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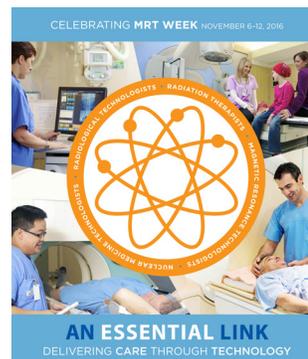
Submissions: Do you have a story idea or a topic you would like us to write about? We welcome your feedback and suggestions.

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

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On the cover... 2016 MRT Week Poster

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President's Message: MRT Week

MRT Week is one of the most amazing weeks of the year. The way the MRT profession has embraced the week over the years has been an inspiration. It creates wonderful opportunities for us to speak together in one loud voice – to increase awareness about what we do as professionals, and to shed light on some of the issues that are close to us in our practice.

The theme, (MRTs are): An Essential Link has been building momentum and recognition over a number of years. As an effective message it unifies us as MRTs, as professionals, taking advantage of the advancements in technology in medical imaging and radiation therapy for the benefit of our patients, while caring for them in our interactions and throughout their journey.

MRTs are essential; essential to those patients and a healthcare system that have come over time to rely heavily on our practice. Information provided by the range of diagnostic imaging studies and the curative and palliative treatments delivered through radiation therapy is critical to the management of care for our patients. Over the course of our week in November, we should embrace this message and help spread it to those who are our points of contact: colleagues, patients, families.

The CAMRT is excited to be your partner in helping to make this MRT week an even more successful event than it has been in the past. As a long-time volunteer at CAMRT, it thrills me to see the visibility provided by the CAMRT MRT Week posters and information materials displayed in many key locations. Continuing to keep the excitement around the event is something we have worked

at by listening to you, the members. Over the years, suggestions have flooded in on ways CAMRT could help. In time these suggestions have evolved to include: our social media awareness campaigns, the productions of materials for local use, a variety of educational offerings (webinars) and assistance in professional development (credit assignment).

Tying in nicely to our awareness efforts throughout MRT Week is the CAMRT's new approach to advocacy. I am excited by the activities we have initiated for this November. In addition to members meeting and advocating for the profession within their own locales, we are excited to follow up MRT Week with some important national advocacy initiatives. The week following MRT Week, the Board of Directors have secured an invitation to Parliament Hill in Ottawa to discuss our highest priority issues with MPs in the federal government, to further nurture our relationship and solidify our reputation with these important decision makers. Both advocacy and awareness work are important to us as a profession, as a strong voice, enhancing our standing in the healthcare community and exerting an MRT influence on important healthcare issues and decisions across the country.



For newer members the energy, enthusiasm and effort put into MRT week may seem like a given, but we must not take our opportunity to showcase who we are and what we do for granted. We need to stand, speak, engage, shout, jump, cheer, laugh, dance or however we choose to celebrate and say, I am an MRT! Happy MRT Week everyone.

A handwritten signature in black ink, appearing to read 'Karee Fadi'.

“We need to stand, speak, engage, shout, jump, cheer, laugh, dance or however we choose to celebrate and say, I am an MRT! Happy MRT Week everyone.”

CAMRT's Essential Link Contest

Tell CAMRT how you (or your team) is the essential link between technology and care for your patients. Take part in the CAMRT Essential Link contest this year for a chance to share your stories and win a prize. Details on the contest are available at: <http://www.camrt.ca/events/mrt-week/contest2016>.

MRT Week is back! Time to Celebrate



This year, MRT Week is taking place from November 6 to 12, and it is a wonderful opportunity to celebrate the accomplishments of your team and to educate others about the essential contributions the MRT profession makes to the Canadian healthcare system.

Celebrate your accomplishments and MRT contributions

MRT Week is celebrated every year to shine light on all things MRT. An ever-growing number of MRTs across the country are taking part in MRT Week and hosting events locally to celebrate their colleagues and the role that the profession plays in the healthcare system. Recognizing the achievements of your colleagues is a great way to boost workplace morale, encourage professionalism, and reinvigorate the enthusiasm for providing this essential link. Here are a few suggestions for activities that could be organized at your workplace:

- Hold a lunch or an event to recognize outstanding MRT achievements from the year
- Gather the team for an educational session (like one of CAMRT's free MRT Week [webinars](#))
- Encourage your supervisor to recognize MRTs with a description of their contributions for display in a common area
- Share MRT stories and experiences through association or hospital newsletters, social media, local newspapers, or at staff meetings

Promote your MRT profession to patients, colleagues and more

With the high level of visibility and patient contact during MRT Week, it becomes a wonderful opportunity to discuss the profession with patients.

- Use the fact sheets provided by CAMRT to start a conversation; explain who you are, what you do, and the different areas you work in
- Use visual displays, like posters or videos in your waiting room
- Direct patients to the imageofcare.ca (the address is handily listed on all MRT Week materials for MRTs and patients) as a resource they can use to answer

Keep the celebration and pride going through the rest of the year

The power of MRT Week comes from the energy and creativity of your activities. One of the ways we can make your contributions more powerful is by sharing your successes over the course of the week, and by using the successes of one year's activities to strengthen the next. So, throughout MRT Week, be sure to send us

The story of the profession, when presented by passionate MRTs, has been shown to resonate with colleagues, patients and the general public long after MRT Week is over.

questions. Together with descriptions of each discipline, it also contains useful FAQ sections relating to the profession

- Run a fun MRT-themed activity (e.g., trivia game/ quiz, scavenger hunt, etc.)
- Organize an education session or a visit to a community school
- Mention MRT Week to your friends, family and colleagues
- Publicize MRT Week through newspaper articles, radio announcements, government proclamations, etc.

Go social with professional pride

Social media gives us all the capacity to share what is most important to us with a wide audience. MRT Week is a perfect time of the year to share stories, pictures or other information that demonstrate the best qualities of your profession, the MRT profession.

 <https://www.facebook.com/groups/5038825797/>

 [@CAMRT_ACTRM](https://twitter.com/CAMRT_ACTRM)

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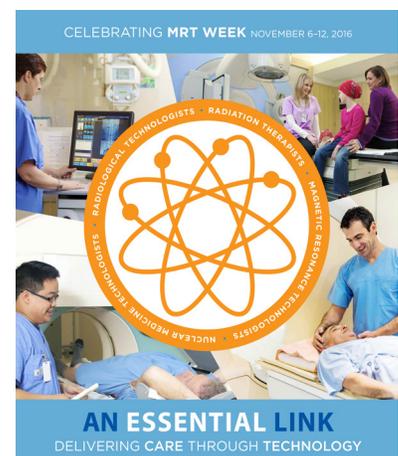
 <https://www.youtube.com/channel/UChUbmsJcwXlaORK23QpfQqA>

- Create your own content
- Retweet, like and share posts and get the message out that MRTs are the essential link, linking technology and patient care
- Be on the lookout for CAMRT content to share in your own networks of friends and colleagues

your photos and your stories for us to share more widely.

- Twitter is a great place to share, just use the hashtag #MRTWeek2016
- Share your successes directly with other CAMRT members through our Facebook page
- Send your photos and stories by email (news@camrt.ca) to us at CAMRT to share in the next edition of the CAMRT News

For more ideas on how to celebrate, participate and promote, please refer to the MRT Week page at: <http://www.camrt.ca/events/mrt-week/>




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Canadian MRTs and RAD-AID

RAD-AID's mission is to "Increase and improve radiologic technology and medical imaging in poor and developing regions of the world".

Most countries around the developing world have vastly reduced access to medical imaging and radiation therapy compared to nations in the developed world. The World Health Organization reports that approximately half of the world has no access to radiology — that's 3-4 billion people. The picture of access is stark when you look at specific countries. For example, Bhutan has only a single CT scanner for a population of 750,000, Haiti has two CT scanners for 10 million people, and Nigeria has 50 CT scanners for a population of 174 million. The shortages are not limited to equipment. Tanzania, a country targeted in recent RAD-AID missions, has only 30 radiologists available to serve the population of nearly 50 million.

While the need is clear, RAD-AID has found that its important work is most successful when centres are ready to receive the help and expertise they are seeking. Its unique Radiology Readiness assessment begins with a systematic assessment of what technology and infrastructure for radiology or radiation therapy is in place already, what is missing and what structures/services are needed to complement, helping to create a much clearer picture of how the impact of donated time and resources can be maximized.

RAD-AID COUNTRIES AND PROGRAMS



Their effectiveness in harnessing expertise (through their ever-expanding volunteer base) and other donations (like equipment) has led to much success and recognition for RAD-AID. RAD-AID estimates that for every \$2 in donated funds, \$3 of work is done and, if the value of hardware donated is factored in, the impact is closer to \$6 for every \$2 donated.

RAD-AID is now working or has worked on missions in 21 different countries around the world. Missions range from disaster relief after the earthquakes in Nepal to more long-term

relationships and missions in countries that require assistance, education and expertise.

Canadians and RAD-AID

RAD-AID's exciting work is attracting lots of attention from potential sites and volunteers alike. And their recent foray into Canada has been no exception.

The CAMRT and RAD-AID reached an agreement in late 2015 to fund a fellowship for a Canadian volunteer for participation in RAD-AID missions. In 2016, the agreement spurred Canadian participation to new levels, with three volunteers finding formal opportunities with RAD-AID, and many others submitting their applications for future missions.

Many RAD-AID missions are ongoing across the world in 2016, but for Canadians, it seemed the region in need was East Africa. The first MRT to land in East Africa this year was Melissa Perlin, RTR, RTMR who was away from mid-April to mid-June in Arusha, Tanzania. Her mission involved helping a team in Arusha to set up a new MRI – the first of its kind in the northern Tanzanian city. Over the two months, Melissa spent time working amongst the Arusha team, impressing on them the importance of quality and applying all her knowledge, experience (and protocols) from Canada to get the best out of the equipment available.

"I'd always thought about volunteering in some way overseas. When I heard about RAD-AID through CAMRT, I was thrilled. It meant I would be able to make a contribution using all my skills and expertise."

– **Melissa Perlin**, RTR, RTMR and RAD-AID volunteer, Tanzania 2016

Later in the summer, Kim Rans, RTT went to Nairobi for a week as part of a RAD-AID mission to launch an assessment for radiation therapy in Kenya. It was an action-packed mission, only a week in length; but also a landmark, as RAD-AID conducted one of their first few assessments for radiation therapy.

"The reality which hit the most was that the people of Kenya have to wait over one year to access radiation therapy services from time of diagnosis."

– **Kim Rans**, RTT and RAD-AID volunteer, Kenya 2016

Canadian RAD-AID volunteers

Angèle Crites, RDMS – Haiti, Radiography (2014)

Janet Walker, RTT – China, Radiation Therapy (2014)

Melissa Perlin, RTR, RTMR – Tanzania, MRI (April-June 2016)

Kim Rans, RTT – Kenya, Radiation Therapy (August 2016)

Meena Amlani, RTR – Online Learning (2016)

The young partnership between the organizations has had an exciting start, and CAMRT looks forward to many opportunities for Canadian MRTs to make meaningful contributions to RAD-AID's efforts into the future.

Become a RAD-AID volunteer

You, too, can join the list of Canadians contributing to the global development of radiology with RAD-AID. Since the partnership was established, RAD-AID is accepting applications to the CAMRT RAD-AID Fellowship on an ongoing basis. All you need to apply is CAMRT membership and certification, as well as 3 years' experience in your field. For [more information please visit the fellowship website](#).

Support Canadian MRT participation in RAD-AID missions

You can also support current and future Canadian MRT participation in RAD-AID missions by making a financial contribution. 100% of funds received will go towards the costs associated with the CAMRT RAD-AID Fellowship. Visit <http://www.camrt.ca/about-camrt/partnerships/rad-aid-international/> to make a contribution today.

Working Remotely – My Experience as an MRT in Nunavut



You still go out for walks, -57 degrees or not...you just learn how to dress.

Submitted by Marney Cuff, MRT-R

In my mid-40s, my late physician husband and I felt that we wanted to take time out to share our skills in a remote healthcare setting. A friend who was aware of the need in Iqaluit at the time brought us there. For a variety of reasons, I have worked in each of the three Nunavut regions (Qikiqtani, Kitikmeot, Kivalliq) at different times and in different roles. Perhaps a bit of background regarding the structure of healthcare both as a service and as a profession should be offered first.

There are no roads and no rails to Nunavut—only planes. Iqaluit is the Territorial capital, and has a population of about 7,000. As I note above, there are three regions in Nunavut—each with a hub of services. Cambridge Bay in the high Arctic (approx. population 1,400) is the hub of services for the Kitikmeot region. The entire Kitikmeot region has an approx. population of 5,300. Rankin Inlet (approx. population 2,400) is the hub of Kivalliq. The entire Kivalliq region has an approx. population of 8,500.

I do not have all the current, accurate details of services and number of staff; but when I was there between 2004-10, there was one MRT(R), one sonographer, a manager, and a Basic Radiography Worker Assistant (more on this BRW role below). There was a surgeon and a pediatrician at this busy hospital that serves the entire Baffin region of about 17,000. They now have a CT unit and diagnostic mammography and, I believe, two sonographers.

There are no radiologists in Nunavut, and only a few sites have digital/PACS, including Iqaluit and a couple of other Baffin/Qikiqtani communities. I continue to be a film/screen/90-sec automatic processor. Because there is no radiologist, the nurses and MDs rely on us to provide as perfect as possible film and, often, additional views that are not routinely needed in the south. Much of the care is provided by community health nurses (CHNs) who do the majority of the diagnosis and treatment. They often have an emerg background. They have access to physicians on the phone, but only a few communities have an ongoing MD onsite. The MDs tend to be family/emerg specialists. There are specialist clinics a few times per year.

Anything other than general work requires the patient to fly to a southern site. Qikiqtani-region patients go to Ottawa or Montreal, Kitikmeot patients go to either Yellowknife or Edmonton, and Kitikmeot patients go to Winnipeg. Iqaluit and Rankin offer a few in-patient beds. Only routine cases are served/maintained within the Territory. Critical care patients, traumas and high risk pregnancies are managed in the south. There is lots of frontline stabilization of patients in a traumatic or critical acute med-surg position who will then be medevac'd. Also, a significant amount of out-patient studies are performed for southern-based consults or studies; for example, pre-MRI or pre-ortho consults.

As far as uniqueness of employment structure goes, the following holds: one may either

be an “indeterminate” or a casual worker. Indeterminate means full-time, working 08:30-17:00, Monday to Friday, with on-call services after hours. You can imagine what that is like when you are the only MRT(R)! You have your own living unit that is government-owned and partially subsidized/furnished. The pension benefits are arranged through federal government-managed programs and unionized with PSAC. More often, the case is that the position is filled by casual/locum techs/nurses. The government has minimum periods set at 6 weeks, because the cost of bringing staff in is very, very high. Casual/locums do not get benefits or a pension of course, and the pay scale is a bit lower. However, everyone gets a significant “northern living allowance” regardless of position and whether they are casual or permanent. The amount of allowance increases with degree of remoteness. If you are casual you have furnished housing provided, but often it is shared with another healthcare worker.

The most satisfying aspect of my professional work here is the close-knit work environment and culture. The lines are blurred in terms of territory; during traumas I may be retrieving supplies, doing clean up, or helping with a long list of tasks. Often, the family of local



March sunrise in Cambridge bay.



An inuksuk overlooking the hamlet of Rankin Inlet on the west coast of Hudson Bay, my home.

Inuit patients are there helping us—and they are better at the use of piggostat than most techs with years on the floor! The Inuit are very welcoming and helpful, especially in the care of their children and Elders. Having trained and worked in Ontario, where it is difficult to have one-on-one time with patients, I find the positive work environment here very fulfilling.

All that being said, of course there are many difficulties—being the only MRT(R) is lonely at times and the significant calls can be exhausting. However, my co-workers and patients offer a real, appreciative relationship in terms of my feeling valued, important to the team, and having a positive impact. Socially, of course, if you are on your own it can be isolated—but the team is great at keeping everyone connected both in and outside of the workplace. The land is just stunning and there are so many great ways to spend free time: snowmobiles, ATVs, camping and hiking, and amazing fishing and hunting. There are no restaurants or bars where I live, but you can order wine from Manitoba.

Staying connected with the profession is a challenge. Attendance at the CAMRT Annual

General Conference is a must. Many online courses are available, but the changing technology often leaves only a few courses relevant to general work with old-time processing.

As far as working here as an indeterminate versus a casual, I have done both. When indeterminate you really do get involved on a deeper level with the community and patients because it is your home and they are your community. While casual techs are invaluable relief, help and support—often providing fresh eyes to solve a problem—in the end, those that live here do give more, as they are much more aware of service issues, culture issues, and individual patient/family issues. Continuity of care is a problem across the territory and across disciplines. Folks do get burnt-out and homesick when indeterminate. Perhaps a job-share option will be the best compromise in the future.



Common community sharing of traditional food. This is me eating raw caribou at a school auditorium during a community feast.



Sunset in Baffin region at flow edge.



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Evolving Practice



From Left to Right: Beverly Snaith, Richard Evans, Mark Given, Jillian Harris

Leading the Way: International Radiographer Advanced Practice Conference—September 9-11, 2016

Submitted by: Lori Holden BSc, MRT(T), CCRP, Sunnybrook Odette Cancer Centre, Toronto, ON

On September 9th 2016, I had the opportunity to leave an unusually hot week in Toronto to attend a very interesting and thought-provoking conference at the Sheffield Hallam University in Sheffield, United Kingdom. This was a fantastic opportunity for myself and another CSRT (clinical specialist radiation therapist) colleague to see what other parts of the world were doing in the field of advanced practice in radiation therapy, and to be able to share the Canadian perspective.

The conference was well attended, with representation from Australia, New Zealand, Europe and Canada, and from both the diagnostic imaging and radiation therapy disciplines. It kicked off on Friday afternoon with a great keynote lecture from the Director of Professional Policy from the College of Radiographers in the UK. It became apparent rather quickly during her talk, as well as those following, that the issues faced by us in Canada regarding advanced practice were not, in fact, unique—but were experienced globally. It was also extremely interesting to see the various iterations of the definition of advanced practice. Although the wording itself differed slightly, the theme of advanced practitioners having to practice within certain “pillars of competence” was clear. The pillars of “Clinical”, “Technical”, “Leadership” and “Research/Education” were mentioned in all the definitions; however, it was

interesting to see the varying degree of focus each country was placing on different pillars. For example, the UK tends to place great importance on the role of advanced practice being primarily clinical; whereas Canada tends to place equal importance on all pillars, with the expectation that the radiation therapists in advanced practice roles be able to achieve competencies within them all.

Saturday’s program was split into two formats. The day commenced with an interesting series of lectures providing us with a “global snapshot” of advanced practice across the globe. The Canadian Association of Medical Radiation Technologists, the College of Radiographers (UK), the Australian Institute of Radiography and the American Society of Radiologic Technologists were all represented. Although the lectures concentrated on the path taken to develop advanced practice in their respective jurisdictions, what I found interesting is that all are faced with similar challenges. Should individuals pursuing these roles be mandated to be at a Masters level for entry to practice, or a Masters equivalent? Are they accredited? If not, where do they sit in the accreditation process? Interesting and thought-provoking discussion followed during the panel discussion at the end of this series of talks, and I look forward to what continued global interactions may bring.

The day then split into two options for the conference delegates. Attendees could choose to listen to a series of proffered papers presented by individuals currently working in advanced practice positions in their department, or attend a selection of

workshops focusing on barriers of research, planning for advanced practice roles, the benefits of accreditation and, of course, not forgetting the patient. Perhaps one of the most common themes to emerge from this day was the importance of demonstrating impact, and to be able to show the role that we are performing does, in fact, impact our patients and departments.

The social event on Saturday night was great fun. The dinner provided us all the opportunity to network with “old” friends and colleagues, and also foster new relationships and partnerships as we forge forward together to ensure the sustainability of advanced practice in radiation therapy.

In Canada, we have come a long way and made great strides with our Clinical Specialist Radiation Therapist development over the last 12 years, and conferences like this really affirm the importance of what we have done, what we are doing, and the impact we bring to our departments; and, perhaps more importantly, to our patients. Being able to use the knowledge and connections gained from this conference will hopefully help unify our roles globally.

I encourage you to seek out the gaps or look for needs within your own department and see where advanced practice can be impactful. It’s a great opportunity, and a win for everyone!

If you would like to follow the highlights of the conference, visit the twitter feed [@AdvPracticeRT](https://twitter.com/AdvPracticeRT).

Canadian Presence at International Advanced Practice Conference

The CAMRT Director of Professional Practice, Mark Given, attended the International Radiographer Advanced Practice Conference and participated in a panel discussion on the “Elephant in the Room” related to degree credentials. He also gave a well-received talk on the current status of advanced practice in Canada. An impressive Canadian contingent was present, including Amanda Bolderston, Caitlin Gillan, Marcia Smoke, and Darby Erler, all of whom contributed to the dialogue and presented the efforts our profession has made in regards to advanced practice.

Encouraging Student Research



In 2016, the *Journal of Medical Imaging and Radiation Sciences (JMIRS)* published its second annual student edition featuring the research of students and recent graduates in all disciplines from around the globe. The issue is available online here: [http://www.jmirs.org/issue/S1939-8654\(16\)X0007-0](http://www.jmirs.org/issue/S1939-8654(16)X0007-0). The Guest Editor for this issue, Susan Fawcett MRT (T), BSc, MA, selected the top article—"A Retrospective Analysis of Lung Volume and Cardiac Dose in Left-Sided Whole Breast Radiotherapy" by Diana Lee MRT(T), BSc, Rob Dinniwell and Grace Lee, from The Princess Margaret Cancer Centre, Toronto. We talked to Diana about conducting research as a recent graduate, and her experience from data collection through to publication.

Congratulations on being selected as the top article in our recent student edition! How did you get the idea for this paper?

Thank you! Prior to starting this paper, I was lucky enough to be paired with a mentor whose research interests were similarly aligned to my own. Grace's previously published work on left-sided breast cancer patients requiring breath-hold technique during radiotherapy was especially interesting to me. During my clinical time as a student I observed that not all left-sided breast patients required the use of this technique for treatment, so I was curious to learn more about this patient population.

Did you have any experience with research or writing prior to undertaking this project? Did you find your studies at the University of Toronto and the Michener Institute for Applied Health Science prepared you for the process?

I had some experience with scientific writing and critical analysis during my previous undergraduate degree, but nothing of this magnitude – I had never attempted to complete an original research project of my own! My studies at the University of Toronto and the Michener Institute for Applied Health Science helped me to establish a good understanding of statistics and introductory research principles while providing opportunities to read and critique scientific literature. Since I worked on this paper during my clinical placement, I had the chance to ask senior radiation therapists already experienced in research for advice and was able to gain valuable insight into the process of undertaking a project. Of course, having a research supervisor like Grace who provided such excellent mentorship was an invaluable part of the process.

Can you tell us about the initial stages of data collection? What were the challenges involved?

To be frank, the data collection process was more tedious than I expected (as I imagine others can relate), especially finding all

read your paper so many times it won't even make sense to you anymore, so get feedback from your colleagues and others. I even asked some friends outside of health care/research to read and critique my first draft for readability, grammar and flow.

How has working on this paper affected your daily practice, if at all? Do you have any plans for further studies?

I have been able to integrate what I have learned from this paper into everyday practice working as a radiation therapist, now having a better understanding of how breath-control technique can affect a patient's internal anatomy in order to improve cardiac sparing during whole breast radiotherapy. I have deep respect and a newfound appreciation for all those involved in research after writing this paper. My initial experience with research has been so overwhelmingly positive that it has encouraged me to eventually pursue a Master's after gaining more clinical experience!

"I quickly realized the importance of being organized and having a solid methodology in place before starting this process."

the parameters needed for the study and entering everything into a spreadsheet. I quickly realized the importance of being organized and having a solid methodology in place before starting this process. Discovering unexpected trends as I started to crunch the numbers was exciting, because it challenged my initial expectation of our results and prompted more thoughtful inquiry going forward with analysis.

Once you had all the information you needed, what was it like to write a first draft? Do you have any suggestions for those who may be writing their first manuscript?

Some parts of the draft were much easier to write than others! My advice to those writing their first manuscript would be to try finishing a rough draft as early as possible, leave it for a period of time so you can come back and look at it with fresh eyes. Eventually you will

JMIRS Call for Papers for 2017

The topic for our next special issue is **Image Guided Therapy**—we will be targeting articles from multi-disciplinary perspectives from all over the globe. Please send your ideas or questions to Carly at editor@camrt.ca. Final papers will be due by **May 1, 2017**, to be submitted through the journal's online system.

Do you know a current student or recent graduate conducting research? Please help us spread the word about our student supplement! Papers are due by **February 1, 2017**. Top papers will be recognized.

News from **the JMIRS**

Journal of Medical Imaging and
RADIATION SCIENCES
Research Informing Practice



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!

Apply for a CAMRT Research Grant!

Fostering research and publication through education and funding is a key activity in support of the CAMRT's commitment to promotion of professionalism. CAMRT annually awards a research grant of up to \$5,000 for original research related to the medical radiation sciences. The **deadline for**

applications for the 2017 grant is April 1, 2017. See the [CAMRT website](#) for more information.

In addition to an annual research grant, the CAMRT Foundation also offers several educational grant opportunities. Check out the [website](#) for application information!



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All about You: CAMRT Human Resources Surveys in Medical Imaging and Radiation Therapy

What is the state of employment (full-time, part-time) in the MRT profession?

What increases in demand should we expect for MRT positions in the future?

These are some of the insights that members can get from reading CAMRT's second bi-annual human resources survey for the medical imaging and radiation therapy sectors of its membership. The purpose of this survey was to give the broader MRT community improved insight in both current and anticipated HR requirements in their respective fields.

With the assistance of the CAMRT Leadership Development Committee; Keith Christopher, a consultant with KC Surveys; and CAMRT staff, the surveys were developed and sent to individuals responsible for making HR decisions related to MRTs within their respective institutions.

The resulting response was exceptional and provides a wealth of information and insight on present and future HR trends for the MRT professions. The survey paints the most complete picture yet of FTE (full-time equivalent) employment in all disciplines and specialty areas across Canada. Be sure to check out this survey today at <https://ww2.camrt.ca/members/humanresourcesurvey2015/>.

Provincial Reports

Report from the Nova Scotia Association of Medical Radiation Technologists (NSAMRT)



The NSAMRT was pleased to host the 2016 CAMRT annual general conference in Halifax in June. It was an exciting endeavour. This coincided with our NSAMRT annual general meeting. As part of our new awards program, the NSAMRT presented the very first Jan Musselman Memorial Award of Excellence in her honour to her family. This award will be presented annually to an individual who demonstrates genuine dedication to their profession and their communities. This dedication is exemplified in the promotion and advocacy of their profession; one who has encouraged, inspired, motivated and supported others to take leadership and volunteer roles.



In addition, they have made valuable contributions to their greater community through volunteering and involvement, giving their time, energy and commitment to enhancing the lives of others. Jan Musselman was a true professional and steadfast advocate for medical radiation technologists. Throughout her 40+ year career, she volunteered on a tremendous number of educational, departmental, provincial (NSAMRT) and national (CAMRT) committees, as well as being an active volunteer in her community. Jan loved to root out others' strengths and encourage MRTs to challenge themselves and the status quo, and actualize ones potential. This award will be presented in her honour to an individual who exemplifies these qualities.

Report from the Saskatchewan Association of Medical Radiation Technologists (SAMRT)



We are pleased to announce the 2017 SAMRT Executive Board:

President – **Allison Kahl**
Vice-President – **Donna Schommer**
Past President – **Bashir Jalloh**

We would also like to acknowledge the members who received awards at the 2016 Spring Conference:

Award in recognition of volunteer services with the SAMRT **Jo-Anne Couture** – 5 years on Council (2010 – 2015)

Student Awards – 2015 Highest CAMRT exam marks in Saskatchewan:

Radiation Therapy – **Shaylin Eger**
Nuclear Medicine – **Megan MacPherson**
Radiography – **Kennedy Conquergood**
Magnetic Resonance Imaging – **Coral Stenger**

Congratulations to the winners!

Celebrating the OTIMROEPMQ's 75th anniversary



Ordre des technologues en **imagerie médicale**, en **radio-oncologie** et en **électrophysiologie médicale** du Québec

In 2016, the OTIMROEPMQ celebrates its 75th anniversary. The first major event to acknowledge this 75th anniversary was the annual convention, which took place in Quebec City last June. During this convention, the book titled: « 75 ans de rayonnement au fil du temps, l'histoire de l'Ordre » written by **Alain Crompt**, was presented to Minister **Stephanie Vallée** in the presence of the college's president, **Mrs. Danielle Boué**.



During this convention, we also held an exhibition on behalf of an organisation called SKIN (see the website here: <http://s-k-i-n.fr/>) SKIN is a French association that helps women who have suffered from breast cancer through the creativity of artists who imagine, create and sign the SKIN's artwork.

SKIN's objective is to develop exhibitions in Europe and around the world, in prestigious places, open to the public and in all the breast oncology services that wish to present it. The exhibit is available by contacting the OTIMROEPMQ.



The OTIMROEPMQ has also updated its strategic orientations – please visit the website at <http://www.otimroepmq.ca/> to view the mission, vision and values of the organization.

Forty Years as an MRT

Lessons Learned

Submitted by Alan Thibeau, MRT (N), Chief of Professional Practice for Medical Radiation Technology (MRT) at the Ottawa Hospital.

I had the good fortune to attend the OAMRS annual meeting this year. All of the presentations were outstanding and I considered the event to be a total success. One presentation in particular resonated very profoundly with me. Julie Mathewson presented a very moving and thought-provoking discussion regarding numerous important lessons that she learned over the span of her very impressive forty-year career as an MRT.



Julie Mathewson

Julie graduated from the nuclear medicine program at the Toronto Institute of Medical Technology (now the Michener Institute) in 1976, after completing her clinical training at Mount Sinai Hospital. She then worked at Mount Sinai hospital for 4 years before assuming the role of nuclear medicine clinical coordinator at the Toronto General Hospital. In 2005, she became the Professional Practice Leader for the Joint Department of Medical Imaging, which includes Mount Sinai Hospital, University Health Network and Women's College Hospital. After a very successful and interesting career, Julie retired in March 2015.

In this article, I will reflect on Julie's twelve lessons by providing best practice recommendations for all MRTs.

1. Don't sound like a stewardess

My conversations with patients should sound natural, free-flowing and friendly. Mechanical or rehearsed procedural explanations do not convey my intended positive sentiments and sincere empathy. Most patients also prefer to be spoken to using plain language, which is free of technical jargon and presented in a relaxed and professional manner. Making eye contact and using a reassuring tone of voice while speaking are simple ways to say I care. Tailoring my patient conversations to suit their individuality tells them that they are unique and important individuals.

2. Yes, it is a big deal!

I am very comfortable working in a highly complex and technical healthcare environment. My patients, on the other hand, are often nervous and apprehensive, especially those who are experiencing an imaging procedure for the first time. Most patients just want me to listen to their concerns and let them know that I really care. When my patients share feelings of anxiety, discouragement, anger or despair, I should never diminish or play down these feelings. I should also avoid telling my patients that there is nothing to worry about. After all, they are in a hospital; there may be plenty to be concerned about! Many will take comfort when I simply validate their hardships and express sincere concern for their hardships. Even if I'm not able to share the results of a procedure with my patient, I can still reassure them with this approach.

3. Part A: Don't complain, come up with a solution!

There is not a single workplace on this planet that is perfect and free of inefficiencies and messy politics. When I see a problem that should be addressed, I am often the best person to also provide a solution. After all, this is my profession and my workplace! I should also realize that providing more staff, equipment and other resources may seem like an easy and logical solution, but may not be possible in these fiscally restrained times. Creative solutions that are cost neutral and involve more efficient workflows will often be met with more receptivity by my management team.

3. Part B: Choose to be positive.

My positive attitude and good intentions have more potential to impact my workplace environment than any other attribute. When I disagree with changes that take place, I should respectfully communicate

my concerns. When my communication fails to resolve concerns, I should then make a conscious decision to change my attitude and to cooperate with the change process. Even a disagreeable change may often evolve into a potentially better way of doing something. I will win the respect of my colleagues and management team when I maintain a positive, cooperative and optimistic attitude at all times. In turn, this respect will often provide me with increasingly more opportunities to provide input into decisions that affect the work I do.

4. Don't answer student questions

During my clinical placement, many years ago, a senior technologist made a habit of asking technical questions to verify my procedural knowledge. Although I didn't always appreciate being put on the spot, I have to admit that I learned a great deal through this experience. Rather than quickly answering student questions, I will do them a greater service if I ask them a question in return. It goes without saying, but this is also a great way to maintain and even build upon my own technical proficiency and knowledge base.

5. You don't have to do it all

By practicing active teamwork (don't wait to be asked!), I not only foster a more efficient patient work-flow, I will also work more safely and avoid workplace injuries. I should never regard accepting help as a sign of personal weakness, but rather an opportunity to work smarter. I should also strive to develop healthy workplace relationships. In times of need, my colleagues will prove to be invaluable assets to draw on. Another important reflection on this point: When I extend trust, I create trust.

6. You are in control of how you respond to the situation

Inevitably, there will be many things that will happen during my career that will be upsetting or disagreeable to me. I may not always be able to control the flood of emotions that I experience in such situations. That being said, how I respond to these emotions always involves a conscious decision. My body language and voice intonation communicate much more than the words that come out of my mouth. Emotional intelligence consists of having the self-knowledge and control to behave in a mature and professional manner at all times.

7. People will forget what you said, people will forget what you did, but people will never forget how you made them feel

Working in healthcare is a tremendous privilege that I should never take for granted. If I make it my primary mission to make somebody's day, every day, providing patient-centered care will be a natural outcome. Do I stop to consider that my fellow workers deserve the same respect and compassion as my patients? My decision to treat everyone with kindness and respect is the most powerful catalyst for positive change in my workplace environment.

8. Forget the golden rule!

If I always treat others as I would have them treat me, I am ignoring the fact that others have different needs and experience the world differently than I do. Instead I should apply the platinum rule. The platinum rule requires me to do unto others as they would have me do unto them. This philosophy is the central theme of patient-centered care and will always leave my patient feeling special and unique. Actively including patients in their own care and asking key questions to ensure comprehension is a great starting point towards applying the platinum rule.

9. Patients are people, too

I should never regard my patient as a diagnoses or the next imaging procedure in an already overloaded schedule. Each patient is a human being, with emotional, spiritual and physical needs, just like me. A warm smile, a reassuring voice and a strategically placed chuckle or two will go a long way towards making my patient feel like a person instead of a number. When I welcome a patient's family and treat them with unbiased respect, I am providing additional comfort and reassurance to my patient. I am also fostering an environment of compassion that is immediately visible to my team.

10. Volunteering is fun and rewarding

Whether I volunteer with my professional association or college, I am contributing to the betterment of healthcare and to my profession. Volunteering is also a great way to gain relevant experience, learn my about my profession and meet many new friends and colleagues.

11. Take a nap every afternoon!

I cannot hope to provide exceptional care to my patients if I don't take care of myself. Establishing a healthy work-life balance by eating well, getting enough sleep and exercising regularly are all very important considerations that I should not consider as secondary.

12. The most important final lesson is that the patient is the true expert

Never underestimate the knowledge that every patient has regarding his or her own health. I should always listen to my patient when they provide information that may help me to care for them better. This simple fact is a fundamental component of effective communication and compassionate care. It also one of the most important lessons that I can hope to learn as an MRT.

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CAMRT Profile: Robin Hesler

Longtime CAMRT and OAMRS board member (and CAMRT Past President) Robin Hesler recently retired. As a tribute to his lasting impact on the national and provincial association and the profession as a whole, we have gathered a few quotes from his co-workers and colleagues over the years. A heartfelt thank you to you, Robin, from everyone at CAMRT!



"Robin has always been a mentor for people in our profession, from entry-level to President. He was one of the earliest advocates advancing the work of MRTs in health care, and we have benefited from his influence to promote a high standard of care. All the best Robin, in your future endeavours."
-**Deborah Murley**, CAMRT Past President

"Robin Hesler was always prepared for his meetings, he was prepared to stand up and ask the questions that others should have asked. Often he already knew the answer, and simply asked it to inform others of the strategic direction their profession was heading towards. He and I were on the same wavelength—when a meeting had lots of discussion from the members, we felt that was a great meeting. I would like to think we have mentored a new generation of members who are willing to stand up and challenge the board on their decisions. Keeps us on our toes and we love it!"
-**Shirley Bague**, CAMRT Past President

"I always admired Robin's critical thinking. He was an inspiration to me and, through his example, he taught me to question and challenge the status quo with an objective of improvement, which resulted in organizational and personal benefits."
-**Bill Brodie**, CAMRT Past President

"Robin has a passion for our profession and association. At the AGM he would ask questions or challenge the board, where others would sit back. I have known Robin since he was a student and, although he could be a pain in the butt, his intentions were always admirable. It was a pleasure to serve with him on the provincial and Canadian level."
-**Dorothy Gallagher Schan**, CAMRT Past President

"I have known Robin since training days. We were provincial delegates and then board members together. Always friendly, always helpful, always questioning in order to make a difference for the betterment of the

"He was one of the earliest advocates advancing the work of MRTs in health care, and we have benefited from his influence to promote a high standard of care."

profession—Robin is one of a select group of members who continued to push and to move the organization forward over a significant period of time. A true mentor."
-**Donna Hateley**

"Robin Hesler is a fighter! He has fought for MRTs and their place in the healthcare system for his whole career. I credit Robin with bringing me over to the OAMRS and getting me involved in the profession at the volunteer and professional level. Robin has also left an indelible impact for MRTs in the Ontario healthcare system with his work in Government Relations (GR). He initiated the OAMRS's original GR program that raised the profile of MRTs by engaging with government and numerous committees alongside the other regulated health professions. He also initiated the modernization of Ontario's radiation protection legislation that could have a major influence on MRT practice, a project that he continued to lead until his retirement in 2013."
-**Greg Toffner**, President and CEO, OAMRS



"Dr. Robin Hesler is an outstanding proponent of the medical radiation sciences. The profession has advanced due in part to Robin's forward and progressive vision. Robin enthusiastically gives countless volunteer hours to the CAMRT and has worked tirelessly

for decades on numerous radiation initiatives. The secret to Robin's success is passion, dedication, perseverance and his focus on the goals."
-**Marcia Smoke**



Continuing Professional Development Highlights

QUICK SELF STUDIES NOW AVAILABLE

Providing Effective Feedback to MRT Students in the Clinical Environment

3.0 Credit Hours—Category A Credit

This Quick Self Study is available in an interactive online delivery format only. Internet access is required. Handheld devices are not recommended.

The relationship between a clinical student and the technologist who works with the student can be either rewarding or very challenging. Technologists are the experts in the practice of medical radiation technology, and in a facility where a student is assigned

for a clinical practicum there is an expectation that the technologist will be able to guide the student to entry level competency. Feedback is an essential requirement to maintaining a professional and effective learning relationship between students and technologists. This QSS provides the technologist with information about the importance of feedback when working with students on clinical placements. The application of the different types and styles of feedback are discussed. Through

case studies and examples, technologists are provided strategies and tools to assist in the feedback process.



Stroke and CT Perfusion

3.0 Credit Hours—Category A Credit

Stroke is a serious health issue that affects thousands of Canadians and is the second leading cause of death in the world. Thanks to advances in diagnosis and treatments, survival rates for stroke patients over the past decade have significantly improved. Since the decision to treat stroke is largely influenced on the basis of imaging, this quick

self-study will focus on the role of CT in acute stroke. This course will include a discussion on types of stroke, recognizing them on non-enhanced CT, the role of CT angiography and an explanation of CT perfusion. The role of CT perfusion for indications outside of acute stroke will also be explored.



Available Soon: Cardiac CT – UPDATED AND REVISED

Credit Hours—Category A Credit TBD

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.

QSS IN DEVELOPMENT / COMING SOON !

- * The Life Cycle of the Breast
- * PET/CT Guided Interventions

*Stereotactic Ablative Radiotherapy

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

FULL LENGTH COURSES

The Chest Image

40 Credit Hours—Category A Credit

This course is designed to provide the practicing medical radiation technologist with the knowledge to critically evaluate

the chest image. Students will review the anatomical and technical aspects of the normal chest image and learn to evaluate

the typical chest image, localize lesions, and recognize commonly seen pulmonary and cardiac disease processes.

Essential Concepts in Radiation Biology and Protection

40 Credit Hours—Category A Credit

This course examines the major components of radiation interaction with the human body. Beginning with a review of basic interaction with matter, this course explores the cellular and whole body response to radiation dose. In addition, the essentials of

radiation protection are examined for both patient and Medical Radiation Technologist. A self contained module, this course will allow the student to research current web based articles in order to complete their assignments and enhance prior learning. This

approach will broaden student perspective on this very important topic, and reinforce the concepts and methodology used in patient protection.

Introduction to Pharmacology

40 Credit Hours—Category A Credit

This course is designed to introduce pharmacology as it applies to a Medical Radiation Technologist. Students will be introduced to topics including: common medications and the variety

of pharmaceuticals used in a diagnostic imaging department. The focus is on drug classification, administration, metabolism, indications and contraindications for use, as well as adverse effects. The goal of this course

is for the student to obtain an understanding of the basic fundamentals of pharmacology.

UPDATED FOR WINTER 2017: CT IMAGING 2 & SECTIONAL ANATOMY 1 - COURSE DELIVERY FORMAT CHANGE

Both courses have undergone a very thorough review by subject matter experts to ensure the quality of delivery on the interactive platform. This transition to a Learning Management System will greatly improve learning, improve quality of images and provide the opportunity for increased access to images and case studies.

As with the other courses offered on this platform, internet access is required and handheld devices are not recommended.

For more information, please contact cpd@camrt.ca

FULL LENGTH COURSES IN DEVELOPMENT

*PET/MR

*Introduction to Research

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

Advancing CT Education: A Conversation with Rob Gamberg



Rob Gamberg has served on various CAMRT and provincial committees over the last 20 years; however, his focus has been establishing the highly successful computed tomography (CT) course. Thanks to the remarkable work by Rob and this committee, the course has expanded to include CT2 and CT3, and the CT Specialty Certificate was launched in 2002. We spoke to Rob, who recently retired from the committee, to find out a bit more about the work that goes into the creation, maintenance and renewal of these courses, and the progress he has seen in the discipline.

Can you tell us how the first CT1 course got started back in 1996?

It all started with my work on the CAMRT Advanced Certification committee beginning in 1991. Little did I realize at the time that this was the beginning of a 25-year relationship with our national organization (longer than most marriages these days)! The Advanced Certification committee, under the leadership of Roberta Sharp, taught me a great deal about education on the national scene and introduced me to a plethora of very educated, very knowledgeable experts in the field of Radiology. My steep learning curve became even steeper when I was asked to join the newly formed Continuing Education Advisory Group in 1996, and I quickly realized the value of networking at these meetings. At one point, our education director, Susan Ward, approached me on the subject of creating a CT Imaging course, because the Association had no offering in this relatively new discipline. I had started work in CT in 1993 and was enthralled with the whole concept of the introduction of the computer into our field and applying it to tomography, with resultant stunning images. At the time of Susan's meeting, I had taken CT courses at Johns Hopkins and Harvard, and felt that

maybe I could do this! What started as a single course on CT very quickly transformed into Part 1 as the volume of theory material piled up. The first offering began a year later, with 110 students. Within a year, we found that there were many radiation therapists taking the course, which caught us by surprise. That led to asking Tammy Currie (an indefatigable therapist from BC and core member of the CTIC committee since the beginning) to add a CTSIM component to the course. Several years later, we now have discipline-specific CT courses in theory and clinical applications.

This course was followed up with CT2 and CT3 in 1999 and 2003, respectively – what sort of background work goes into the creation of these courses?

The background work for these courses was different than that of CT1 because these new courses were based on clinical application rather than pure theory. They were fairly unique for their time in that the sectional anatomy sections were composed of full image sets of CT scans. This meant each anatomical area consisted of up to ~250 images (soft tissue & bone in three planes) and so each course manual consisted of over 1,500 images. So, lots of work finding and manually annotating images from normal anatomy scans & then finding images depicting commonly seen pathologies. Fortunately, working at a major teaching hospital helped the process, both from an image volume and a patient privacy perspective.

The CT Specialty Certificate was launched in 2002 – what impact do you think this certification has had on front-line practice?

The CT Specialty Certificate has validated front-line practice. This certificate provides an avenue for the technologist or therapist to grasp the theory behind not only CT, but also CTSIM & PETCT, and to develop the required clinical skills in these areas. The curriculum was developed based on national best-practice guidelines and is being continually updated. It remains current with the latest developments in a continually evolving field.

You not only authored, but also instructed these courses from the beginning – 20 years ago! Can you talk a bit about how the discipline has changed?

The biggest change I've seen in the discipline over the last 20 years has been the expansion of CT imaging to other imaging modalities and the development of fused imaging. With

this change obviously came challenges! This was really the beginning of technologists and therapists crossing existing borders and boundaries. First, was the education component; it was back to the books to master a new branch of physics. Next, it was stepping into another department and becoming competent in a new clinical skillset. The best part of looking back at the last 20 years is recognizing how smooth the transition was, a reflection on the professionalism of our core members in all three disciplines and on the association that facilitated the process.

What do you see as the future for CT in Canada?

The future for CT in Canada will certainly mirror advances in other major countries, i.e., CT will become the base procedure for imaging investigation. In order for this to happen, there has been an emphasis on increasing the efficient use of radiation dose and improving detectors and reconstruction algorithms. While image quality has already improved dramatically, it is the dose reduction that will be the developers' main focus.

The trend of CT being a multidisciplinary modality will only increase in the next few years. Technical advances being made in other disciplines, such as MR, NM and CTSIM will spill over to CT (and vice-versa), leading to advanced image-analysis and processing techniques. Contrast agents will evolve with potentially new markers replacing iodine. This will lead to new cellular and molecular imaging used to detect chemical, cellular and molecular biology make-up and pathological processes. Arm-in-arm with these new developments of increasing complexity is, and always will be, the need for a continued increase in educational activities for all stakeholders to stay current with these advances.

MRTs at CARO 2016

Over 25 MRTs enjoyed the beauty of Banff while attending the 30th annual Scientific Meeting of the Canadian Association of Radiation Oncology at the Banff Springs Hotel. The theme of the meeting was Patient Safety and Quality and many presentations focused on the work that is being done by all disciplines to ensure our patients receive high quality, timely and safe treatment.

This busy meeting included over 70 oral presentations and over 175 posters. Eight of the podium and 19 of the posters were presented by Radiation Therapists.

Next year's meeting will be in Toronto at the Hilton Hotel, from September 13-16, 2017. Abstract submission will open early January. Please go to www.caro-acro.ca for more information.



MRTs from UHN, with Tina Langlois from the CMRTO

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Display the CAMRT Code of Ethics at your Workplace!

The CAMRT [Member Code of Ethics and Professional Conduct](#) has been developed by members and endorsed by the Board of Directors to articulate the ethical behaviour and responsible conduct expected of all CAMRT members. Each member of the

association has a personal responsibility to understand, adopt, and promote the values and behaviours described in this code.

If you are interested in displaying this document at your workplace, please

complete this [online form](#) to receive a copy that will be shipped free of charge. You can also download a printable version from the CAMRT [website](#).



Code de déontologie et de conduite professionnelle des membres

Le Code de déontologie et de conduite professionnelle des membres de l'Association canadienne des technologues en radiation médicale (ACTRM) a été produit par des membres et entériné par le conseil d'administration afin d'articuler le comportement éthique et la conduite professionnelle responsable attendus de tous les membres de l'Association. Il incombe à chacun des membres, personnellement, de comprendre, d'adopter et de promouvoir les valeurs et les comportements décrits dans le code.

Le Code de déontologie et de conduite professionnelle des membres de l'ACTRM est l'un de plusieurs cadres professionnels applicables à la pratique des technologues en radiation médicale (TRM) au Canada. L'ACTRM rappelle aux TRM que chaque membre a la responsabilité de connaître et de respecter les lois, les règlements, les normes et les codes qui régissent l'exercice de la TRM dans sa compétence particulière (fédérale, provinciale ou territoriale), et ce, en tout temps.

SOINS CENTRÉS SUR LE PATIENT

Les soins centrés sur le patient s'appuient sur l'objectif de répondre aux besoins des patients et de leurs familles ou de leurs soignants dans tous les aspects de l'interaction en matière de soins de santé. À titre de TRM, les membres de l'ACTRM jouent leur rôle de soignants centrés sur le patient en appliquant les principes suivants :

Prôner des soins optimaux pour le patient et y collaborer

- » Prôner les soins les plus appropriés pour les patients.
- » Collaborer avec les patients, les décideurs appropriés et les fournisseurs de soins de santé et les consulter pour faciliter les soins optimaux dispensés aux patients.

Faire participer les patients à leurs soins

- » Éduquer les patients, les familles et les soignants en leur fournissant de l'information qu'ils peuvent comprendre et utiliser pour prendre des décisions éclairées sur les soins.
- » Répondre aux questions des patients et des membres de la famille de manière exhaustive et honnête, dans les limites des connaissances, du pouvoir et des responsabilités du TRM. Le TRM peut devoir obtenir des renseignements additionnels ou orienter le patient vers le fournisseur de soins de santé le plus approprié.

Respecter la dignité et les droits du patient

- » Faciliter et encourager le libre choix et éclairé des patients, des familles ou des soignants, incluant les décisions de refuser ou d'abandonner un traitement.
- » Veiller à ce que les principes du consentement éclairé soient préservés tout au long de l'interaction du patient avec l'environnement de TRM.
- » Traiter toutes les personnes avec respect et dignité et fournir des soins sans égard à l'origine raciale, nationale ou ethnique, à la couleur, au sexe, à l'orientation sexuelle, à l'affiliation religieuse ou politique, à l'âge, au type de maladie, ou à la capacité mentale ou physique.

Protéger la confidentialité

- » Déployer tous les efforts pour préserver l'intimité physique du patient.
- » Respecter le droit à la protection des renseignements personnels du patient.
- » Assurer la confidentialité des renseignements et de la documentation sur la santé du patient.

MAINTIEN DES COMPÉTENCES

La compétence dans la discipline d'exercice est au cœur de la prestation de soins de qualité, centrés sur le patient. Les membres de l'ACTRM s'acquitteront de leurs responsabilités en matière de compétence par les moyens suivants :

- » N'exécuter que les procédures pour lesquelles ils ont acquis la compétence requise.
- » S'engager dans l'apprentissage continu, afin de maintenir un niveau constant de compétence dans leur discipline, incluant la formation accréditée et/ou le perfectionnement professionnel continu (PPC), s'il y a lieu.

PRATIQUE FONDÉE SUR LES DONNÉES PROBANTES ET PRATIQUE RÉFLEXIVE

Les TRM améliorent constamment leur pratique afin d'assurer les meilleurs soins aux patients en respectant les principes de la pratique fondée sur les données probantes et de la pratique réflexive. Les membres de l'ACTRM s'acquitteront de leurs responsabilités en matière de pratique exemplaire par les moyens suivants :

- » Offrir des soins basés sur des jugements professionnels tenant compte de leur expérience clinique et des besoins du patient.
- » Se tenir informés des tendances en matière de TRM, fonder leurs choix de pratique sur des données probantes et appliquer ces connaissances à l'environnement clinique et à l'environnement de recherche, selon le cas.
- » Appliquer les lignes directrices (institutionnelles, régionales, provinciales, fédérales) en combinaison avec l'expérience clinique afin de réfléchir sur leur pratique et de l'améliorer constamment.
- » Prôner une culture de recherche dans le domaine de la TRM, qui permettra d'améliorer la qualité des recommandations fondées sur les données probantes dans le futur.

FOURNIR UN ENVIRONNEMENT SÉCURITAIRE

La sécurité de toutes les personnes qui entrent en contact avec la technologie de radiation médicale est d'une importance primordiale. Les membres de l'ACTRM s'acquitteront de leurs responsabilités en matière de sécurité par les moyens suivants :

- » Tenir à jour leurs connaissances des normes de sécurité relatives à la pratique de la TRM et exécuter l'ensemble des procédures et des examens dans le respect de ces normes.
- » Assurer un environnement sécuritaire et prendre des mesures pour minimiser l'exposition aux risques potentiels (p. ex. exposition au rayonnement, champs magnétiques intenses, risques d'infection).
- » Intervenir dans des circonstances de mauvais traitement ou de pratique non sécuritaire, d'incompétence ou de manquements à l'éthique.

AGIR AVEC INTÉGRITÉ PROFESSIONNELLE

L'intégrité professionnelle est essentielle au maintien de la confiance envers la profession de TRM. Les membres de l'ACTRM démontrent leur intégrité professionnelle par les moyens suivants :

- » Aspirer à un degré élevé d'efficacité professionnelle en tout temps.
- » Traiter chaque personne avec dignité et respect.
- » Maintenir et améliorer le bien-être personnel et ne jamais exercer ses responsabilités sous l'influence de substances ou en état affecté par une condition susceptible de nuire à la qualité ou à la sécurité des soins.
- » Se conformer aux lois et aux règlements provinciaux, territoriaux ou fédéraux.
- » Accepter la responsabilité de ses actions et décisions professionnelles, y compris des erreurs commises.
- » Fournir des services professionnels sécuritaires, légaux et dans l'intérêt supérieur du patient.
- » S'assurer que tous les énoncés oraux et écrits sont véridiques, clairs et concis.
- » S'assurer que toutes les activités professionnelles sont appropriées et ne constituent aucun conflit d'intérêts.
- » Soutenir la profession en exécutant toutes les activités professionnelles de manière à maintenir la confiance du public.
- » Recourir aux mécanismes professionnels, institutionnels ou réglementaires appropriés pour intervenir lorsqu'ils sont témoins de mauvais traitement ou de pratique non sécuritaire, d'incompétence ou de manquements à l'éthique tout en soutenant les collègues qui en informent les autorités pertinentes.

Announcements

Resolutions or Motions for 2017 Annual General Meeting

CAMRT members are invited to submit resolutions or motions to be debated at the 2017 Annual General Meeting, which will be held on Friday, April 28, 2017, in Ottawa, Ontario.

All resolutions or motions must be sponsored by ten CAMRT voting members.

The deadline for receiving resolutions is **December 29th, 2016**. Please send to the attention of François Couillard, Chief Executive Officer by either fax: (613) 234-1097 or email: fcouillard@camrt.ca.

CAMRT Awards Program — Essay and Exhibit Competition

The CAMRT invites submissions for the 2017 CAMRT Awards Program - Essay and Exhibit Competition. The competition is open to CAMRT members in good standing and students enrolled in accredited medical radiation technology education programs.

The deadline for submission to both the essay and exhibit competition is **February 15, 2017**. For more information on the Awards Program, please go to <http://www.camrt.ca/mrt-profession/professional-recognition/competitive-awards/>. Entry forms can be submitted online. Should you have any queries, please contact Phyllis Williams at pwilliams@camrt.ca.

Annual Speaker Competition—41st ASRT Radiation Therapy Conference September 24-26, 2017, San Diego CA

The CAMRT is once again working with the American Society of Radiologic Technologists (ASRT) to provide a speaker for the ASRT Radiation Therapy Conference. We are looking for an innovative or forward thinking presentation that addresses a topic in Radiation Therapy or Dosimetry. The conference will take place at the Manchester Grand Hyatt in San Diego, in September 2017 in conjunction with the Annual Meeting of the American Society for Radiation Oncology (ASTRO).

The speaker will be selected through a competitive process from among the CAMRT membership, and interested members are invited to submit applications to make this presentation. Applications should be sent by **Tuesday, January 3, 2017, at 5 pm EST**. You can find details regarding submission online at: [CAMRT Speaker Competitions](http://www.camrt.ca/mrt-profession/professional-recognition/honorary-awards/)

Annual Speaker Competition—2017 ASRT@RSNA November 26 – December 1, Chicago IL (McCormick Place)

The CAMRT is once again working with the American Society of Radiologic Technologists (ASRT) to provide a speaker for its annual technologist-focused conference, which is called ASRT@RSNA, during the RSNA in Chicago. We are looking for an innovative or forward thinking presentation that addresses a topic in the field of Radiological Technology, Nuclear Medicine or Magnetic Resonance.

The speaker will be selected through a competitive process from among the CAMRT membership, and interested members are invited to submit applications to make this presentation. Applications should be sent by **Tuesday, January 3, 2017, at 5 pm EST**.

You can find details regarding submission online at: [CAMRT Speaker Competitions](http://www.camrt.ca/mrt-profession/professional-recognition/competitive-awards/)

Call for Nominations for the CAMRT Honorary Awards

The CAMRT Awards Program was established to highlight the expertise and professionalism of CAMRT members and students. The CAMRT is proud to recognize individuals who have contributed to their profession and association.

We all know colleagues who have been significantly dedicated and involved in professional activities advocating and promoting the profession to students, peers, patients, other healthcare professionals and the public.

Now is the time for you to honor those colleagues and submit their name for nominations to the following awards.

- 2018 Welch Memorial Lecturer
- Life / Honorary Life Member Award
- Dr. Marshall Mallett "Lamp of Knowledge" Award
- Early Professional Achievement Award
- Steward of the Profession Award
- Outstanding Service Award
- Grassroots Advocacy Award – **NEW**

Deadline for receipt of CAMRT Honorary Award nominations is January 15th, 2017

Description of these awards, together with online nomination forms, can be found on the CAMRT website (MRT Profession – Professional Recognition). <http://www.camrt.ca/mrt-profession/professional-recognition/honorary-awards/>

PRACTICE INSIGHTS CAMRT ACTRM WEBINAR SERIES

Need Continuing Education/Category A Credits? Try a CAMRT Webinar!

CAMRT is proud to introduce [Practice Insights](#) — a series of webinars providing insight and education to practicing MRTs on topics of clinical and professional interest. Check out our catalogue of recorded webinars from 2015-16, or listen live to the remaining webinars in our 2016 series. Groups are welcome to attend! Join our engaging speakers as they provide a glimpse into various aspects of our ever-changing fields of practice. And be sure to check the website for our 2017 line-up, to be announced shortly! Don't miss this great opportunity to earn credits from the comfort of your own home.

CAMRT Readership Survey – Thanks for your feedback!

Earlier this year, we asked you what you wanted to see in your member newsletter. Thanks to those who took the time to complete our short, 5-question survey—you sent us some great ideas! Below is some of the feedback we received. We have already started pursuing your ideas – look out for your suggestion in upcoming editions.

- Notices about updates to best practice guidelines
- Articles on practice changes or quality improvement projects
- A little recognition area would be nice - to recognize those who work so hard under the radar!
- Have members send in an article that they found valuable to practice and have a one-time article in each discipline (including education), maybe quarterly
- Links to members research work published in academic journals (free access or link to abstract)
- Articles on advanced technology
- More articles on MRI

If you are still interested in letting us know how we can improve this publication, your feedback is welcome! Help us make your association news even better, and send your comments, questions or concerns, to Carly at cmccuaig@camrt.ca.



2017

**CAMRT-OAMRS
ANNUAL GENERAL
CONFERENCE**

CONGRÈS
GÉNÉRAL ANNUEL
ACTRM-OAMRS

APRIL//27-30//AVRIL

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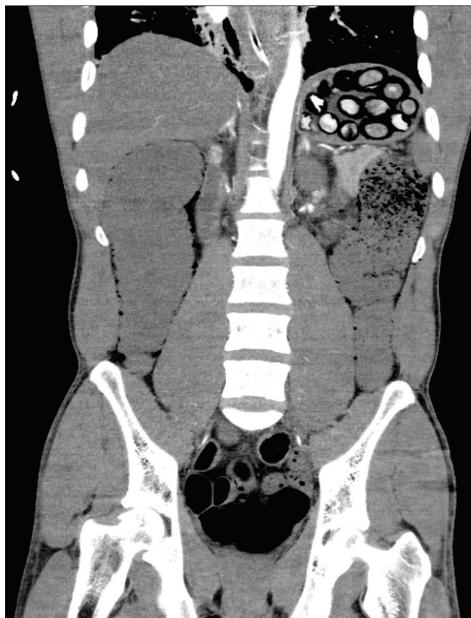
OAR Emergency Radiology 2017

Third Annual Course for
Community Radiologists
& Technologists

Course Director: Dr. Michael Patlas

This course will be of interest to Radiologists, DI Residents, Fellows and Medical Radiation Technologists.

One Day In-Person Course and Live Webcast CME Saturday, June 3



Take advantage of the Ontario Association of Radiologists' **20% DISCOUNT** on CME registrations for groups of 5 or more technologists wishing to attend OAR CME webcasts.

Groups must sign up in advance with the names and contact information of those attending the webcast, as well as their place of employment so that we have sufficient details to ensure that CPD credits can be assigned to the participating technologists. This notice may be done by e-mail or fax. A single discounted payment must be made at the time of registration.

All registrants will receive step-by-step instructions in advance of the course so that they may participate in interactive Q&A sessions using an audience response system. Participants will also have the opportunity to email questions to the course lecturers and ALL questions will be answered during the Q&A Sessions.

To access the course brochures and register, go to www.oarinfo.ca and click on Education.

Keynote Speakers



Dr. O. Clark West

Professor of Diagnostic and Interventional Imaging, Vice Chair for Clinical Operations & Imaging Informatics and Chief of Emergency, Trauma and Musculoskeletal Imaging, McGovern Medical School, The University of Texas Health Sciences Centre, Houston, Texas, U.S.A.



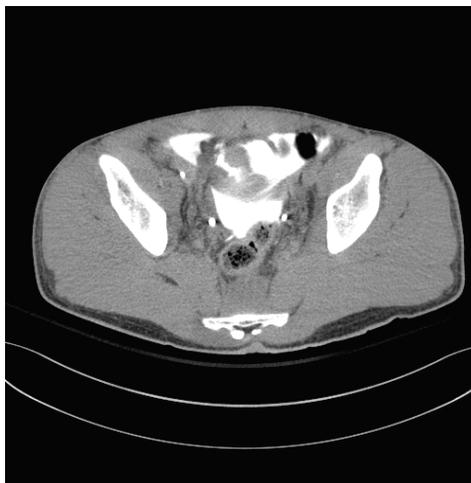
Dr. Sanjeev Bhalla

Professor, Radiology Division of Diagnostic Radiology, Cathiothoracic Imaging Section, Co-Chief Body Computed Tomography, and Co-Chief Emergency/Trauma Radiology, Washington University, Mallinckrodt Institute of Radiology, St. Louis, MO, U.S.A.



Dr. Savvas Nicolaou

Associate Professor and Vice Chair, Undergraduate Education and Continuing Professional Development, University of British Columbia and Director of Emergency/Trauma Imaging, Vancouver General Hospital, Vancouver, B.C.



CONTINUING PROFESSIONAL DEVELOPMENT

WINTER 2017: REGISTER ONLINE TODAY!

Registration Deadline: January 9, 2017

Late Deadline: January 23, 2017

COMMITTED TO YOUR CONTINUING PROFESSIONAL DEVELOPMENT

The CAMRT's Continuing Professional Development department offers online and electronic-based courses and programs providing technologists and therapists the opportunity to obtain quality continuing professional development through convenient, self-directed learning that offers support from course instructors. Our offerings include:

FULL LENGTH COURSES

These courses are offered twice per calendar year: Fall and Winter. Each course has six assignments and a final exam. Topics include:

- Chest Image
- CT Imaging
- CT Imaging for Radiation Therapy
- Dosimetry
- Essential Radiation Concepts in Biology and Protection
- Fundamentals of Quality Management
- Health Care Ethics
- Human Factors in Patient Safety
- Imaging Breast Pathology
- Interventional Radiology
- Introduction to Pharmacology
- Leadership Skills
- Mammography
- PET Theory & PET/CT Applications
- Pharmacology in Cancer Care
- Project Management for Healthcare Professionals **NEW!**
- Sectional Anatomy 1
- Sectional Anatomy 2

QUICK SELF STUDIES

These are self-directed learning modules available year round. Each comprises a self-contained, self-study module with a self-administered post quiz that you submit to the CAMRT for marking. QSS topics include:

- Applications of Medical Laboratory Tests in Nuclear Medicine Technology: Renal System
- Applications of Medical Laboratory Tests in Nuclear Medicine Technology: Skeletal and Respiratory Systems
- Basic Microbiology
- Breast Cancer **UPDATED**
- Cancers of the Skin
- Cardiac CT
- Colorectal Cancer
- Complementary and Alternative Medicine
- Computed Radiography*
- Contrast Media*
- CT Colonography* **UPDATED**
- CT Perfusion **NEW!**
- CT Simulation* **UPDATED**
- Cultural Competence
- ECG in Imaging
- Gynecological Cancers: An Overview
- Lung Cancer
- Medical Imaging Informatics: PACS & RIS
- Nutrition & Cancer
- Orthopedic Implants **UPDATED**
- Palliative Care
- Prostate Cancer
- Providing Effective Feedback in the Clinical Environment
- Reflective Practice for MRTs
- Respiratory Gating **NEW!**
- Reviewing Patient Education Skills in the Clinical Setting **NEW!**
- SPECT/CT*
- The Basics of Clinical Trials and Research in Cancer and Beyond

* also available in french.

CERTIFICATE PROGRAMS

Certificates are offered in:

- breast imaging (screening and/or diagnostic);
- CT Therapy;
- dosimetry;
- computed tomography;
- interventional radiology; and
- PET/ CT.

Each certificate program requires completion of relevant CAMRT courses and a clinical component. Certificate programs enable professionals to demonstrate and to be recognized as competent within their fields. Program handbooks are available for download <http://www.camrt.ca/professional-development/certificate-programs/>

COMING SOON

Full Length Courses:

- An Introduction to Research
- PET/MR

Quick Self Studies:

- PET/CT Guided Interventions
- The Life Cycle of the Breast
- Stereotactic Ablative Radiotherapy

NEW! VIRTUAL CONFERENCES

Designed to bring high-quality professional development directly to you, on your schedule. Benefit from world-class educational opportunities, without ever leaving home https://ww2.camrt.ca/cpd/index.php?page=catalogue&course_type=V

NEW! PRACTICE INSIGHT WEBINAR SERIES

A series of webinars providing insight and education to practicing MRTs on topics of clinical and professional interest. Join our engaging speakers as they provide a glimpse into various aspects of our ever-changing fields of practice <http://www.camrt.ca/professional-development/virtual-programming/practice-insights-a-camrt-webinar-series/>

<http://www.camrt.ca/professional-development/>

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