shopping again some time in the future.

Before he left, I had looked at the store's sales flyer. Toothbrushes were on sale at three for $4.00. This was the vital information I had forgotten to communicate. He came home, proudly beaming, with three heavy duty, battery operated toothbrushes, priced at $19.99 each, along with a super-sized package of batteries, which will keep us happily brushing till the bitter end. (Batteries, on sale, were $7.99.)

As I started to explain that $68.00 for toothbrushes, not counting future expenses for the replacement heads, was not what I had in mind, he countered with reports from the American Dental Association (printed on the toothbrush package). I retorted with the virtues of saving energy resources by using our muscles to brush rather than batteries, and he explained his theory that the power in the toothbrushes was equivalent to that of a Ford F350 Power Stroke Diesel Engine with a Banks Turbo Charger, and that our measly muscles could never do as good a job. I gave up. He clearly felt strongly about this.

But my point here is this: Communication is vital, and perception is reality. The two examples I've given weren't life threatening (although in the case of my husband, it was getting close!) As radiology administrators, it's mandatory for us to document everything, from patient information to employee situations to how cold the refrigerator is in our lounge. And at times, this may seem to be really stupid. But think about it: How many times has a patient called to schedule an exam, supposedly reading from the prescription form only to arrive for the test, which is not what the doctor had ordered?

Clear written and verbal communication is vital for the safety of all involved. It may seem cumbersome, but think of the protection it affords. And when it's impossible to write things, we must be sure that we are being as clear and succinct as possible. In our field, lives may be dependent on it.

For those of you with an MRI Scanner, there are safety issues that must be communicated daily in order to protect lives. Do you have a pacemaker? Is a question that people laugh at, but if anyone ever misunderstood this, or thought that you were joking and answered incorrectly, it could be a real problem.

Then there's the story about the employer who was sued for unlawful dismissal when an employee who was given a raise that he didn't deserve was later fired. This was because of poor communication. The employee understood that he was doing his job correctly because of the raise, and the employer thought that giving the raise might motivate the employee to do better. Guess who won in court?

So remember—as radiology administrators, spouses, parents, and all the other roles we fill, we must communicate clearly on all fronts—work, home, and even at play. Mean what you say, and say what you mean.

Hazel Hacker just won the Nycomed Amersham Award for Excellence, the Outstanding Article Award for Link, and an ASHPE Bronze Award for Best Contributed Column. She is a member of the Annual Meeting Design Team and a regular writer for Link. Her “Hot Topics in Imaging Centers” column appears bi-monthly. Hazel can be contacted at hazelhack@aol.com.

Outstanding!

Hazel Hacker is the 2001 recipient of the inaugural AHRA Link Outstanding Article Award. Hazel’s “Thank Goodness for Chocolate” article, which appeared in the February issue, received the most first place votes of many very deserving articles.

The same article also appeared in an issue of RT Image, who reprinted it after reading it in Link. Hazel has been a regular columnist for Link since the fall of 1999. Among her numerous volunteer duties for the organization both throughout the year and at the Annual Meeting, Hazel also makes time to write for Convention Daily, the on-site newsletter at the Annual Meeting.

Please congratulate Hazel at hazelhack@aol.com for her dedication to AHRA and her humorous, insightful articles that appear in Link. We are proud and fortunate to have her among us.

-HV
Congratulations to the following recipients of AHRA’s 2001 Awards. Winners were honored at the recent Annual Meeting in Las Vegas.

**Gold Award**
Gordon Ah Tye, FAHRA

**President’s Award**
Debra Platt, FAHRA
Bonnie Wold, FAHRA

**Link Outstanding Article**
Hazel C. Hacker
“Thank Goodness for Chocolate”

**Radiology Management Editorial Awards**
**Outstanding Article Award**
Gary Reed & Deborah Hobe Reed
“The PACS Committee: The All-Important Human Element”

**Creative Management Award**
Penny Olivi & Rose Stike
“Developing a Self-Learning Training Program for RIS Computer Skills”

**Outstanding Column Award**
Gordon Ah Tye
“Gunfight at the PACS Corral”

**AHRA Fellows**
Sandy Anderson, FAHRA
Roger Rhodes, FAHRA

**Pioneer Award**
Kodak Health Imaging

**AHRA EDUCATION FOUNDATION**

**Nycomed Amersham Awards for Excellence**
Beth A. Beaudin
Hazel C. Hacker
Fred P. Harris
Nancy L. Hughes
Merle C. Peterson

**Osborn Scholarships**
Dana R. Hutson
Julie H. McQueeney
Beth Sutton

**Link Wins National Award**
For the second consecutive year, Link has won the Award for Publication Excellence (APEX) in the category of Best One Person Produced Newsletter.
AHRA Launches New Certification Program
continued from page 1

test this spring. Eligibility criteria for administrators wishing to take the initial exam are still being determined.

The idea for the program evolved nearly two years ago, out of discussions about what AHRA and the AHRA Education Foundation could do for members in the way of education. “The idea for doing something really big actually came from Wayne Langlois at Kodak, who wanted to partner with the AHRA, through the Education Foundation, on a project that could change the face of radiology administration,” explained Mace. Mace also noted that former EF Chair Michael Favreau was actually the first one to approach Kodak (who is a long-standing contributor of significance) about significantly raising the bar for Foundation contributors. Kodak liked AHRA’s idea and proposal, and with the Education Foundation, made it all financially possible. The grant represents the largest corporate sponsorship ever received by AHRA or the AHRA Education Foundation.

“We are pleased to be able to provide funding for this certification program,” said Richard F. Cimino, General Manager, Americas and Vice President of Eastman Kodak Company. “We believe it will help identify outstanding achievements made by individual radiology administrators and showcase the value radiology administrators as a group bring to their health care organizations.”

Mace spoke of AHRA’s gratitude: “We want to express our deep appreciation to Kodak for their willingness to help us fund this ambitious program, which will have far-reaching effects for radiology administrators and others involved in the delivery of imaging services,” he said. For Kodak’s unprecedented and magnanimous commitment, Mace presented the company with the Education Foundation’s first-ever “Pioneer Award,” which recognizes outstanding contributions to enhancing the profession of radiology administration.

AHRA is currently working on program details such as cost, eligibility, frequency of the exam, and exam questions. Information will be disseminated as soon as it becomes available.
**Director of Radiology**

Witt/Kieffer, Ford, Hadelman & Lloyd has been retained by a 540-bed acute care hospital in Harlingen, TX to assist in the recruitment of a Director of Radiology. This position reports directly to the Vice President of Clinical Services of VBMC.

The successful candidate will possess a bachelor’s degree in business administration or health. Clinical certification (AART) is required; current Texas State license (CMRT) or eligibility is also required. Candidate should have a minimum of five years of supervisory experience. Experience in developing and supervising a freestanding outpatient imaging center is preferred. Experience and/or knowledge in implementing PACS is preferred.

If you are aware of qualified individuals who may have an interest in hearing more about this opportunity, please contact:

D. Brad Horst  
Witt/Kieffer, Ford, Hadelman & Lloyd  
10375 Richmond Avenue, Suite 1625  
Houston, Texas 77042  
713/266.6779  
713/266.8133 (fax)  
Email: bradh@wittkieffer.com

All inquiries will be held in strict confidence.

**Radiology Directors/Managers**

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