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MTMI Medical Technology Management Institute

The CAMRT News is the official member newsletter of the Canadian Association of Medical Radiation Technologists (CAMRT). It reaches approximately 12,000 members within the field of medical radiation sciences.

Advertising: For information about advertising rates in the CAMRT News, please contact us at 1-800-463-9729 or by email at **jmcgregor@camrt.ca**. See below for issue deadlines.

Submissions: Do you have a story idea or a topic you would like us to write about? We welcome your feedback and suggestions.
Please email us at **jmcgregor@camrt.ca**.

Issue	Submission Deadline	Mailed Out
Number 1	December 5	Last week of January
Number 2	March 5	Third week of April
Number 3	June 15	Last week of July
Number 4	September 7	Third week of October

In this Issue

On the cover... CAMRT AGCs over the years: 1944 AGC program;1944 at the 3rd AGC; Henry Simpkins & John Brodie pictured at the Windsor Hotel in Montreal- 1945; 2009 AGC, Vancouver; 1972 AGC, Montreal; 2016 AGC, Halifax.

President's Message

On the occasion of the CAMRT's 75th Annual General Conference (AGC), it is a time to reflect on how gathering together has helped our profession thrive and grow in Canada. With this impressive number as a testament, AGCs have been an important annual event for MRTs for many years. They have enabled our collective growth, within our own and across other areas of practice, encouraging a collaborative spirit and mutual respect for the four MRT practice areas of our association.

For me, personally, an AGC has always been filled with excitement; from visiting different parts of the country, to learning about the newest developments in the field and, of course, to meeting professional colleagues who have become good friends. I am eagerly looking forward to being in Ottawa this year for our 2017 AGC, run in partnership with the OAMRS. Once again, the education looks thought provoking, the social events promise to be a blast, and to be in Ottawa on the historic 150th anniversary of Canadian confederation will be a special bonus.

Connecting and learning about what is going on across the country in terms of research, education, practice, and opportunities remain an invaluable part of our MRT community. Just as our profession has evolved and grown in ways that we could not have imagined in the 1940s, so too have the possibilities for collaboration.

In 2018, for our 76th year, the CAMRT is moving to a new conference model that I believe will continue to allow us to learn as we always have, but also to extend learning and networking with our professional peers. Going forward we will be collaborating with our natural clinical partners, learning with, from, and about one another in a true interprofessional forum. The goal is that this approach will transfer to the clinical environment, reducing barriers and generating enthusiasm for joining together in practice and research. Opportunities for learning about other areas of practice will continue to be highlighted, whether at the provincial level where CAMRT and provincial organizations will partner, through CAMRT's new one-day national education day, or the ever-expanding universe of virtual content. Furthermore, the governance aspect of the association will be enhanced using a new approach that will be *in-person and virtual*, bringing together MRTs from across the country to the Annual General Meeting. To read more about our plans for 2018, please see page 6.

It is truly fitting that our 75th annual gathering takes place during National Volunteer Week. The AGC itself is founded on many volunteer hours from dozens of generous professionals from across the country, and it has been this way since 1943. More than just the AGC, I cannot say enough about the value of and contribution made by volunteers to CAMRT as a national representative body. Our volunteer base stands out in comparison to other professional associations. Whether it is organizing the AGC, producing practice guidelines, exam validation, advanced practice, advocacy or leadership initiatives, it is simply amazing and encouraging to me that MRTs are so engaged in developing and defining their own profession.

Volunteering is about giving, but the personal positive impact is surprising and immeasurable. In fact, it is everyone's past contributions to the profession that have made us all stronger over these 75 years. For those of you who have yet to volunteer for your profession I would encourage you to get involved; there are many opportunities at both CAMRT and your provincial organizations. I am sure you will find it rewarding, as I have, and those coming after us in this profession will once again be thanking volunteers for their efforts in another 75 years. Be sure to read the inspirational quotes from several of our volunteers on page 12 to hear about their experience volunteering with CAMRT.

"It is simply amazing and encouraging to me that MRTs are so engaged in developing and defining their own profession."

Link up with me on LinkedIn or follow me on Twitter @KarrenFader!

Evolving Practice

The Development and Piloting of a National Advanced Practice Certification Process

Evolving Practice is an ongoing series that explores the ways in which Canadian MRT practice is being shaped by innovation and change. In this instalment we outline the development and piloting of a national advanced practice certification process for radiation therapists in Canada.

The development of a national certification process for advanced practice (AP) is an important milestone in the push towards advanced practice in medical radiation technology. This past year, the CAMRT moved even closer to achievement of the goal with its pilot of the certification process for Advanced Practice Radiation Therapists (APRT). This process, consisting of three phases of evaluation, was developed by the CAMRT to set the bar for a recognized and transferable AP designation program in Canada. After extensive work, including establishment of a national consensus competency profile, and blueprinting and development of assessment criteria, the program was launched as a pilot for three candidates in August 2015.

Since that time, the three candidates have navigated a series of submissions and assessments bringing them (and the pilot) to near completion in early 2017. Below is a description of the phases of assessment for this rigorous process:

Phase 1: Portfolio submission

In the first phase of the process, candidates submitted extensive and varied evidence to speak to the 17 competencies listed in the Clinical, Technical and Professional sections of the APRT Competency profile. The submitted evidence showcased the breadth and depth of each candidate's scope of practice, and included third party evidence, chart audits, and publications, to name a few. Upon submission in December 2015, assessors judged the evidence against the performance indicators for each competency for an overall pass or fail in each competency section.

Phase 2: Patient case submissions

In Phase 2, candidates submitted a series of patient cases from their past five years of extensive clinical experience. Candidates chose cases (5-10) to highlight their experience and expertise in the identified clinical and technical competencies. All candidates submitted their cases in April 2016.

Phase 3: Competency-based oral examination

A truly innovative phase of the pilot program is the virtual oral examination, where candidates are remotely examined by a panel of four examiners and moderated by a facilitator, all in different geographical locations across Canada. In June 2016, all three candidates participated in the oral examination, testing their knowledge related to all 17 competencies on the APRT profile.

A series of standardized case scenarios form the basis of questioning for competencies in the clinical and technical domains, whereas professional competencies are evaluated through discussion of the candidate's own experiences and portfolio.

Throughout the pilot, CAMRT has documented and studied all aspects of the certification process. Many lessons were learned throughout the process, for candidates, assessors, and developers alike. Using these findings, CAMRT has fine-tuned and recalibrated each stage of the process, from application to examination, and a better process has emerged as a result. More information will follow in future communications with regards to certification and pilot results.

Once the APRT pilot program process is complete, certification will open to applicants. This is expected in June 2017.

What is Advanced Practice?

Advanced Practice in medical radiation technology is defined as a higher level of practice wherein clinical responsibilities routinely exceed the current principle expectations of practice.

Advanced Practice roles require analytical skills to synthesize evidence-based knowledge to autonomously work towards optimal patient outcomes.

The Advanced Practice MRT is able to practice in these roles due to their advanced clinical and theoretical knowledge, skill, and judgment acquired through a relevant graduate level program or equivalent.

For more information visit: http://www.camrt.ca/mrt-profession/professional-resources/advanced-practice/.

Renewing CAMRT's Approach to **Conferences and Events**

Submitted by Karen Morrison, Director of Membership & Events, CAMRT

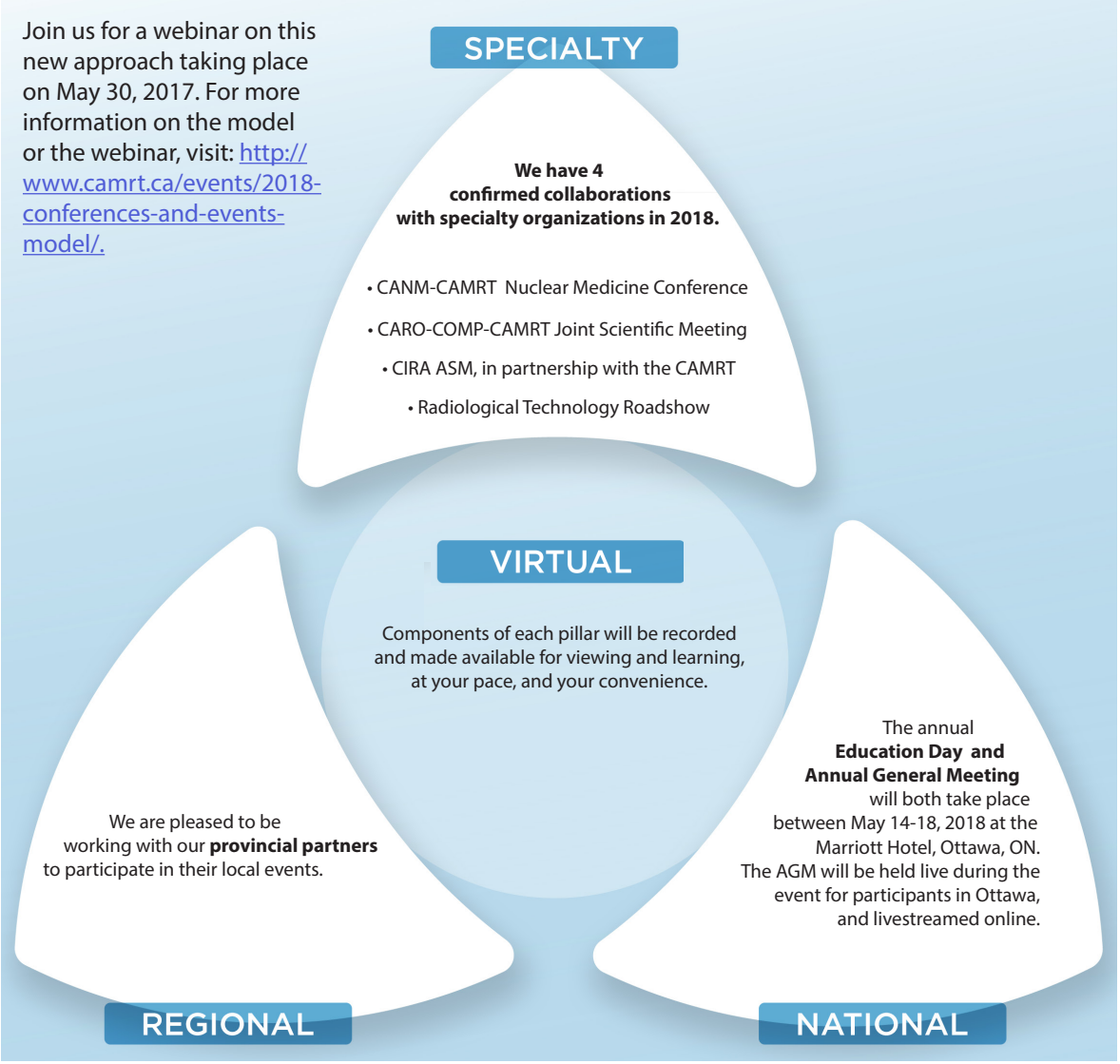
Over a number of years, conference attendance had been declining – changing member demographics, funding constraints, out-of-province travel restrictions, limits to time off work, and the reality of the geographical separation between the provinces have all contributed to the gradual decline of national AGC attendance. In a very successful year, of our 12,000-strong membership, only a few hundred were still finding the means to attend.

Although the quality of the educational and social experience of the conference was never in doubt (most who could attend raved), something had to be done to benefit more members, more often.

It was from this starting point, in 2014, that the CAMRT Board sought to find a more equitable approach. Drawing guidance and direction from a national member survey on the future of the AGC, the CAMRT conference and events model was re-imagined to leverage our strong national and provincial partnerships (as well as the ever-expanding possibilities from virtual collaboration platforms) to broaden activities, and deliver education and networking opportunities of the highest quality to the most possible members, while minimizing the barriers of time and money.

In 2018, our activities will revolve around four main pillars: Specialty, Regional, and Governance/National, with a strong integration of Virtual content ensuring access to events in each pillar (events are listed and explained on the following page).

Join us for a webinar on this new approach taking place on May 30, 2017. For more information on the model or the webinar, visit: http://www.camrt.ca/events/2018-conferences-and-events-model/.



Specialty:
We have 4 confirmed collaborations with specialty organizations in 2018:

2018 CANM-CAMRT Canadian Nuclear Medicine Conference, March 22-25, 2018 at the Marriott Pinnacle Hotel, Vancouver, BC
2.5 days built in a spirit of inter-professional collaboration between technologists, physicians, and the team as a whole.

2018 CARO-COMP-CAMRT Joint Scientific Meeting, September 10-15, 2018 at the Sheraton Hotel, Montreal, QC
A three-way collaboration aimed at all the healthcare professionals involved in the care of oncology patients.

2018 CIRA ASM, in partnership with the CAMRT, May 31-June 2, 2018 at the Westin Hotel, Calgary, AB
2.5 days including specialized content aimed at interventional radiology (IR) techs, and the IR healthcare team.

Radiological Technology Roadshow, dates TBA
A collaboration with radiology groups to deliver a travelling roadshow with stops across the country.

In addition, discussions are ongoing regarding the possibility of a joint conference in the area of MRI for 2018. Stay tuned for details as they develop.

Regional:
Our provincial partners are also hard at work planning their own activities for 2018, and we are pleased they have all welcomed CAMRT participation in their local events. Dates and details will be posted on camrt.ca/events and in the E-News as they become available.

Governance/ National:
The annual Education Day and the Annual General Meeting (AGM) will take place between May 14-18, 2018 at the Marriott Hotel, Ottawa, ON. This event will bring together various annual meetings, a multidisciplinary education day and the AGM. The AGM will be held live during the event for participants in Ottawa, and livestreamed online.

Virtual attendees will be able to participate fully by asking questions and voting on motions.

Virtual:
Live virtual events, and events recorded for future viewing, will provide true flexibility and an expanding selection of high-quality CPD that you can access wherever and whenever you choose. Components of each pillar will be recorded and made available for viewing and learning, at your pace, and your convenience. No carry-on baggage required!

2018 is shaping up to be a full and varied suite of events, with something for everyone. We are committed to bringing high quality educational activities and to reaching more members, more often. We hope that you will come on this adventure with us and as you try things out, that you will help us to shape the future of conferences and events at CAMRT by letting us know how we're doing.

Feedback can always be sent to the Council at nac-ce@camrt.ca (see box below) or directly to kmorrison@camrt.ca.

In collaboration with CAMRT staff, the **National Advisory Council on Conferences & Events (NAC-CE)** is responsible for reviewing and evaluating the effectiveness of CAMRT conferences and events, and for recommending changes on an ongoing basis. Remaining abreast of changes in the health environment, they will also advise on future plans and priorities, all the while ensuring our activities provide valuable learning opportunities, physical and virtual, for all members.

Maria Lurigo-Boyd, RTR, RTMR
Angela Cashell, RTT, MSc
Nicole Deveau, RTR, CTIC
Pam Hoeschle, RTR
Robert Kamen, BA (Econ), RTNM
Jeremy Phipps, BSc, RTNM, CTIC(N)
Michael Osborne, MRT
Dana Robertson, RTR, CBI
Jenny Soo, RTT, AC(T), MEd
Shaheeda Suleman, RTR, RTMR

CANADIAN WINTER SCHOOL
ÉCOLE D'HIVER CANADIENNE

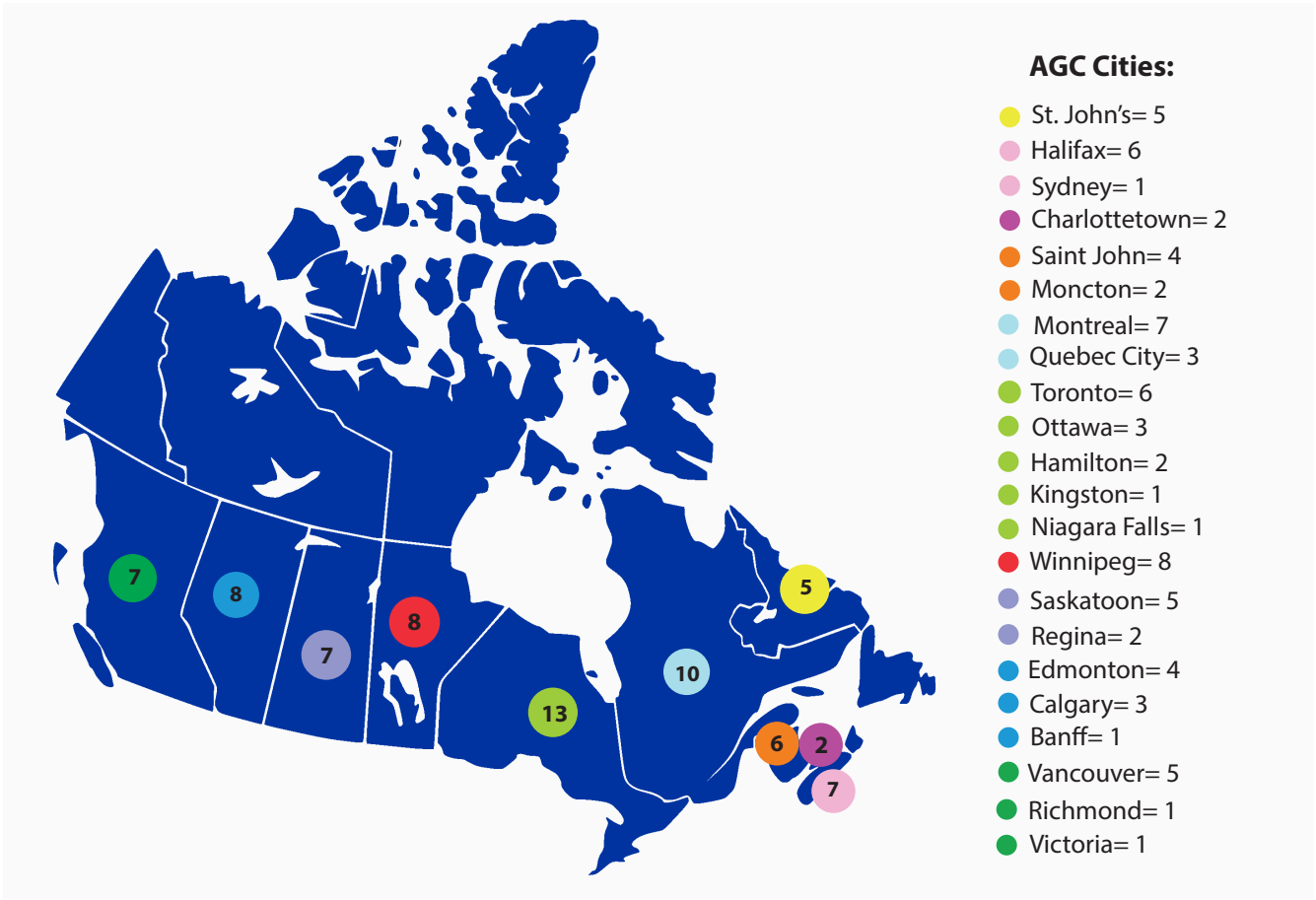
COMP Winter School Focuses on Medical Imaging!

The 8th Canadian Winter School was the first to turn its focus to topics in Medical Imaging. Organized by the Canadian Organization of Medical Physicists (COMP), and a multidisciplinary committee of physicists, MRTs and radiologists, the event took place in Montebello, Quebec this past February.

The presentations this year focused on many of the hottest topics in medical imaging. CAR President **William Miller** and CAMRT member **Stephanie Schofield** spoke on their respective experiences with clinical decision support for appropriateness, another hot trend that affects MRTs across Canada. CAMRT Life Member, and OTIMROEPMQ CEO, Alain Cromp presented on Canada Safe Imaging. CAMRT member Darren Oczkowski gave attendees a valuable overview of merged modalities, including the challenges these pose to all stakeholders. And in a look to the future, **Dr. Ross Mitchell** gave insight into emerging developments in artificial intelligence and machine learning, asking how it will affect medical imaging going forward.

The MRTs who attended noted that it was a great educational and collaborative event. All the presentations from the 8th COMP Winter School are available for download at the **event website**.

Celebrating 75 Years
of National Gatherings



This year, CAMRT marks 75 years as an association – in this issue we look back at some of the highlights from annual general meetings and conferences held across Canada over the years, including the very first conference held in 1943!

For more information about our year-long celebration of this anniversary, including quizzes, photos and memories from members, be sure to visit our website at http://www.camrt.ca/about-camrt/history/.

1943 – Toronto (ON)
The first annual meeting was opened with a speech from Dr. Conboy, Mayor of Toronto. As of this first meeting, the number of active members was 386. It was at this meeting that the purpose and goals of the society were laid out, and an emblem and a motto were chosen.

1953 – Toronto (ON)
The first international convention of the CSRT and ASXT (the American society) was held in Toronto – hotel prices were listed as $6.00 per person!

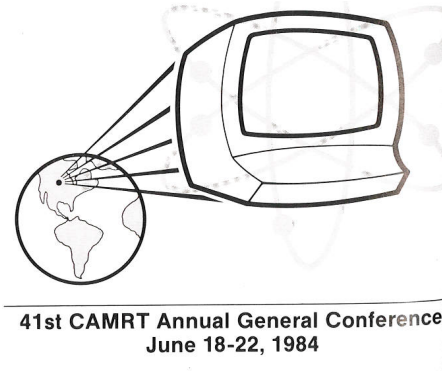
1954 – St. John (NB)
At the annual meeting, a therapy resolution proposed that a separate set of exams be prepared for technicians doing therapy work only, in order to qualify them as "Registered Therapy Technicians". The first two disciplines were born from this decision.

1962 – Saskatoon (SK)
At this meeting, the members discussed a report dealing with "isotope technician" training, and learned the majority of users of radioisotopes in Canada were in favour of formal instruction for this group. It was agreed that the report be placed in the hands of the CAR: "It is gratifying to know that through the actions of our members at the 1960 meeting in Edmonton we have been instrumental in bringing the matter of handling of radioisotopes by paramedical personnel into sharper focus and placing it in most capable hands for solution." It took several years, but eventually isotope technicians too got a separate certification exam.

1969- Toronto (ON)
At the annual general meeting, it was reported that the society journal (then known as the Focal Spot) was removing provincial news to the Newsletter, making it a more professional publication. They also requested that student members be granted access as this group would derive benefit from reading the journal, not only in gaining technical knowledge but in attaining a feeling of "belonging" to the society. This practice continues today!

1984 – Winnipeg (MB)

The Welch Lecture in 1984 was entitled "2020" and pondered where "our Association, the professionals it represents, and our technologies will be in the year 2020 – only 36 short years from now…" and emphasized our responsibility to "predict, to plan and to set the stage for the future."



1986 – Calgary (AB)

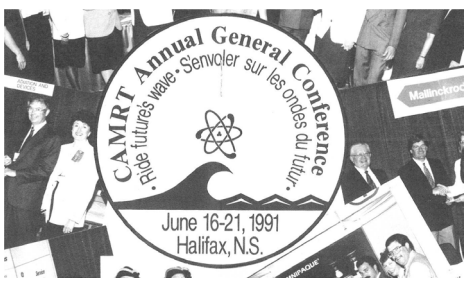
Take a look at the 1986 conference planning committee!


1986 CONFERENCE COMMITTEE

(Left to right) Foreground: Brenda Berringer, Continuing Education — Jeeven Pannu, Transportation. Seated: Susan Curtis, Co-Chairperson — Larry Curtis, General Chairman — Brenda McFadden, Co-Chairperson — John Deschamps, A.A.R.M. Standing: Diane Brocklehurst, Scientific Exhibits — Fred Kazak, Properties & Commercial Exhibits — Judy Biegonski, Social — Erin Freed, Registration — Jean McLellan, Hospitality. Missing from photograph: Jane Brown, Publicity and Jane Wiggins, Finance.

1991 – Halifax (NS)

During this conference, the position that intravenous injection of contrast agents by technologists be a delegated act was supported, with guidelines and a position statement to follow. A process for certifying non-Canadian technologists was also approved during this meeting.



1995 – Montreal (QC)

This conference theme celebrated Roengen with the tagline "His Vision Changed Ours".

1996 – Edmonton (AB)

At the 1996 Annual General Meeting, CAMRT members voted that magnetic resonance would become a separate discipline within the association. Effective 1997, members who earned their CMRs were eligible to use the new designation "RTMR."

1997 - Saint John (NB)

The Board of Directors at the 55th Annual AGC in New Brunswick.

2001 – Regina (SK)

Pictured are the Board of Directors during the 2001 conference. See anyone you know?

2005 – Charlottetown (PEI)

An image from the conference poster. At this conference, the first mission statement, vision statement and core values were proposed.

2007 – Ottawa (ON)

The conference committee sporting matching CAMRT gear onsite.

2009 – Vancouver (BC)

A table of members enjoying the President's Banquet at the conference in Vancouver.

2013 – St. John's (NFLD)

President Amanda Bolderston with President-Elect Deborah Murley, and board members Brenda Badiuk and Wendy Martin-Gutjahr, ready to attend the President's Banquet.

Transcending Cultural Divides
Over X-rays and Chai

An MRT's Journey to Pakistan for Doctors Without Borders

Submitted by Lauren Shandley, RTR

I have been a medical radiation technologist for nine years and work in both x-ray and computed tomography. I work in a major trauma center and love the adrenaline that a big trauma case evokes. I also have a bachelor's degree in public health and an insatiable need to travel.

Two years ago, I opened my inbox and found an email from my manager. It was a job posting from Médecins Sans Frontières/Doctors Without Borders (MSF) looking for a radiographer. I read the posting and was amazed at how perfect this was for me because it could mix my technical experience in medical imaging, my public health education, and my love for travel. I applied and hoped for the best. The hiring process was long and gruelling but I made it through and was matched for a mission.

In November of last year, I was sent to Timergara, Pakistan for eight weeks to oversee the installation of a new x-ray machine. There was a pit stop along the way in Islamabad at the MSF headquarters for briefings. I was then sent to the market to buy new work attire. I traded in my usual scrubs and sneakers for a shalwar kameez (traditional pant suit) and dupatta (long head scarf).

I worked in the District Headquarters Hospital (DHQ) that serves the Lower Dir District of the province of Khyber Pakhtunkhwa. MSF runs the emergency room, the mother-child health unit, and the newborn unit. The hospital receives a great deal of traumas from the surrounding area and also refers many patients to Peshawar after stabilization. A majority of the patients we x-rayed were paediatric respiratory cases and motor vehicle accidents.

Lauren Shandley on the day of the x-ray opening ceremony

Engineers came from Afghanistan and installed a WHIS-RAD Basic Radiation System, a machine designed for resource limited settings and harsh environments. It has a fixed c-arm that swivels for upright and table work. Its minimal moving parts are ideal in this setting where maintenance and repairs are not readily available. We used the previously installed Fuji CR system and added a network and laptop in the emergency room for viewing x-rays. Five months prior to my arrival the previous x-ray machine was pulled from service. This was an old, donated portable machine that was no longer able to produce diagnostic images and was beyond repair.

The newly installed WHIS-RAD BRS

I had no idea what to expect on my first day of work. All I knew was there were three x-ray technologists I would be working with, a new machine, and a team of engineers waiting for me. I was anxious and unsure of what I had gotten myself into. The weight of my responsibility hit me all at once. It was terrifying.

Our first patient was a paediatric multi-trauma. We were able to get diagnostic images quickly and safely for the ER physicians. Prior to our opening, ER patients were sent across the street to a private imaging clinic for their examinations and those who were too sick to leave the hospital for imaging went without it. The ER doctors were thrilled that an unstable patient was

From (L to R): Qayyum, Majeed & Asghar, the three x-ray technologists

able to get images done quickly and efficiently within the safety of the ER. Besides getting the machine up and running, my goals were to improve radiation safety and image quality through lectures and practical learning. A typical day for me included attending meetings, writing reports, and performing evaluations. In between all that I would head down to x-ray and work with the technologists as they did cases. After each patient, we would review the exam and critique the images. We discussed why and how to adapt cases to fit the high acuity patients they often received. Some of my proudest moments were when I started to see the technologists applying new skills and adapting exams as needed for challenging cases.

Timergara is made up of predominantly Pashtun people. Culturally, females and males do not mix. It is kept minimal and mostly to professional or family interactions. Another big part of the culture is hospitality and chai. Everyday at 10am we would break for chai. The four of us technologists would sit in the console room crowded around a teapot full of the sweetest tea I have ever tasted and a few packets of biscuits. We would sit there with nothing in common but our professions. I was a Western female from a different world intersecting with theirs, three Pashtun men with strong cultural roots, negotiating my presence. Over chai, the technologists would take the time to teach me about Pakistan and their culture. Then they would ask me questions about Canada, my family, and the hospital I work in back home. Through this, we were able to find common threads in our uncommon worlds.

On my last day of work, we sat down and had our last chai. We went around the table and spoke about the highlights of my visit. The last technologist to speak told me that before I arrived in Timergara he had never told anyone what he did for work but, because of me, he is now proud to be an x-ray technologist for the first time. It hit me hard, and took my breath away.

It was the first time that I realized the magnitude of this MSF mission as more than my dream job. I was leaving a legacy in DHQ and Timergara. There is an x-ray department that is up and running because I was there. There will be people receiving better medical treatment because there are x-ray services available. Three men are better technologists because I was there. One man is proud of his profession because I was there. I am a better person because I was there.

RAD-AID — Apply now!

A Nonprofit Public Service
RAD-AID.org
Radiology serving the world

Interested in pursuing opportunities to share your expertise in an international setting? RAD-AID and CAMRT are now accepting applications.

The CAMRT has an exciting new partnership with RAD-AID, a non-profit organization, whose mission is to increase and improve radiology resources in developing and impoverished countries. This Fellowship will establish opportunities for CAMRT member participation in RAD-AID missions around the world. Recipients of this award will join RAD-AID's project teams in international initiatives designed to improve access to quality medical imaging for populations in need.

Please consider applying for this new opportunity to use your skills in service to developing regions of the world. The experience of working in a multidisciplinary team for radiology around the world can be personally and professionally fulfilling as you learn about other cultures and health care systems to use your talents for improving global health.

Learn more about this exciting opportunity, your eligibility and the requirements for application on the RAD-AID CAMRT Fellowship website.

Anne-Marie Lugossy, RTR, the CAMRT RAD-AID fellow in Tanzania

Volunteering, Eh? Celebrating NVW

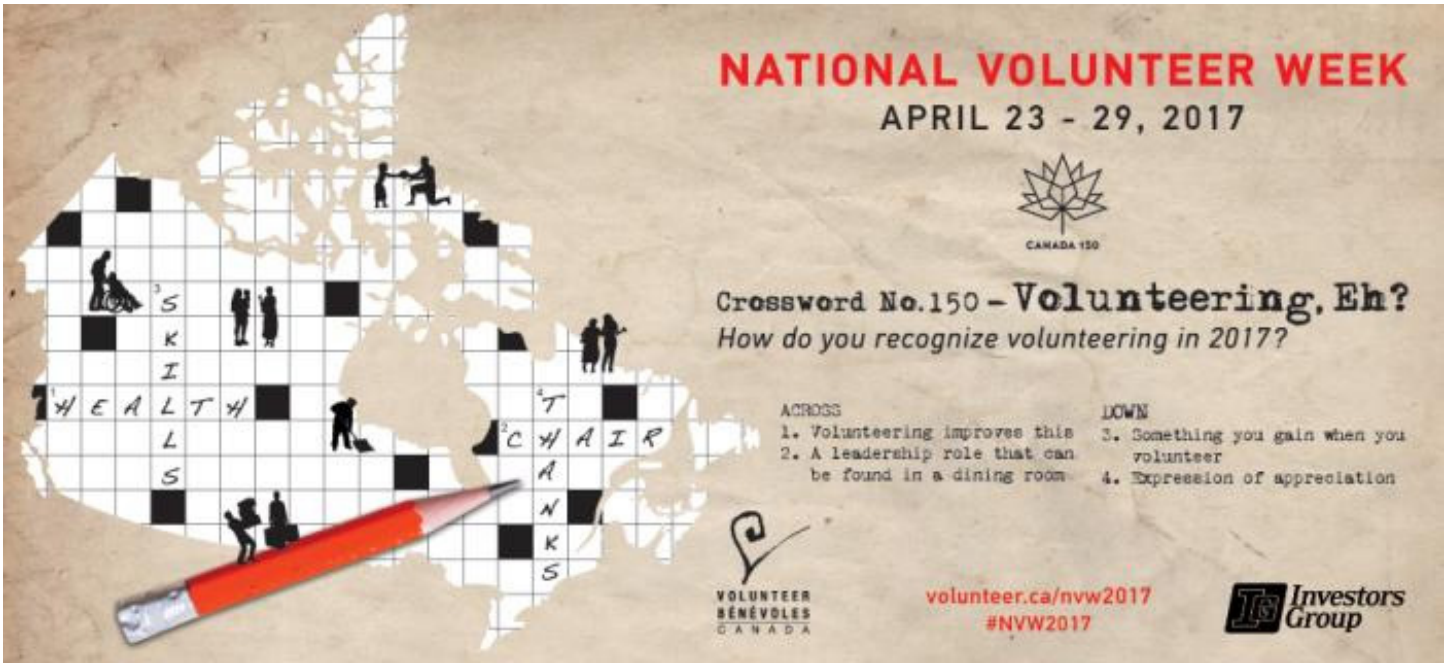
This year we celebrate National Volunteer Week (NVW) from April 23-29, 2017. It is a chance to thank all Canadian volunteers in many fields for 150 years of service. As we all know, volunteering doesn't always mean being part of a committee. Volunteering in many fields comes in various forms, from shoveling someone's driveway, to helping someone cross the road. These are all forms of building a stronger community.

To celebrate all volunteers and to get you thinking more deeply about volunteering, during NVW, Volunteer Canada is releasing a series of crossword puzzles that reveal the impacts, benefits and diverse ways Canadians are involved in communities. Some answers may be obvious, while others may cause you to stop and say: "Volunteering, Eh?" Visit the site for more details : https://volunteer.ca/nvw2017.

However you recognize volunteering in 2017, one thing remains timeless…and that is volunteer efforts create positive impact in communities across Canada.

National Volunteer Week is also a great time for CAMRT to bring to light and express our appreciation for the numerous volunteers that we have working with us. CAMRT thanks our volunteers for helping us build a strong community. The countless hours of donated time to assist with the creation and validation of our highly regarded certification exams, to advise on professional practice advancements, and to enthusiastically promote the profession do not go unnoticed.

This year, we asked volunteers from different committees to tell us in a few sentences about their committee and why they choose to volunteer.



Exam Validation Committee (EVC)
Development of a CAMRT certification exam requires the collaboration of three parties; CAMRT, Assessment Strategies Inc. who facilitates exam development and provides the psychometric expertise, and subject matter experts. Subject matter experts are volunteers who are experts in their disciplines. They are recruited to develop questions for the exam and to be part of the exam validation committee.

EVC - Nuclear Medicine
"I started with questions review and transitioned into EVC. I enjoy working with colleagues from across the country, all of whom share a passion for nuclear medicine, education and training of new technologists and advancing patient care. I am grateful for the chance to give back to the nuclear medicine community."
- **Rob Kamen, RTNM**

Chris Beauchamp, Yardstick facilitator, Elaine Dever DoE CAMRT, Jeremy Jackson, Kim Bernakevitch, Jon Bower Chelsea Curtis, Daniel Lapkoff, Carrie Bru, Rob Kamen

EVC– Radiological Technology

"I became involved in EVC because I had already done both item writing and reviewing and wanted to complete the cycle involved in creating the certification exam. I find it very satisfying and enlightening collaborating with fellow technologists and instructors from across the country. It is a fantastic environment and one that I really enjoy!"
- **Wayne McKenna, ACR, TRT**

Wayne McKenna, Kerri Pilon, Michael Osborne, Lisa Woodtke, Stephanie Lea, Denise Poelzer, Carla Gusa, Sandra Luke, Elaine Dever, DoE CAMRT, Pam Henderson, Kelly Piasentin, Yardstick facilitator

"To volunteer with the CAMRT is the best way I can think of to give back to my profession that has given me so much. Volunteering on the EVC is rewarding and brings the education process full circle for me as an educator. I feel very lucky to part of such an inspirational group of MRT educators. It is a great opportunity to network nationally with like-minded professionals who continually strive to improve our profession. CAMRT makes it easy to get involved with their call for volunteers and application process online."
- **Lisa Woodtke, CBI, RTR**

" I have thoroughly enjoyed my volunteer experience with the CAMRT certification process. I have met so many intelligent, dedicated educators from across the country. As members of the Radiography Exam Validation Committee we have a wonderful opportunity to share our educational practices with each other."
- **Pam Henderson, ACR, RTR**

EVC – Radiation Therapy

"Since graduating in 2009 this was hands down the best/most fulfilling experience I have had as a therapist. It was a really great group to work with and did not really feel like "work" at all."
- **Jack Chisholm, RTT**

EVC- Magnetic Resonance

Chris Beauchamp , Yardstick facilitator, Hardeep Sekhon, Lorry MacDonald, Mike McKechnie, Yvonne Shewchuk, Greg MacLean, Maria Boyd, Brianne Larsen, Elaine Dever DoE CAMRT

Annual General Conference Planning Committee (Ottawa 2017)

"I have been involved with the OAMRS and CAMRT in many ways over the past 35 years. At this year's AGC in Ottawa I am coordinating the volunteers. This is a fun thing to do. I get to meet so many people and I especially like to see young people in our profession becoming involved. Volunteering at a conference is a great place to start. If we, as MRTs, want to be considered professionals, its important that we volunteer with our professional organisations."
- **Jayne Belanger MRT(T), ACT, BSc**

"There are always challenges when organizing a big event such as the CAMRT/OAMRS AGC. As one of this year's conference co-chairs, I cannot put into words the level of appreciation and high regard I have for the volunteers and association staff involved in planning the AGC. This group has demonstrated resourcefulness and resiliency in overcoming any hurdle placed on the path to success. Thanks to these wonderful MRTs and staff, the scientific program is second to none and everyone attending will be elated."
- **André Patry, MRT(T), BSc, B.E.P.S**

«Je suis membre de ACTRM depuis 1994, j'ai toujours été impliqué de près ou de loin dans divers comité d'éducation de ACTRM. Cette année, j'ai bien aimé participer au développement du programme IRM pour le congrès général annuel CAMRT-OAMRS. J'aime bien m'impliquer car il est intéressant de travailler avec d'autre technologue de ton domaine et je considère que la formation continue est essentielle à notre profession.»
- **Serge Gauthier t.e.r.m, t.e.r**

"I got involved with this project because a friend and colleague asked me if I'd be willing to help out. Having chaired our National Sonography Canada conference in 2016, memories of organizing are still fresh. I had the opportunity to reflect on the successes and the failures of the exercise. When someone asks you to volunteer, I look at it as an opportunity to not only help out, but also to enrich my personal and professional life through networking and managing. When you volunteer, you tend to "get" more out of it than you "give". It's through volunteering that I have met some of my closest friends. These are the ones who thrive on sharing their knowledge and skills. I like this quote: "Don't think too much about the task, say yes and get it done."
- **Jane St.Germain, CRGS, CRVS, MRT**

Shelley Colebourne:
Departing CBI Committee Member

Shelley Colebourne *joined the original committee in breast imaging when it began in 2006. Over the years she also participated in the CBI revision committee, and she served as Chair of the committee since 2011. Shelley recently announced her retirement, and we asked her to speak about her years of experience as a volunteer.*

I have seen great changes in this committee. We have always had a group of dedicated mammography technologists who wanted to improve the profile of breast imaging and help those who were learning to achieve quality imaging and patient care. The main accomplishment of the committee was realizing that the structure of the CBI program had to be changed to reflect current practice. The change would give the opportunity for technologists doing only screening mammography or only diagnostic mammography the chance to enter a certificate program aimed at their skill set. We were very pleased with the outcome and have had positive feedback from the members.

I don't even consider this a 'volunteer position'. I think of this as part of being a professional, part of experiencing lifelong learning, and part of just loving my job. I have been a technologist for more than 40 years and have been involved with my provincial and national association for about 38 of those years. It is just part of who I am. The importance of being involved can only be measured in the knowledge I have gained, the participation in the growth of a fantastic profession, and the many, many friends I have made along the way...priceless, I would say.

If you're interested in volunteering with the CAMRT, check out our current opportunities at http://www.camrt.ca/about-camrt/volunteering/.

Interested in the specialty certificate program?

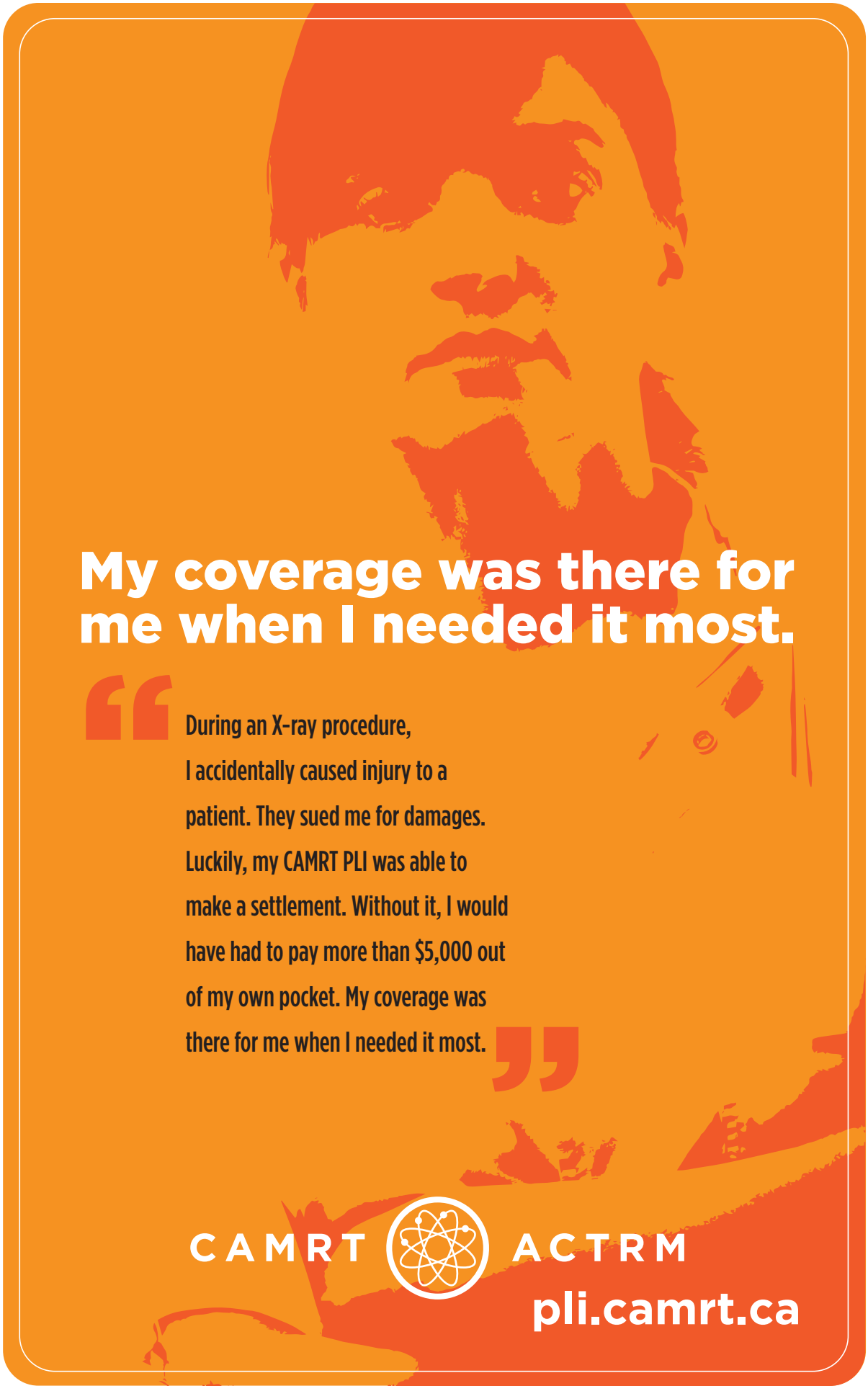
Certificate in Breast Imaging—Diagnostic (CBID)
Prerequisite: Mammography 1, Mammography 2, and Imaging Breast Pathology

Medical radiation technologists (MRTs) who perform breast imaging procedures have a special role in the healthcare of the public. MRTs must be highly competent practitioners excelling in their ability to produce quality images and to manage the patient with care and expertise in a highly technical environment. The Certificate in Breast Imaging – Diagnostic (CBID) program which is designed to provide a means that will provide knowledge and clinical competence will be recognized by a credential that will be sought after by technologists and encouraged and advocated for by employers.

Certificate in Breast Imaging—Screening (CBIS)
Prerequisite: Mammography 1 and Mammography 2

Medical radiation technologists (MRTs) who perform screening mammography have a special role in the healthcare of the public. MRTs must be highly competent practitioners excelling in their ability to produce quality images and to manage the patient with care and expertise in a highly technical environment. The Certificate in Breast Imaging – Screening (CBIS) program which is designed to provide a means that will provide knowledge and clinical competence will be recognized by a credential that will be sought after by technologists and encouraged and advocated for by employers.

For detailed information on these Certificate Programs, please download the Handbook or contact CAMRT Education Department, Certificate Programs.



My coverage was there for me when I needed it most.

"During an X-ray procedure, I accidentally caused injury to a patient. They sued me for damages. Luckily, my CAMRT PLI was able to make a settlement. Without it, I would have had to pay more than $5,000 out of my own pocket. My coverage was there for me when I needed it most."

CAMRT ACTRM

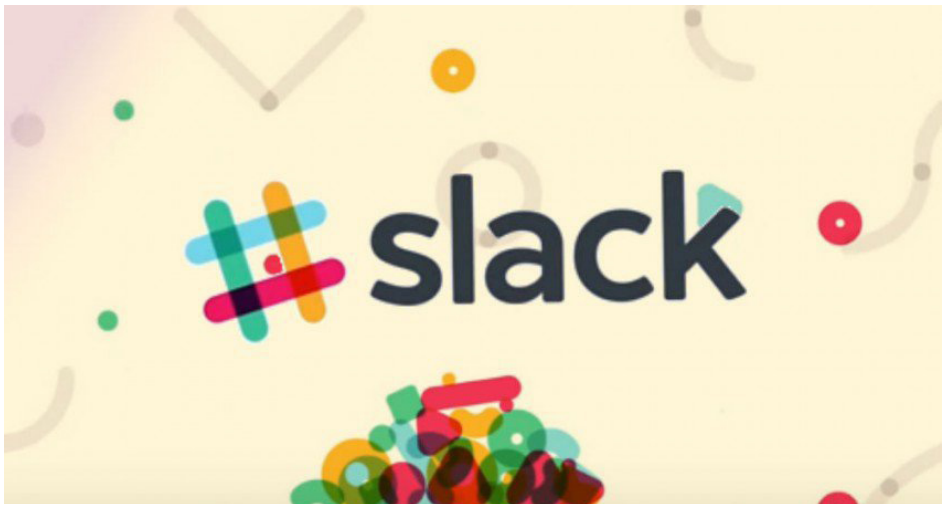
pli.camrt.ca

Communities of Practice at CAMRT

Come join and connect with MRTs across Canada!

Communities of practice (COPs) have been defined and have emerged since the creation of the internet as an opportunity to connect and share information. COPs in different fields develop and exist when there are gaps between the existing knowledge available in documentation and reference materials and the actual problems faced in practice in people's day-to-day lives. Communities come together when there is a group of passionate people with a common topic, or areas of interest. With the amount of technology available in the 21st century, the possibilities for online collaboration have become endless.

"Communities of practice add value to organizations in several important ways. They solve problems quickly. They transfer best practices. They develop professional skills."[1]



CAMRT has identified the need to establish and nurture a platform that will encourage knowledge sharing and knowledge creation for MRTs across disciplines. Over the past several months, the CAMRT and the COP Steering Committee (along with a group of researchers from McGill University who specialize in online collaborations) have been researching and testing potential platforms for a virtual online community to benefit CAMRT members. The purpose of the community is to provide MRTs space to communicate, share information, and develop ideas while providing an interactive online collaborative experience for the users.

Collectively, the Slack platform was chosen to provide a rich and interactive experience for those interested in participating in the CAMRT COPs. The Slack platform allows for dynamic discussions, the exchange of advice and ideas, and will be launched to the extended CAMRT membership in the Spring of 2017. Visiting the following link will provide you a quick video virtual introduction to the "Slack" platform: https://slack.com/is.

"Communities of practice adds value to organizations in several important ways. They solve problems quickly. They transfer best practices. They develop professional skills."

If you are wondering: "Why join?"

The CAMRT COPs are a real opportunity for personal, private, professional collaboration. Ultimately, COPs provide a national tool to discuss and share information, such as files and videos, and information is easily searchable.

The CAMRT COPs:

- Enable nationwide discussions where you can share, learn and connect with other MRTs
- Provide a platform to share files to build the MRT knowledge base
- Are mobile friendly and easy to use on any mobile device
- Will house a member directory with direct messaging capabilities
- Allow personalized profile creation and setting preferences, with no annoying notifications

The Slack platform is intuitive and has useful features and applications. Slack's base functionality works like this…

Channels: Slack's channels help to focus messages, and discussions by organizing by topic.

Public and direct messaging: When you need to send a direct message to one person, Slack provides traditional instant messaging.

Share files: Sharing documents one of the base elements for collaboration. Slack has a large capacity for sharing all types of files, just by dragging, dropping or sharing.

Search: Slack has a refined search functionality to let you find key information quickly.

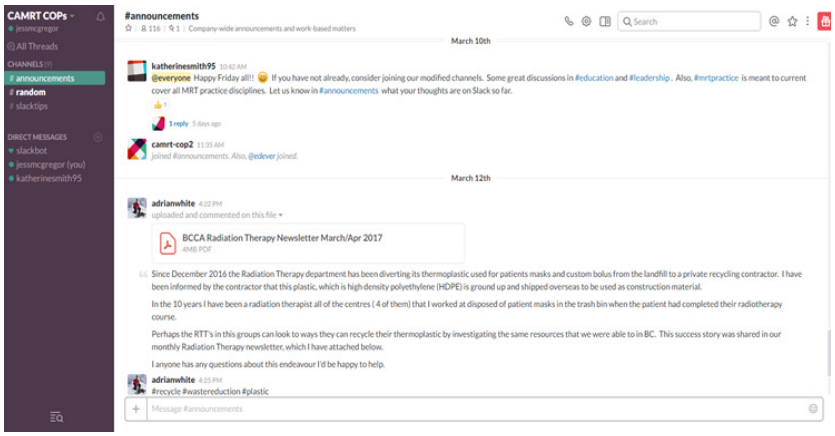
Notifications and preferences: Slack has tried to simplify this by enabling you to fine tune your priorities.

Platforms: Slack can easily be downloaded with your mobile apps.

"Online collaboration apps come and go, but few have caught fire like Slack. The innovative communication solution offers ground breaking functionality that is just too useful to pass up."

Integrations: This is what sets Slack apart compared to other collaboration solutions! Add scores to posts, create polls, upload Googe Drive documents… the possibilities are endless.

You can join the COPs by visiting the CAMRT website at: http://www.camrt.ca/. If you have any questions about the CAMRT COPs or would like to become more involved, please contact: cop@camrt.ca.



Reference

1. *Wenger, E. C., & Snyder, W. M. (2000). Communities of practice: The organizational frontier. Harvard Business Review, 78(1), 139-146.*

A COP demonstration will be held throughout this year's Annual General Conference in the Member's Lounge. Come visit us!

Try a Free CAMRT Webinar!

Earn Category A Credits!

CAMRT is proud to continue Practice Insights — a series of FREE webinars providing insight and education to practicing MRTs on topics of clinical and professional interest.

New webinars will be added throughout 2017 – check out "Gated SBRT for Liver Tumours" , "MRI Pathology of the Abdomen and Pelvis" and "Adult Head Trauma," available now!

Browse offerings from 2016, including "Chest Pathology", "Abdominal MRI", "Patient Safety Culture" and many more!

Join our engaging speakers as they provide a glimpse into various aspects of our ever-changing fields of practice.

Continuing education credit (category "A" credit / hours) are assigned to each Practice Insights webinar. To obtain credit, candidates must successfully complete and submit a post quiz (see the website for more details). Don't miss this great opportunity to earn credits from the comfort of your own home.

PRACTICE INSIGHTS
CAMRT ACTRM WEBINAR SERIES

Have an idea for a webinar you would like to present, or a topic you would like us to pursue?
Contact cmccuaig@camrt.ca!

Provincial Reports

Manitoba

MAMRT recently presented four information sessions on the Association's application for Self-Regulation throughout December and January. The sessions were well attended; so well, in fact, that another session may be presented in the near future.

Don't forget the Annual General Meeting takes place on May 17th, 2017 at 1700 HRS (location TBA). The second Tech Night of 2017, on managing shift work, will take place in March - keep looking for email communication from MAMRT with updates on upcoming events soon. And don't forget to follow MAMRT on Facebook and Twitter @MAMRTPR.

The Fort Whyte Alive Adventure Travel Raffle ticket sales were a great success, and one of our own members won the Grand Prize! Congratulations to MAMRT member Christina Bruce who won an all-expenses paid trip to Churchill, Manitoba. Remember – if you bought tickets yourself, don't throw them out, they're also good for one admission to Fort Whyte Center.

Alberta

2017 ACMDTT Annual Conference
The ACMDTT held its Annual Conference in Calgary on April 7-8. Over 300 people attended Alberta's only professional development event designed specifically for the province's medical diagnostic imaging and therapeutic community.

There were 35 sessions offered throughout the two days featuring acclaimed speakers and facilitators on a variety of key issues. Among the presentations was a thoughtful focus on "Fostering Professionalism through Thoughtful Communication" by Dr. Samina Ali, MDCM, FRCPC; University of Alberta; Professor of Pediatrics & Emergency Medicine.

Participants engaged in networking opportunities throughout the conference and utilized the convenient phone app.

In conjunction with the conference, the ACMDTT held its Annual General Meeting on April 8th and introduced its newly elected Council members.

Diagnostic Medical Sonography (DMS)
The ACMDTT is reaching out to the DMS community in Alberta as it prepares for the impending integration of regulation of DMS, expected to officially be proclaimed by the Government of Alberta in Fall 2017.

A DMS Advisory group has been formed to provide guidance throughout the process, including the development of key messages and strategies to interact with sonographers and their managers, instructors and employers.

The College is actively creating awareness of what is involved and what to expect regarding self-regulation. In-person and video conference presentations are being made throughout the province for the key stakeholders in the public health sector, private practices, and educational institutions. Videos and fact sheets are being produced and will be on a dedicated DMS page on the ACMDTT website.

The ACMDTT will also be active at the Sonography Canada Conference 2017 in Vancouver, BC on May 25-27. The conference is the largest educational and networking event for sonographers in Canada.

The ACMDTT and the College of Medical Radiation Technologists of Ontario (CMRTO) will be doing a joint presentation to the Sonography Canada Board, and will also address the Conference Breakfast audience.

ENP Week
The College promoted ENP Week from April 17-21, developing an increased awareness of electroneurophysiology technologists. Posters and signage were developed for ENPs throughout Alberta; an article on ENPs was published in the ACMDTT Spring newsletter "Internal Affairs" and the week was highlighted on the ACMDTT website.

University of Alberta launches radiation therapy suite
The ACMDTT was pleased to be present as the University of Alberta Radiation Therapy Program launched their radiation therapy suite on February 21. It is possibly the only radiation therapy training suite in the world that has Objective Clinical Examination (OSCE) capabilities.

Branch Spring Meetings
The Edmonton Branch held their spring meeting on March 21 with a presentation by Dr. Pappas from Insight Medical Imaging, discussing pain management injection procedures.

The Calgary Branch had a presentation on the benefits of PeerVue and how to constructively evaluate images during their Spring Branch Meeting on March 15th.

The ENP Spring Meeting was a TeleHealth videoconference meeting hosted by Alberta Health Services on April 4th.

MRT Careers:
Transitioning to Management

This new column focuses on careers in medical radiation technology. We will explore different career paths, offer advice, and talk to those who have made a transition from one area of the profession to another. In this edition, we hear from ***Pearl Duffy****, who graduated from the QEII/ Dalhousie School of Health Sciences degree program in Radiological Technology. She recently moved into a management position, and told us about how she managed the transition.*

My Background

During my 4th year, I completed a specialty practice in CT, which prepared me to transition from a student to a new technologist. My career started at the QEII Health Sciences Center, Halifax, Nova Scotia, in 2006, as a CT technologist. To further my education, I pursued my MRI Certification and moved into MRI in 2009. In 2013, I become an educator in the new MRI certificate program at the QEII/ Dalhousie School of Health Sciences. In that position, I was able to grow my skill set beyond the technical scope of our professions. These additional skills led me to apply for the management position I have been in since June of 2016. This position oversees CT and MRI, a very fitting portfolio for my experience and background.

From Peer to Manager

Out of the many challenges I have faced as a new manager, the ones that stand out the most relate to the change in dynamics between my former peers and my new management colleagues. Working alongside someone, you get to know them and appreciate their work ethic, strengths and weaknesses. As a manager, I am now responsible to support and coach technologists on issues that are positive and negative. This can be very difficult to do, especially when dealing with people with whom you have a history. With my new colleagues, I am still going through a period where I feel they are starting to get to know me, what I am capable of, and what I can offer. My new colleagues not only include those at the hospital I work in, but also those in hospitals across the province.

What I Know Now

To be honest, if I knew then what I know now, I may not have taken the leap! Something I didn't consider before starting this position was the sheer scope of responsibilities and how involved we are with so many different professions outside of diagnostic imaging. For example, we deal with many services that require imaging like the emergency department, specialists (cardiac, neuro, ortho, oncology, etc.), researchers and a variety of physicians. Along with these groups, we also deal with services that help keep our departments running such as porters, housekeeping, administrative staff, vendors and service personnel.

Another key point I wish I knew before was that you cannot please everyone. And that's ok. I have made mistakes along the way and have learned from every single one.

Looking Back…

Something I miss from my previous educator position is the networking. I met so many different people from across the country in a variety of positions within the medical radiation technology education system. It was so beneficial to learn from such a wide range of people. I hope with time I will be able to expand my networking outside the province. There is considerable opportunity for growth; not only as individuals, but also as a group, when we can appreciate different perspectives.

Looking back at my most recent positions, I can honestly say I did not plan for them. I saw an opportunity to try something different to expand my skills and decided to take a chance. Learning something new and challenging yourself can only lead to growth and other possibilities. With that being said, you have to be willing and committed to work hard. Is there a chance you made the wrong decision? Sure there is, but we need to learn what, if any, limitations we have.

…And Moving Forward

I have enjoyed becoming part of a diverse management team and learning from everyone. I like contributing to discussions around issues that affect our department, finding solutions to problems, and helping to improve patient care. It has also been a benefit learning from all the other professions we interact with and discovering how we can work better together.

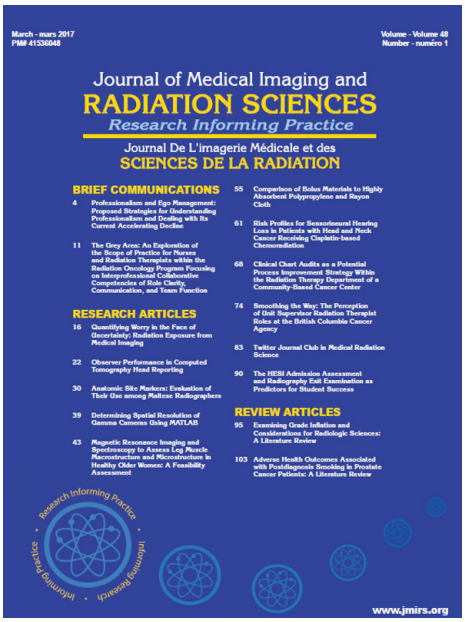
I cannot stress enough the importance of self-growth, and increasing your knowledge base; however, you only get out of it what you put into it. This profession can take you to so many places you may not be able to imagine now, but don't limit yourself—you never know what opportunities will come up.

"This profession can take you to so many places you may not be able to imagine now, so don't limit yourself."

The **CAMRT Career Portal** provides you with convenient access to tools and resources designed to support you at every stage of your career.

Through the portal you can take advantage of our tools and resources, information on career or education planning or simply browse our current MRT job opportunities.

News from the Journal of Medical Imaging and Radiation Sciences



JMIRS March issue now available!

Check out the latest edition of the *Journal of Medical Imaging and Radiation Sciences* at www.jmirs.org – here is a selection of some of the great articles included in this issue:

Professionalism and Ego Management proposes strategies for combating the decline of professionalism in the workplace.

Observer Performance in Computed Tomography Head Reporting suggests that appropriately trained radiographers can successfully undertake to report computed tomography head examinations to a high standard.

Magnetic Resonance Imaging and Spectroscopy to Assess Leg Muscle Macrostructure and Microstructure in Healthy Older Women: A Feasibility Assessment concludes that advanced MR scanning methods can be used for future studies interested in quantifying components of muscle structure in older women, but prospective studies are needed to confirm whether change in microstructure can be detected in response to an intervention.

Comparison of Bolus Materials to Highly Absorbent Polypropylene and Rayon Cloth assesses the utility of a highly absorbent polypropylene and rayon cloth (HAPRC) as a bolus material in radiation therapy. The HAPRC conforms well to irregular contours and is relatively inexpensive compared to Superflab and thermoplastic sheets.

Included along with this issue are the proceedings from the RTi3 2017 conference, which recently took place in Toronto. Although primarily radiation therapy driven, much of the research is interprofessional and transferable to all disciplines. Review the abstracts and connect with the authors to collaborate, share, and engage!

JMIRS Top Papers 2016

We are pleased to announce the Top 5 papers published in 2016 as selected by the Editor-in-Chief – congratulations to all the authors!

- Assessment of Lung Tumour Motion and Volume Size Dependencies Using Various Evaluation Measures
- Analysis of Dosimetric Impacts of Cone Beam Computed Tomography–Based Volumetric Modulated Arc Therapy Planning
- Assessment of Adaptive Margins Using a Single Planning Computed Tomography Scan for Bladder Radiotherapy
- Automated Delineation of the Normal Urinary Bladder on Planning CT and Cone Beam CT
- A Retrospective Analysis of Lung Volume and Cardiac Dose in Left-Sided Whole Breast Radiotherapy

Interested in volunteering as a peer reviewer?

The JMIRS is always recruiting interested volunteers to participate in the peer review process. Contact editor@camrt.ca with an expression of interest and we will create your account! You get to read the latest papers in your area of expertise and practice your critical review skills. After each completed review, the peer reviewer receives educational credit letters that can be applied to your provincial CPD program. New to research? We are happy to start you off slowly and pair you with experienced reviewers for your first review. We recently published a guide for new and experienced reviewers alike, Systematically Reviewing a Journal Manuscript: A Guideline for Health Reviewers – be sure to check it out for tips!

Tammy Rayner: Dedicated Research Technologist

Tammy Rayner received her certification to practice radiation technology and magnetic resonance imaging in Canada and the in the United States. She graduated from Confederation College and Red River College with honours in 1998 and, after completing the CAMRT exam, she has been employed at The Hospital for Sick Children.

Starting as a new technologist I worked various shifts on two newly installed GE 1.5T scanners. As technology was growing, so was the complexity and patient load. I had the opportunity to scan fetal, musculoskeletal, neurological, abdominal cases and with emerging cardiac technologies. While participating in my regular duties I started to explore, volunteering to assist and scan for research purposes. I spent my first few years as a Technologist II, and was later promoted to Clinical Coordinator Resource Technologist III because I was seeking a greater knowledge base and responsibilities. I completed additional training and became a master trainer in the new (but now old) technology of PACS, and I became certified in intravenous insertion through the CAMRT, as well as continuing additional studies pertaining to MRI. While developing the curriculum as clinical coordinator and liaising with schools to promote the paediatric experience, I also managed the flow and patient throughput within the department. This experience and position allowed me to enhance my knowledge base of other departments and disciplines within the hospital, as well as organize educational activities.

Since I am employed at The Hospital for Sick Children, the dominant population exposure is paediatrics. Children have the ability to go above and beyond and perform their best to hold still for MR scans. Our expectations are not high for this young population, but they can deliver, which I find amazing. The most difficult aspect of working with children is accepting that they are sick—seeing their newly diagnosed disease and having the news shared with the families. With diagnostic imaging, you can literally see disease progression as well as regression. Some patients we get to know very well and others we see only once. I have seen many developments within MR, and one aspect that has been very helpful for paediatrics is an audiovisual system where children can watch a movie or listen to music. Prior to having this distraction, I recall a time a mom painted her daughter's toes to keep her happy and still.

In 2004, I shifted the dynamic of my career and pioneered the Research Technologist role when a newly dedicated research scanner was installed. As the department was new within the hospital, all policies and procedures, workflow etc., needed to be created and, with the experience I had previously gained, the department steadily grew. I currently maintain this role and "wear many hats"—from safety, to administration, to giving presentations, to scanning. The department continues to grow, as does the technology used.

Working in research I scan biopsied specimens, cadavers, dedicated excised anatomical body parts, blood vials and so much more. I have also had the opportunity to scan multi-nuclear spectroscopy (MNS), such as phosphorus (which we apply to musculature), and xenon for lung imaging. I have worked with commercially available devices as well as "homemade" fMRI (functional MR) equipment for activation tasks such as a "gusto-meter," which has the participant taste different tastes while scanning.

As a research technologist, you have to be creative, as well as follow specific instructions. An important aspect about research is consistency and reproducibility. You may be approached to develop a new technique with minimal information or follow every minor detail for international studies. Every research study is different and the role of the MRT can vary widely. At times, we are required for the consenting process prior to imaging, and we are always responsible (as any MRT is) for ensuring the safety and MR compatibility of the participant. We assist in estimated timing for Research Ethics Board (REB) approvals, help develop imaging protocols, test new pulse sequences/parameters for optimal imaging and for analysis, as well as perform quality assurance scans for various purposes, as requested. At our site, we ensure the data are archived and sent to the appropriate location; however, we perform minimal analysis since most Principal Investigators do their analysis with non-MR vendor software.

I have thoroughly enjoyed my career and I am excited to see where the technology will lead next, and what new things I will be able to learn.

Advancing the Profession and the Patient Experience

Here we present a report from Janet Maggio, Director of Professional Services at the Ontario Association of Medical Radiation Sciences (OAMRS) about her views on continuing professional development (CPD) opportunities in Ontario and beyond.

Initially I trained in nuclear medicine technology and, after my initial certification as an MRT(N), I entered the workforce as a burned-out student, quite sure I would never take another course again. I was happy to take a little break from formal education. In a few short months, as an eager new technologist, I took a few courses and attended my first conference to boost my resume. Within a few years, I was lucky enough to hold a faculty position at The Michener Institute of Education at UHN. While I was there, I attained dual certification as an MRI technologist and started my Masters degree… as I write this I can clearly see that, despite my initial reluctance, I've always been a huge supporter of continuing education!

One of the first things that I reviewed when I began working at OAMRS this past summer was our CPD portfolio. As I started a market analysis of other CPD options, I was thoroughly amazed at the opportunities for continuing education that are available to technologists and sonographers through the OAMRS, the CAMRT and others. The world of continuing education is vast.

We often forget that many MRTs find it difficult to fund formal education courses and/or conference attendance. Workplace support for continuing education has changed over the past few years due to budget cuts and tightening purse strings. Luckily for us, MRTs in the province of Ontario can access the Allied Health Professional Development Fund (AHPDF). This fund is made available by the provincial government to support the educational activities of regulated health professionals of up to $1,500 annually. The goal is to help contribute to improving patient care and the healthcare system overall, and having the province recognize this need helps to reinforce the importance of CPD on the quality of care in our profession. At OAMRS we are looking at ways to provide value to our members. My plan is to create a CPD portfolio that is affordable and meaningful to your practice. Keeping abreast of updates, research, changing technology and trends helps keep the industry fresh and moving forward.

As regulated health professionals, MRTs are required to complete learning activities related to our work. We have the freedom to chose which activities to do, and how we want to complete them. Many of us do more than the required number of hours set in place by our regulators (either the CMRTO or Sonography Canada/ARDMS in Ontario) because continuous learning, either formal or informal, is a huge part of our professional identity. Our own job satisfaction and, ultimately, our patients' experience is directly impacted by having an engaged, educated and current workforce. Part of the core values of the OAMRS and the CAMRT is to support the ongoing learning of our members and by doing so, we help advance the profession and the patient experience.

For an MRT in today's workplace, having variety from which to chose CPD activities is just as important as having the time and financial resources to do so. Yes, there are a lot of CPD resources available to learners today, but as professionals we need to select CPD that is meaningful for us. First, we need to justify how each activity will be used in our practice, how will it make us better at what we do? We need to critically assess if the program or activity is offered by a credible institution. Is the content at the appropriate level? Has it been peer reviewed? Finally, we need to decide if the format appropriate for our individual lifestyles. Is it online? Do I have to meet deadlines and submit assignments? Can I have an expert teach me directly?

I wish I could say there was a magical formula for CPD – but the fact is that we NEED the variety in order to suit the learning styles and preferences of a diverse workforce.

Things are changing at OAMRS. Stay tuned for new courses, in a variety of formats and at different price points. We want to offer MRTs and Sonographers a fresh face for education options and we hope you'll try something new with us – what are you going to learn today?

The CAMRT's Continuing Education Credit Approval Program (CECAP) provides a process which ensures the provision of high quality educational activities that contribute to the ongoing competence and personal or professional development of medical radiation technologists (MRTs) in Canada. Through CECAP professional activities are assessed as per established criteria and assigned credit hours. These approved credits hours are recognized by organizations with continuing education requirements.

See page 27 for information on applying for financial support for CPD Programs from CAMRT.

CPD Highlights

QUICK SELF STUDIES NOW AVAILABLE

PET/CT Guided Interventions
3.0 Credit Hours—Category A Credit

This QSS introduces the learner to alternative uses of this hybrid technology for PET/CT guided biopsies and PET/CT guided radiation therapy. The benefits, limitations and challenges of each intervention are explored, case studies are presented to demonstrate clinical relevance, and the impact on patient treatment and care is discussed.

The QSS concludes with a brief discussion of potential use of PET/CT-guided interventions in the future.

This course is appropriate for any healthcare professional looking to expand their knowledge in innovative applications of hybrid modalities.

Cardiac CT – SIGNIFICANTLY REVISED
3.5 Credit Hours—Category A Credit

In the era of multi-detector, multi-slice, ultra-fast CT units, cardiac CT now plays a central role in multi-modality imaging of heart disease alongside echocardiography, coronary catheterization, nuclear medicine and MRI. As lower radiation doses are routine, it is also a vital screening tool in the diagnosis and prevention of heart disease. This QSS is a practical learning module for the advanced procedure of cardiac CT. Discussed in detail are: when cardiac CT is the test of choice and why, understanding the complex 3D anatomy of the heart, reconstruction and imagine planes and optimizing patient preparation and imaging protocols to competently perform cardiac CT.

QUICK SELF STUDIES COMING SOON

The Life Cycle of the Breast
Credit Hours—Category A Credit TBD

This quick self-study course provides an exploration of the female breast and the developmental and functional changes that occur with the breasts over the course of a lifetime, through infancy, puberty, the childbearing years, the menopausal years, and old age. There is focus on the hormonal influences within the body, as well as artificial hormones, and how they influence breast development, function and atrophy, over the lifetime of a woman.

Stereotactic Body Radiotherapy
Credit Hours—Category A Credit TBD

This quick self-study course is intended to introduce the learner to stereotactic body radiotherapy (SBRT) and its role within radiation therapy. The course will provide an introduction to SBRT, its evolution and indications for use for certain patients. Immobilization, simulation, treatment planning and quality assurance will all be discussed in relation to SBRT. As well, there will also be a brief overview on individual tumour sites that benefit from stereotactic body radiotherapy. When the course has been completed the learner should be able to understand overall basics of SBRT and how it applies within the different departments within radiation therapy. The learner will also understand how SBRT will benefit specific patients and tumours sites.

FULL LENGTH COURSES COMING SOON

PET/MR
Credit Hours—Category A Credit TBD

Innovations in medical imaging can have a significant impact on patient care, treatment, and prognosis. One of the newest diagnostic modalities being explored by clinicians is PET/MR imaging. There are significant challenges in combining these two technologies, whether it is fusion and co-registration of previously acquired images, or true sequential and hybridized imaging using a PET/MR scanner. It is a complicated area since one modality requires high-energy radiation while the other modality is based on magnetics; each component has its unique requirements and instrumentation, which need to be considered in department design, patient safety, and workflow.

This full-length course will introduce learners to this exciting modality that is beginning to establish a role in clinical research and patient care. Like PET/CT, PET/MR combines the strengths of PET imaging with the strengths of MRI – sensitive functional information combined with highly-detailed anatomical information. This course will be particularly useful to MRTs who are cross-trained in Nuclear Medicine/ PET and MRI, but will be comprehensive enough for all CAMRT members who have an interest in advanced medical imaging technologies. No prerequisites are required, and links will be provided for case studies discussed in the course contents.

An Introduction to Research
Credit Hours—Category A Credit TBD

Have you ever wanted to perform research in your field, but been unsure where to start and how to finish? Research does not have to be daunting; it is just a matter of following a step by step process to help it make sense!

This course is an introduction to research for allied health professionals. It explains why research is important in allied health and details different types of research. It provides a basic understanding of research principles, designs and processes, enabling the beginning researcher to design a simple research study from start to finish, and apply the results to improving clinical practice. After course completion, health professionals will be able to focus their research, whether of a quantitative or qualitative type, develop a hypothesis or aim statement, and design data collection and data analysis strategies for the specific types of research studies. They will also be provided with the knowledge to perform a literature review and critically review published research articles for validity, reliability and bias; skills useful for performing research and for evaluating the quality of research studies that are available in professional journals. Ethical concerns in research and the use of research ethics boards will be discussed. Health professionals will learn how to compile results from acquired research data sets and derive conclusions. Dissemination techniques, such as how to write up research, for scientific journal publication, conference presentation, or in poster format, will also be reviewed. Financial support is an integral component of research; approaches to funding will also be included in the course.

If you are interested in conducting research or simply want to know more about the research process, start by taking this continuing education, credit approved Introduction to Research course, and you will be able to utilize the research process with confidence.

For more information about these or other courses, please contact the CAMRT's Continuing Professional Development department at cpd@camrt.ca.

Canadian Research at the ASRT

Submitted by Shannah Murland, B.Sc. (Hons.), RTT

I was honoured to be selected by the CAMRT as the Canadian delegate to present at the 2016 ASRT (American Society of Radiologic Technologists) conference, which was held in Boston, MA in September of last year. This was my first time attending this conference and I was impressed with the quality and variety of radiation therapist projects and initiatives that were presented at this meeting.

How to Fill an Hour

The conference format provided me with a one-hour opportunity to share my project, which was titled: "Exploring the Association Between Treatment Bladder Volume and Patient Toxicities Following External Beam Prostate Radiotherapy". Let me first say that speaking for one hour, and engaging your audience for that entire time, can be a challenge. There are very few research projects that require that long to explain, so it is important that you have other objectives to your presentation other than the project itself. And I have seen strategies to filling the time that did not work for the presenter, such as providing too many details about the project or adding in far too much background that amounted to an introductory lesson in basic radiotherapy, which did not hold the audience's interest. So I already knew what I did not want to do. Because this was an independent research project that I conducted with little support from my department, I was also able to speak on some of the challenges I faced in designing the project, obtaining the required permissions and sharing some of the mistakes I made along the way. As this was a predominantly American audience, I also included some interesting differences between our health care systems and showed them where Edmonton is located and the large size of our catchment area (which includes the northern territories) — that certainly got some gasps!

asrt
American Society of Radiologic Technologists

About My Project

My project focused on using pre-treatment volumetric images (both cone beam CTs and tomotherapy MVCTs) to evaluate how full prostate patients' bladders were at time of treatment compared to their simulation volumes and comparing this to acute and chronic genitourinary (GU) and gastrointestinal (GI) side effects that they experienced. My interest in this matter stemmed from a process change in our department where we relaxed our guidelines from a goal of two-thirds full (as compared to simulation) to half full. This change came as a result of many patients being unable to achieve or maintain the larger volume, leading to accidents on the treatment couch, and the operational challenges that result from having to remove patients from the couch to wait for their bladders to fill more. This made me curious about how much treatment bladder volume really mattered when it came to the toxicities patients experienced. The literature showed that many studies have been done comparing planned bladder volume to achieved bladder volume, and comparing planned dosimetry to side effects, but little comparing achieved bladder volume to side effects.

Collecting the Data

My centre had participated in a pan-Canadian clinical trial that had finished accrual and was in follow-up and I was able to receive permission to use 37 of the patients that we had accrued. These patients were some of the first prostate patients who received volumetric image-guidance in my centre and they also had well-documented toxicity grading for many years following treatment due to their participation in the trial. For measuring bladder volume on the pre-treatment images, the most accurate method would have been to re-import the images back into the treatment planning system, but this would have required assistance from medical physics and, as I mentioned, this was an independent project that I was trying to do with little or no assistance. Therefore, I devised a method of measuring volume using planar measurements in all three dimensions at consistent bony landmarks and using these diameters to calculate the volume of an ellipsoid.

In all, 1,020 images were assessed on the 37 patients and showed a mean volume of 82% (range 32-294%). These patients were all treated at a time where our process was to have a bladder volume of at least two-thirds, so it is obvious that therapists underestimate bladder volumes or may choose to proceed with treatment when they know that a patient cannot fill their bladder more without having to void. 14 patients had a mean volume below two-thirds and 8 patients had a mean volume below one half through their course of treatment, and the median proportions of treatments with a volume less than two-thirds and one-half were 46% and 22%, respectively. These medians were used as the breakpoints for chi-square tests comparing treatment volumes to the prevalence of certain grades of GU and GI toxicities (acute > 1 and > 2, chronic > 0 and >1). The chi-square analysis showed a complete lack of statistically significant correlation between having radiotherapy with a bladder consistently less than

two-thirds or half-full and an increase in any of the measured toxicities. A time trend was generated for each patient that showed some patients have a consistently full bladder and for some it is consistently emptier. Not surprisingly, many patients demonstrate decreasing bladder volume as treatments progress and acute toxicities appear, but others struggle in their first few fractions but then achieve a bladder that is fairly consistent and full, showing that there is a learning curve for the patient to realize what their bladder should feel like when it is the optimal fullness.

Lessons Learned

While this project had its limitations and flaws, it demonstrated that our change to proceeding with treatment as long as a bladder volume of at least half of simulation volume is probably adequate. While we would always prefer for the planned and treatment volumes to be similar, it is not worth putting our patients through more physical and mental stress or greatly affecting machine workflow in order to achieve this. We have altered our simulation procedures to not require the bladder to be as full so that a more consistent volume can be achieved with greater patient comfort, but this can make it difficult to meet the dose constraints for some of the new hypofractionated regimes.

Present Your Work!

I strongly encourage therapists and other MRTs to submit their projects to their provincial and national conferences to gain presentation experience and perhaps eventually have the opportunity to present internationally. Although it takes some time (and usually some of our own money as well), attending conferences to hear the presentations of our colleagues is invaluable continuing education and helps to support the development of our profession.

CAMRT has partnered with the American Society of Radiologic Technologists (ASRT) to identify speakers for their events. Speakers are selected through a competitive process from among the CAMRT membership.

Congratulations to the speakers who have been selected in 2017!

Jill Sutherland will be presenting her work, entitled "Enhancing the Patient Experience: Driving Continuous Quality Improvement through Patient-Reported Outcomes" at the ASRT Radiation Therapy conference in San Diego.

Sidsel Pedersen and **Virginia Marie Sanders** will be presenting "It's the Parts that Matter" at ASRT@RSNA in Chicago.

For speaking opportunities in 2018, please check out the CAMRT website under the "MRT Professional Recognition" tab! The deadline for submissions is **January 3rd, 2018.**

Announcements

Financial Support for Continuing Professional Development Programs

As part of its objective to ensure quality continuing professional development (CPD) events are available to MRTs, the CAMRT provides financial support to CPD programs offered by other organizations. Through this initiative, the CAMRT will provide up to $500 to support the education-related expenses of CPD programs aimed primarily at MRTs that meet the CAMRT criteria eligibility. This will be awarded on a first-come, first-served basis until the funds have been depleted.

Funding Eligibility Criteria

In order to receive financial support, the continuing professional development program must meet the following criteria:

1 The hosting organization must submit the program for review by the CAMRT's CPD credit assessment process and the program must be assigned at least 5 CPD credits. In order to provide sufficient time for the assessment process, the request for an assessment must be received at least ten working days prior to the start of the scheduled event. The hosting organization will be responsible for the charges related to the assessment.

2 The program must be hosted by an educational institution or a care delivery facility/region. Programs sponsored by physician groups, associations or the private sector will not be considered.

3 The program must be aimed primarily or substantially at MRTs, with MRTs being responsible for planning the program, or at least having significant input in the programs design, and preferably half or more of the speakers must be MRTs.

4 The program must have a verifiable attendance expectation of 30 or more MRTs.

Expectations

In return for the support provided, the organization hosting the CPD event will agree to recognize the CAMRT for the financial support provided both in material announcing the event and at the event itself and to hand out relevant CAMRT materials at the event.

Notice of Meeting — 75th Annual General Meeting

The 75th Annual General Meeting (AGM) of the Canadian Association of Medical Radiation Technologists will be held at the Westin Hotel, Provinces Ballroom, Ottawa, Ontario, **Friday, April 28, 2017, 15:40 to 17:10.**

Find out more

Advertise in the CAMRT News!

Published quarterly, the CAMRT Newsletter is a benefit of membership. It is the window on the profession of medical radiation technology in Canada. Interested in advertising in the CAMRT News? Contact us today: jmcgregor@camrt.ca.

View our new **2017 Media Kit**

Take advantage of CAMRT member benefits from:

- Goodlife Fitness
- Telus
- Scrubs Canada

Story Idea? Topics to Cover?

It is our goal to bring you more member-focused stories and relevant articles from across the country to keep you up-to-date on issues and developments across the profession. Do you have a story idea or a topic you would like us to write about? Do you know someone who would make a great profile story? We welcome your feedback and suggestions.

Please email us at jmcgregor@camrt.ca.

ISRRT Chesney Research Award – Call for Grant Application 2017

Starting 2016, to commemorate the Chesney sisters who left in their will a legacy to ISRRT, we will name the ISRRT Research Award as the ISRRT Chesney Research Award. **Deadline: 30 April 2017**. Full details of the Research Award Guidelines and application form can be downloaded from the ISRRT website: www.isrrt.org.

Update Your Membership Information

You can help us to ensure our records are up-to-date by updating your contact information online. This includes name, e-mail, and address changes, as well as publication preferences. Do you prefer to receive a hard copy of the newsletter or simply get a notification when it is available online?

Let us know! Questions? Contact us at CAMRT-ACTRM@camrt.ca.

2017

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