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OAR Offering Group Discounts to MRTs for CME Webcasts

Since the Ontario Association of Radiologists (OAR) began its CME program in 2007, a core part of this programming has focused on acknowledging and understanding the vital partnership between radiologists and technologists/sonographers and promoting the enhanced joint-education of both whenever possible and appropriate. In the beginning all OAR courses required live attendance but approximately two years ago we introduced webcasting of all CME's thereby making OAR courses more accessible to more people. The response has been significant. To date, more than 3,500 technologists and sonographers have participated in OAR CME events.

Webcasting CME programs has caused us to investigate how we can make these programs more useful to technologists and sonographers across Canada who would otherwise not be able to participate as well as to offer them at as low a cost as possible. In addition, we have received expressions of interest from groups of technologists working in various regional health authorities across the country where the hospital, or clinic is funding technologist education and where they have inquired about group webcasting rates. Last year the OAR introduced a pilot project accepting registrations from technologists and sonographers wishing to attend a CME webcast in a group learning environment. This project was well received across Canada. To this end, the OAR is again offering a 20% discount on CME registrations for groups of 5 or more technologists wishing to attend OAR CME Webcasts.

This offering is currently being provided for groups of technologists and sonographers wishing to attend the webcast version of the following Spring & Fall 2015 courses:

OAR Emergency Radiology: Practical Information	October 3rd, 2015
OAR-OBSP Annual Breast Imaging Symposium	October 31st, 2015
OAR Nuclear Medicine	November 7th, 2015
OAR CBMD Accredited Densitometry Technologist (ADT) CME 2016	April 9 & 10, 2016

Payment Options: 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 email or fax. A single discounted payment must be made at the time of registration.

1. Cheque

Ontario Association of Radiologists
CME Registration
245 Lakeshore Road East
Oakville, Ontario L6J 1H9

2. Electronic Payment Transfer

Details available from the OAR office
at 905-337-2680 or mail@oarinfo.ca

3. Credit Card

The OAR accepts VISA, MasterCard & American Express for those regional health authorities wishing to pay using a corporate card.

4. Groups of Technologists/Sonographers Working Together Where technologists

paying personally, the OAR will offer the same discount to groups of 5 or more who are working together. Group payments can be made by one single payment only, by cheque, credit card, or electronic transfer payment.

Our electronic registration system cannot yet handle group registrations, but we expect to have the necessary changes introduced in the near future. In the meantime please register via email or fax. We expect there will be some growing pains as we change our online payment system to handle this new service, so please bear with us in the interim. The OAR welcomes ideas and suggestions to improve this service and will try to incorporate those that are feasible to implement. We appreciate your interest and remain committed to this inter-professional venture to keep our respective members at the leading edge of high quality DI education.

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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 nforget@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 nforget@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	July 15	Last week of July
Number 4	September 7	Third week of October



On the cover... An aerial view of the main hall where the Joint Congress was held in the Palais de Congrès.

DISCLAIMERS:

Opinion Pieces: The opinions expressed in the "Opinion Piece", "All in the Family", and "Day in the Life" sections of the newsletter are those of the author(s) and do not necessarily state or reflect the views of the CAMRT. The CAMRT and its employees do not express or imply any warranty or assume any legal liability or responsibility for the accuracy, completeness, or usefulness of any information in this section. Authors submitting material to this column are permitted to publish anonymously, if requested.

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President's Message

We are now past the halfway mark of 2015, and what an interesting year it has turned out to be thus far. Since our last issue of the News, we've completed new mission, vision and values statements and adopted a visionary strategic plan. One of our values statements speaks very much to the way CAMRT goes about its business as an organization: On the subject of collaboration:

We strive to be open, listening, trustworthy, and respectful facilitators. We team with others to solve problems, sharing our expertise.

How we demonstrate this value has been the focus of CAMRT's activities over the last few months. As some of you know, we have just returned from a very successful joint congress on Collaborative Care, Imaging and Treatment, held in Montreal in partnership with:

- The Canadian Association of Radiologists/ L'Association canadienne des radiologistes (CAR)
- L'Ordre des technologues en imagerie médicale, en radio-oncologie et en électrophysiologie médicale du Québec (OTIMROEPMQ)
- La Société canadienne-française de radiologie (SCFR)

presentations from:

- **Dr. Debbie Levine**, Vice-President, American College of Radiology (ACR)
- **Sal Martino**, CEO, American Society of Radiologic Technologists (ASRT) and President-Elect Sandra Hayden
- **Dr. Ronald Arenson**, President, Radiological Society of North America (RSNA)
- **Pr. Elisabeth Schouman-Claeys**, SFR Management Working Group, Société Française de Radiologie (SFR)
- **Philippe Gerson**, Vice Président, Association Française du Personnel Paramédical d'Electroradiologie (AFPPE)
- **Brian Liszewski**, CAMRT Representative to the Canadian Partnership for Quality Radiotherapy (CPQR)

There was time for questions and further discussion on models of collaborative care and what might be barriers to adopting a patient-centered collaborative model of care. It was an exceptional opportunity for a robust discussion on our common issues from a local, national and global perspective. We openly shared our unique successes and challenges, as well as



new insights, shared vision and a willingness to support the global profession of Medical Radiation Technologists. The common goal is providing our patients the highest quality of care. We are positively impacting the development of the healthcare system and assisting patients in their care journey.

This multi-layered conference provided the perfect venue for productive dialogue with our national and international partners.

Over 1,200 technologists, radiologists and other healthcare professions were treated to a rich menu of specialized and multidisciplinary education sessions over the three-day event. Look for the congress event reports and photos throughout this issue. This multi-layered conference provided the perfect venue for productive dialogue with our national and international partners.

offering solutions where we could. We left with a renewed commitment of working together to find solutions for a healthcare system that has financial restraints as we strive to provide quality care and service to the people of Canada.



Toasting to the beginning of the 2015 Joint Congress



CAR and CAMRT Stakeholders Meeting

Dr. Jacques Lévesque and I co-chaired the CAR and CAMRT Stakeholder Meeting on Collaborative Care. Our boards, as well as other stakeholders we work with in our delivery of care, were present in the room. We had ten-minute



Delegates at the 2015 Joint Congress

Our CEO, **François Couillard**, and I had many individual meetings with leaders from France, the United Kingdom, and the United States during the conference. We also met with provincial organizations, association leaders from the Canadian Association of Radiation Oncology (CARO), International Society of Radiographers and Radiological Technologists (ISRRT), and our own CAMRT Foundation. Each meeting brought

Education, whether entry to practice or continuing education, is important to all organizations and I am proud to say Canada is recognized globally for its high standard of education. We are on the edge of a transformation in the way MRTs are educated in the near future. We shared with France and the UK our vision, and investigated how their model would fit with our new direction. Our international stakeholders are ahead in some areas, but catching up with us in others. For example, in the US they have advanced practice in diagnostic imaging, but not in therapy, which is the reverse for us. In the course of our discussions, we also shared our research grant criteria and funding models with the intention of improving what we are already doing.

CAMRT is able to collaborate effectively at the international level. We are fortunate to have four leaders from our membership playing significant

roles with the ISRR: **Terry Ell, Marcia Smoke, Alain Crompt** and **Robin Hesler**. With CAMRT's support, this ensures that Canadian expertise and perspective are reflected in the international community of colleagues.

On the home front, leadership is also very much on our minds. Coming to an inbox near you is the next round of elections for the CAMRT Board of Directors. We have just completed our **first** national election and the ratification of new directors in May. We are looking forward to identifying the next three members for July 2016-2019.

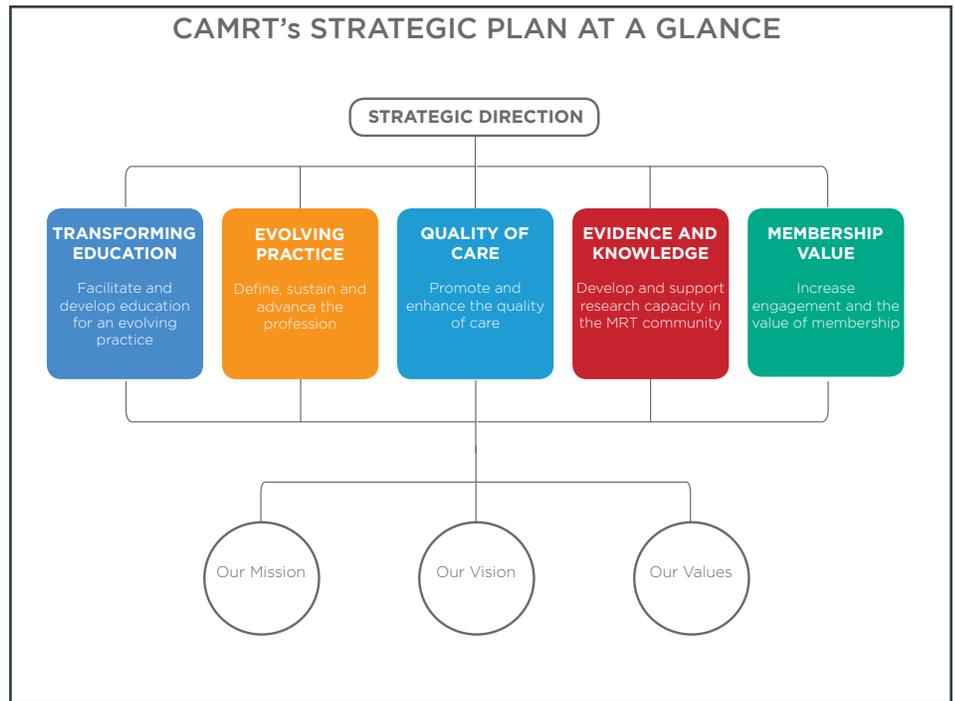


Members voting at the AGM

Through the spring election, we learned some lessons about best timing for voters and for the new board members themselves. We have thus adjusted the election process to be completed in early autumn, allowing the best lead in time for new MRTs to actively participate. This year we are electing directors for Ontario, Prince Edward Island, and Newfoundland and Labrador. I was very pleased with the quality of leadership and the voter response this spring; let's continue the trend!

Finally, I want to acknowledge and celebrate with you the advancement in research occurring in the nuclear medicine discipline of our profession. Nuclear medicine technologists across the country are increasingly involved at different levels of research, including clinical trials. What an awesome time to be in your profession! I invite you to read my report in the sidebar on the recent Society of Nuclear Medicine and Molecular Imaging (SNMMI) conference in Baltimore, which sheds more light on the exciting developments in this segment of our professional population, and even more opportunities for us to collaborate with other associations, with government and industry to advance our profession and strengthen our association.

Alf Murley



CAMRT's new Strategic Plan at a Glance. For more details, read François Couillard's article on page 6.

SNMMI Report June 2015



The poster area at SNMMI held some case study stations for physicians and technologists to review and solve.

François and I recently attended the Society of Nuclear Medicine and Molecular Imaging (SNMMI) conference in Baltimore from June 6-10. It became apparent that we have hit a lot of the right notes with our new strategic plan. The technologist section was promoting a quality initiative; they have partnered with the Australian association and are interested in partnering with us at CAMRT, as well. Follow-up will happen through the CAMRT office.

Research and the culture of research is alive and well here, also. From physicians, physicists and radiopharmaceuticals to the technologist, everyone plays a part. Canada held an important place in the plenary Henry N Wagner, Jr. lectureship given by Dr. François Benard, "Accelerating Nuclear Medicine with Cyclotron Produced ^{99m}Tc." The room was full of international delegates and vendors who were at different levels of belief for this as a solution. It was also a year that industry stood together in a forum to reassure us that they are all prepared for any disruption in the supply of Mo-99. Even if we do not truly believe their levels of preparedness, it is reassuring they are publicly addressing the fact that by 2018, when Chalk River is closed and not on hot stand-by, there may be some disruption of service. They are working on alternatives. Another pressure on the industry is the legislated shift from high-level uranium (HEU) to (LEU) low-level urani-

um. It is a safer alternative, but creates more waste and less useable product. This is where the use of cyclotron-produced ^{99m}Tc is so attractive; it is clean, and produces no hazardous waste. But we are not at the commercial level yet. There are many cyclotron sites across Europe that are watching Canada to see if we are successful. It is nice to be considered the leaders in research and industry.

I am pretty excited about the new tracers and cell specific therapeutic solutions in development, but as François reminds me we are not at commercial level yet... but they will be.

François and I had successful vendor/industry interactions. They were surprised when François could speak their language so well. The vendors are also generous in having nights for Canadians at the SNMMI where we mingle before dinner and get to know each other. This included physicians, physicists, technologists and students from coast to coast—in other words, the team we work and collaborate with at our sites. We obtained some sponsorship for the new CAMRT Leaders Program and a line on some support for our Leadership Development Institute. We also touched base with the European Association of Nuclear Medicine to see how they interact with their technologists.

We were invited to join the Canadian Association of Nuclear Medicine for supper. They are lobbying hard to host the World Congress of Nuclear Medicine in 2022. It would be held in Vancouver, and they assure us that technologists would be included. They have put François on their bid committee. We shall see.

Summer-Spring Impressions

Report from CAMRT CEO François Couillard



François Couillard with the CAMRT Board and Provincial Organization executives

I had the good fortune this spring to attend many provincial organizations' meetings. It allowed me to experience first-hand the vitality of our profession. There were large numbers of very engaged technologists attending and presenting at these conferences—proof of the desire of MRTs to invest in their continuous education and exchange with their peers.

My first provincial conference was in Saskatoon, Saskatchewan in the middle of April. The SAMRT was celebrating its 75th anniversary! Close to 20% of the province's MRTs attended, one of their largest numbers of participants in a long time. A notable trend in Saskatchewan is a desire by sonographers to form one association with the SAMRT. Also, there is a big province-wide push for LEAN process improvement—not only in healthcare, but in all government departments, including education. Finally, the province is pioneering a new production method for Mo99 using linear accelerators. It is still at the research stage but, down the road, work being done could lead to a more diversified source of medical isotopes.

My next stop was in PEI and New Brunswick. PEI held its conference in Charlottetown and it was attended by about 40% of the membership. We did a fun hands-on workshop on the theme of collaborative care, and I was invited to make a presentation on the future of the profession. It was a great opportunity to meet the membership and volunteer leaders of the association. The next day, CAMRT president, **Deborah Murley** and I drove to Moncton, NB to celebrate the 75th anniversary of the NBAMRT. Again the turnout was excellent, and the talks educational and inspiring.

In early May I was invited to present on the situation of isotope supply at the OAMRS annual conference, at their brand new location in Hamilton, Ontario. The office of the association is now located at the McMaster Innovation Park, a modern innovation hub on the outskirts of Hamilton. The meeting was well attended and topics covered ranged from government advocacy initiatives to the promotion of research done by MRTs.

At the end of May we held our national annual conference in Montreal. This year's event was very special because we partnered with 3 other organizations to organize a Joint Congress. The results did not disappoint. There were over 1,200 participants, including over 650 technologists (and students) and 450 radiologists (and residents). In addition to the numerous scientific sessions, Deborah Murley and I had a dozen side meetings with Canadian and international stakeholders. I also facilitated a 3-hour discussion with a group of about 50 stakeholders that included board members of the CAMRT and CAR (Canadian Association of Radiologists) on the topic of collaborative care.

Just prior to this conference, the CAMRT Board of Directors met for two productive days and, among other things, approved a new Strategic Plan for the organization. I invite you to learn about our new strategic priorities [on our website](#). We have 5 new focus areas: Quality of Care, Transforming Education, Evolving Practice, Evidence and Knowledge, and finally, Membership Value. In the upcoming months, CAMRT staff will be busy drafting operational plans to bring this strategic vision to life (see page 5).

Positive Trends in Nuclear Medicine

The looming possible isotope shortage due to the closure of the Canadian NRU reactor continues to worry the nuclear medicine community. I have been spending a fair amount of time monitoring the situation and having discussions with current producers and researchers working on innovative new production methods. Although there remains a likelihood of supply disruption in the upcoming years, I am reassured by the level of effort exerted by all the current and future producers. Industry is taking the situation very seriously and is investing money and time to minimize the risks of shortage. If you were unable to join the webinars I presented on the topic in French and English on July 16th, you can access them on the CAMRT website and complete the quiz that follows to receive educational credit.

Continuing on the topic of nuclear medicine, I can join our President in attesting to the vitality of the discipline. There were thousands of participants from over 40 countries at the SNMMI. Canada was extremely well represented at the conference, either as presenters or participants. We had many high quality conversations: we met with the President of the International Atomic Energy Agency, the European Nuclear Medicine Association, SNMMI staff and volunteers, technologists and physicians from Canada and around the world and many vendors and manufacturers. We had several meetings with the leadership of the Canadian Association of Nuclear Medicine (CANM). They have invited me to sit on the bid committee for the 2022 World Federation of Nuclear Medicine & Biology Congress in Vancouver. We will learn in 2016 if we were successful in winning the bid. If so, Canadian technologists will play an integral part in developing the program and hosting the conference. This joint effort is a clear signal to the global nuclear medicine community of Canada's continued longstanding commitment to innovation and education in nuclear technology.

Scope of Practice

A Trending Topic in Canadian Healthcare

70% 

Optimization of professional scope of practice

Resolved, that governments in Canada collaborate to define and implement innovative approaches to optimizing scopes of practice across all healthcare professionals

Sponsor: Mark Given, Director, Canadian Association of Medical Radiation Technologists

Monitoring and influencing the changes occurring in MRT scope of practice across Canada remains a top priority for the CAMRT. Much work has been undertaken to research and define [Advanced Practice for MRTs in Canada](#), and this vision is being put into practice with the CAMRT's collaborative efforts to establish a certification process for advanced practice in radiation therapy.

A recent highlight of CAMRT's advocacy efforts on this issue was the inclusion of its motion in the

inaugural **Great Canadian Healthcare Debate** at the National Health Leaders Conference in Charlottetown, PEI. Following submission of a brief, the CAMRT resolution focused on [the optimization of professional scopes of practice in healthcare](#) was selected from 50 received by debate organizers for inclusion in the program. It was later voted by delegates as one of the five resolutions going forward for debate.

Resolution sponsor and CAMRT director of Professional Practice, **Mark Given, MRT(MR), RT(R)**, presented the resolution and the background arguments to the health leaders in Charlottetown. The motion was passionately discussed and debated by delegates. There was a majority (70%) consensus for the resolution, with good support for optimization of scopes of practice. After reflecting on the debate, Mark felt that there is still work to be done for all healthcare professions wishing to optimize scopes, as misconceptions about what scope optimization will look like are still common. There was also support for coordination and collaboration on

this issue, though there was less agreement as to government involvement, and at what level. As the brief for our resolution suggests, this leaves an important role for MRTs and the CAMRT to work with government bodies and regulators to optimize scopes of practice that improve patient care of all Canadians.

The high-profile exposure of this important issue at this gathering of health leaders was an important step as the CAMRT works to garner greater engagement in conversations that matter to MRTs. It builds on recent briefs tabled to the House of Commons Health Committee's study on the federal role in scopes of practice, and the Health Minister's Advisory Panel on Healthcare Innovation, which highlighted MRT issues to federal stakeholders. And it flows well with the general momentum around this issue nationally, where it is the focus of recent influential reports from the Canadian Academy of Health Sciences, the Canadian College of Health Leaders, and including CAMRT's work with the Health Action Lobby (HEAL, also profiled below).

The Canadian Way

CAMRT and the Health Action Lobby (HEAL)

The CAMRT is a member of the Health Action Lobby, (HEAL, a coalition of 39 national health organizations representing 650,000 health professionals who serve the full range of health needs of Canadians from coast to coast). This coalition was established in 1991, created out of concern over the erosion of the federal government's role in supporting a national health system. Throughout its history, the major focus of HEAL's activities has been on the federal role in health and healthcare.

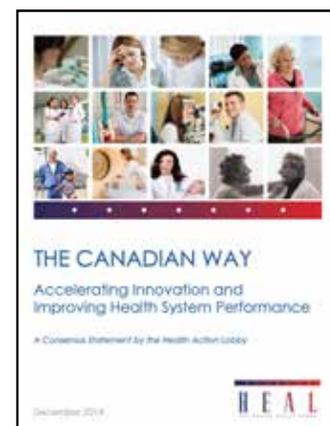
HEAL's current focus is to advance sustainable solutions and health system transformations that will have a lasting impact on the health and well-being of Canadians—today and into the future. With an election to be held in the fall of 2015, HEAL has issued a call to action to political leaders to respond to "The Canadian Way"—the health sector's consensus statement on accelerating innovation and improving the performance of healthcare in Canada. Issues addressed include: timely access to care; our aging population, living longer with chronic disease; the health needs of diverse populations; community-based care; and, the financial pressures experienced by all levels of government. HEAL's recommendations are intended to encourage collaboration, promote accountability,

measure performance, and improve effectiveness through strategic investments. "The Canadian Way" makes a compelling case for a healthcare system based on compassion, consensus and collaboration.

Specifically, HEAL recommends action on six issues;

1. Improved collaboration between the federal government and the provinces and territories.
2. A vision statement for the federal government in health and healthcare.
3. A performance framework to guide improvements and innovation in health systems and healthcare delivery.
4. Options for a financially stable health system.
5. The need for strategic, federal investments related to Canada's aging population, access to prescription drugs, and the spread of on-the-ground health innovations.
6. The development of a common set of national health system performance indicators.

We invite you to read The Canadian Way, and to talk about the federal role in healthcare with your current MP and all candidates in your riding as the election approaches. For more information: <http://www.healthactionlobby.ca/>



MRT Week 2015

MRT Week is an annual celebration of the crucial role MRTs play in the healthcare system. From November 8 to 14, 2015, MRTs are once again invited to celebrate their profession with their community, college, and each other.

Visit the CAMRT website in August to discover this year's theme, check out our activity guide and shop our MRT Week store for your 2015 promotional kit.

2015 Joint Congress



Collaboration was the word of the week as technologists and radiologists met at an unprecedented educational event—the 2015 Joint Congress on Medical Imaging and Radiation Sciences, held in May in historic Montreal. The Joint Congress was hosted by four organizations: Canadian Association of Medical Radiation Technologists (CAMRT), Canadian Association of Radiologists (CAR), Ordre des technologues en imagerie médicale et en radio-oncologie et en électrophysiologie médicale du Québec (OTIM-ROEPMQ), and Société canadienne-française de radiologie (SCFR).

It led to a richer experience with the unique perspectives offered by each of the professions.

Over 1,200 people attended the Joint Congress including an international audience with participants from Australia, Trinidad and Tobago, Turkey, Guadeloupe, New Zealand, Cameroon, France, and Singapore joining participants from Canada and the United States.



Dr. Gaétan Barrette

A Scientific Committee comprised of technologists and radiologists developed a rigorous

bilingual scientific program that included over 185 education sessions and 215 speakers. As well as plenary sessions, there were 13 concurrent sessions throughout the event, representing a wide range of disciplines and specialties.

The Joint Congress opened on May 28th with a welcoming video message from Federal Health Minister **Rona Ambrose**. Joining the Congress to address the group was Quebec's Minister of Health and Social Services **Gaétan Barrette**, a radiologist from Montréal.

The opening plenary session was delivered by Mr. **André Néron**, from the Université de Montréal, on the topic of *Partnering with patients for their care: what it changes on a daily basis*. Mr. Néron spoke on the values and benefits of involving patients in their own care. On Friday May 29th, **Dr. Gerard Farrell** from Memorial University shared his perspectives on *Social media and the digital professional*, speaking about the professional use of social media. Closing the Joint Congress was a presentation on *Comparative and cost effectiveness related to diagnostic testing* given by **Dr. George Wells** from the University of Ottawa Heart Institute. He discussed the use of economic evaluation as a framework for assessing the cost effectiveness of diagnostic imaging technologies.

While all 13 concurrent sessions were open to both technologists and radiologists, nine (five

English and four French) were developed by technologists with MRTs in mind. One highlight of the Joint Congress was a breast imaging day with six thought-provoking presentations that included sessions on the impact of genetics on breast cancer, developing screening programs in rural community hospitals, and the benefit of tomosynthesis.



Mr. André Néron

Technologists found it beneficial to attend sessions developed by radiologists and also enjoyed having radiologists attend their sessions. It led to a richer experience with the unique perspectives offered by each of the professions.



Dr. Gerard Farrell

For CAMRT, tradition continued with three prestigious presentations—the Welch Memorial Lecture, the CAMRT Fellowship and the International Speaker Exchange Award. The Welch Memorial Lecture was presented by **Master Warrant Officer Richard Lloyd Vey**. He shared his vast experiences working as an MRT both nationally and internationally in the Canadian Armed Forces and the role of the MRT in the Canadian Forces Health Services. We are pleased to announce that **Amanda Bolderston** will be presenting the 2016 Welch Lecture in Halifax.



Dr. George Wells

Fellowship is a pinnacle of achievement at CAMRT. At the Joint Congress, **Carol-Anne Davis**,

from the Nova Scotia Cancer Centre, became a Fellow giving her fellowship presentation on the topic of *Investigating the impact of PET-CT vs CT-along for high-risk volume selection in head & neck and lung patients undergoing radiotherapy: Interim findings.*



Welch Memorial speaker Master Warrant Officer Richard Lloyd Vey

Carol Mount, recently retired from the Mayo Clinic and Mayo Medical School, presented on the topic of *3D printing: the next technological revolution in radiology.* Carol was the winner of the International Speaker Exchange Award program.



Caitlin Gillian, RTT, FCAMRT receiving the Early Professional Achievement Award

Congress participants had the opportunity to view the latest in innovative products and practices from 48 companies and organizations participating in the Congress trade show. The Joint Congress attracted a wide range of sponsors including BRACCO, the Platinum sponsor. The education program, trade show and social networking events would not have been possible



The welcome reception

without the generous support of the sponsors. Networking opportunities were plentiful with various social events held throughout the Joint Congress. The Welcome Reception held in the exhibit hall on opening day was well attended and got participants warmed up for the CAMRT Foundation's Pub Night and ever-famous raffle. At the Friday evening social event—a night at the circus—participants were treated to two performances by Cirque Éloize while enjoying a lovely dinner. The event was held in the oldest train station in Montréal, Gare Dalhousie. Saturday morning people were up bright and early to participate in the annual Roentgen Ramble, which raised money for both the CAMRT and the CAR Foundations.

The Joint Congress offered a unique opportunity for technologists and radiologists to interact on a professional and personal level.

In 2016, CAMRT joins forces with the Nova Scotia Association of Medical Radiation Technologists to present the 74th CAMRT Annual General Conference. See you in Halifax!

2015/16 CAMRT Board of Directors

The new Board of Directors were announced at the Joint Congress in Montreal. These individuals are instrumental in developing policies and in the continuing implementation of the strategic plan. Changes are effective as of July 1, 2015.

The election of board members Susan Fawcett, RTT, Karen Davis, RTT, and Micheline Jetté, t.e.m.n., was ratified by the members at the 2015 AGM in Montreal.

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Carol-Anne Davis

CAMRT's Newest Fellowship Recipient

Fellowship is the pinnacle of achievement within the CAMRT, an honour bestowed upon select MRTs. To become a fellow of the CAMRT (FCAMRT), an individual must have consistently demonstrated advanced competence, personal commitment and contribution to the growth of the profession and the association beyond the normal scope of practice. Fellows advocate within their profession and within the healthcare community; they support, encourage and advise members and often serve as role models/mentors.

This year, Carol-Anne Davis was awarded the CAMRT Fellowship at the annual conference where she also presented her Fellowship project, "Investigating the impact of PET-CT vs CT-along for high-risk volume selection in head & neck and lung patients undergoing radiotherapy: Interim findings." We asked Carol-Anne a few questions about her process of becoming a Fellow and achieving the FCAMRT designation.

Tell us a little bit about yourself, and how you became an MRT.

I found out about radiation therapy as a possible career through a friend, and after doing a visit to the department I knew this was the profession for me! The combination of high-technology and direct patient care drew me in. I graduated with a diploma in radiation therapy way back in 1987 and have spent my entire career at the cancer centre in Halifax. I started volunteering with the NSAMRT and the CAMRT early in my career and my love for continuing education has taken me straight through to my Masters in Radiation Oncology and now to my Fellowship.

If by chance something I've done helps another MRT somewhere, that would make it all worth it!

Why did you decide to pursue a Fellowship?

A few years ago I was putting together my CV and by doing so, it allowed me to actually look at all of the different ways I had contributed to the profession over the years. Sometimes seeing something in black and white makes things more evident! Being part of the CAMRT in such an honoured way as the Fellowship route became something I was keen to pursue.

Can you describe the process you went through to obtain your Fellowship?

To meet the requirements for awards, publications and presentations I had to do a lot of homework getting the items validated...I am so

thankful to the many individuals who helped me get the paperwork and evidence of my contributions together. It was quite humbling to know how hard some colleagues worked to help me with my submission! During the time period I had for collecting the required paperwork, I managed to finish and defend my thesis... together I realized I had what was hopefully needed for consideration of my Fellowship.

What advice would you offer others interested in becoming Fellows?

Start keeping track of all that you do, all that you accomplish. It's easy to forget things if you don't jot them down somewhere. As an MRT, do things that help advance the profession and help you develop as a MRT. From these experiences, your contributions will naturally be a good fit for pursuing your Fellowship.

What does it mean to you, to be named a Fellow?

To say it's an honour is certainly an understatement! When I look at the list of Fellows, it's quite humbling to be considered 'one of them.' I am proud to be part of the CAMRT...an organization that has great values and provides such wonderful service to the profession. To be a Fellow of CAMRT, well that's quite an honour.

Do you consider yourself a role model for the profession?

With our professions having such diverse roles, I think MRTs need to take a small piece from each mentor or model they relate to. By compiling

a diverse and broad range of characteristics to emulate, MRTs could be well placed to fill their professional "toolbox." If by chance something I've done helps another MRT somewhere, that would make it all worth it!

Can you tell us a bit about your Fellowship project topic?

We live in an era of exploding technology and limited healthcare resources. These opposing facts, combined with the curiosity I had with PET-CT led to my desire to see if PET-CT was making a difference to our patients here in Nova Scotia. The project evolved into one of the largest prospective PET-CT studies in the



radiation oncology population in Canada. From the results of the study, the value of PET-CT in the head and neck and lung cancer populations was affirmed, and even made one slightly skeptic radiation oncologist a believer!

You recently published this work in the latest edition of the JMIRS—can you talk a bit about the importance of publication to Fellowship and your experience getting it published?

When I entered into the Fellowship process, I truly considered the steps required as capturing the essence of what a Fellow should emulate. For the first two phases, successful applicants must show proof of contribution to CAMRT and the profession in a variety of ways including committee work, volunteerism, presentations, posters and publications. The final phase, the submission of a research project for acceptance and the requirement to have it published, really captures the essence of a well rounded MRT. As professionals, we must be evidenced-based practitioners...including creating the evidence... owning our profession! Knowledge translation, afforded in the fellowship process as successful publication of research, is essential to being a fellow of the CAMRT (in my opinion!).

What is ahead for you?

I have a couple of current research projects (related to the data from my original study) in the works. Outcomes research is certainly 'hot' these days, and taking my research findings down this path is very exciting.



CAMRT FOUNDATION FONDATION DE L'ACTRM

at the Joint Congress



This year's Roentgen Ramble participants

Submitted by Keri Smith, RTT, CAMRT Foundation President

The 2015 CAMRT Joint Congress in Montreal was a great success, thanks to everyone's support. It was a fabulous conference with lots of continuing education, networking and of course, fun. The CAMRT Foundation raised close to \$11,000 through the Foundation activities at the conference and additional Provincial Association/Colleges and vendor sponsorship, which will provide education grants and scholarships for CAMRT members and students in MRT programs. This year, over \$20,000 in education grants and scholarships were awarded to members and students, which will bring the total awarded since the inception of the CAMRT Foundation to over \$280,000!



Shirley Bague at the AGM

The activities at the conference included our famous Roentgen Ramble. This year we had a sponsor, Angiodynamics, who provided t-shirts to all the participants. The Ramble raised almost \$3,000 this year, and **Anna Robinson** from BC was the highest fundraiser.

Our pub night was well attended. Due to the conference format this year, we had our raffle night at the pub. Almost \$4,000 was raised between the raffle and pub night combined.

We had 18 applications for our grants this year, and 17 grants were awarded with a total of \$19,860 being awarded at the Foundation AGM. **Evan Stewart**, a radiation therapy student from BCIT, was awarded the William Doern Leadership of Tomorrow scholarship in the amount of \$1,000.

Also at the AGM, **Shirley Bague** was nominated and accepted for the position of Secretary for the Foundation starting in 2016. Congratulations Shirley, we are really looking forward to working with you!!

We look forward to beginning planning for next year's Foundation activities for the CAMRT conference to be held in Halifax, NS, June 9-12, 2016.

On behalf of the CAMRT Foundation Executive, I would like to thank all of our members, the provincial associations, colleges and corporate sponsorship for donation and support to our Foundation fundraising activities. Your participation, as a generous supporter, is instrumental to the success of the Foundation.



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2015 Awards Presentation

NAME OF AWARD	NAME OF RECIPIENT	SPONSOR
HONORARY Awards		
Dr. Marshall Mallett "Lamp of Knowledge" Award	Lynn Foss, RTR, ACR	CAMRT Foundation
Early Professional Achievement Award	Caitlin Gillan, RTT, FCAMRT	CAMRT
2015 Welch Lecturer	Richard Lloyd Vey, RTR	CAMRT
2016 Welch Lecturer Announcement	Amanda Bolderston, RTT, FCAMRT	CAMRT
Steward of the Profession Award Outstanding Service Award Life Member Award Hon. Life Member Award	Not applicable this year	
FELLOWSHIP		
Presentation of Fellowship medal and certificate	Carol-Anne Davis, RTT, ACT, FCAMRT	CAMRT
BOARD Awards		
President's Medal	Wendy Martin-Gutjahr, RTR	CAMRT
Outgoing Board Member	Wendy Martin-Gutjahr, RTR	CAMRT
Outgoing Board Member	Kimberley Krueger, RTMR	CAMRT
President's Ring Past President's Gift & Pin	Not applicable this year	
Awards of EXCELLENCE – Highest Mark in 2013 Certification Exams		
Magnetic Resonance	Jordan Muth, RTMR Program: NAIT	CAMRT
Nuclear Medicine	Michelle (Barr) Sellars, RTNM Program: Michener Institute	CAMRT
Radiation Therapy	Ian Chisholm, RTT Program: Mohawk College/McMaster U Yasietha Krishnakulasingam, RTT Program: Michener Institute/U of Toronto	CAMRT
Radiological Technology	Carson Lazier, RTR Program: Cambrian College	CAMRT



Lynn Foss



Wendy Martin-Gutjahr

NAME OF AWARD	NAME OF RECIPIENT	SPONSOR
Essay Competition		
L.J. Cartwright Award - Winner	Shaylin Eger Essay Title: <i>Evaluation of pre-treatment quality assurance techniques for IMRT and VMAT prostate cancer treatments</i>	CAMRT
L.J. Cartwright Award – Certificate of Merit	Diana Lee Essay Title: <i>A retrospective analysis of lung volume and cardiac dose in left-sided whole breast radiotherapy</i>	CAMRT
E.I. Hood Award – Winner	Krista Dawdy, RTT, and Kari Osmar, RTT Essay Title: <i>Developing your Clinical Reasoning Skills in an age of technological advances and changes in professional practice</i>	CAMRT
Dr. Petrie Memorial Award – Winner	Nicole Mroz Essay Title: <i>Theranostic Applications of PET/CT 68Ga Labeled DOTA Analogs in the Management of Neuroendocrine Tumors</i>	CAMRT
Sister Mary Arthur “Sharing the Light” Award – Winner	Shanda Oleynik Essay Title: <i>Identifying Barriers That Prevent Open Communication between Cancer Patients and Radiation Therapists about Sexuality Issues</i>	CAMRT
Sister Mary Arthur “Sharing the Light” Award – Certificate of Merit	Kayla Wild Essay Title: <i>Identifying Patient Education Needs and Preferences for Intracavitary High Dose Rate Brachytherapy</i>	CAMRT
Bayer MR Award CR/PACS Technology Award	Not applicable this year	Bayer / Agfa
Exhibit Competition		
George Reason Memorial Award – Winner	Myrna Lingenfelter, RTR, CBI, CTIC Exhibit Title: <i>Potential Clinical Applications of Dual Energy Computed Tomography in Renal Imaging</i>	Bracco Imaging Canada
George Reason Memorial Award - Certificate of Merit	Elizabeth Lorusso, RTR, RTMR Exhibit Title: <i>Examining practitioners’ assessments of perceived aesthetic and diagnostic quality of high kVp-low mAs pelvis, chest, skull, and hand phantom radiographs</i>	Bracco Imaging Canada
Dr. Marshall Mallett Student Award – Winner	Colin Muise Exhibit Title: <i>Gonadal Shielding in Pediatric Pelvic Radiography</i>	CAMRT Foundation
Dr. Marshall Mallett Student Award – Certificate of Merit	Erica Pearl MacKinnon Exhibit Title: <i>Shoulder Radiography Adaption For Anterior And Posterior Dislocations</i>	CAMRT Foundation
Dr. Marshall Mallett Student Award – Certificate of Merit	Jenna Grace Exhibit Title: <i>Non-Accidental Trauma in Pediatrics</i>	CAMRT Foundation
Dr. Marshall Mallett Student Award – Certificate of Merit	Starling E. Nickerson Exhibit Title: <i>Dose Reduction In Fluoroscopy Guided Pediatric Interventional Procedures</i>	CAMRT Foundation
Philips Award Bracco Imaging MR Poster Award	Not applicable this year	Philips / Bracco



Liz Lorusso



Jordan Muth

CAMRT's 2015 Research Grant Program Recipients

Submitted by Colleen Dickie (Principal Investigator), Charles Catton (Co-Principal Investigator), Nicole Harnett, Michael Sharpe and Brian O'Sullivan

Our Sarcoma eLearning Research Team is grateful to be the recipients of the 2015 CAMRT Research Grant, which will support our ongoing development of an Online Learning Module for Evidence-Based Radiation Treatment of Soft Tissue Sarcoma.

The CAMRT grant will also support our study, which will evaluate the STS electronic and mobile learning module to determine usability and impact on knowledge. Participants will be assessed for their STS knowledge acquisition and usability of the electronic format through a series of pre and post evaluations.

This eLearning module has been designed to provide an immediately accessible resource for radiation medicine teams to learn/adopt best

Our Sarcoma eLearning Research Team is grateful to be the recipients of the 2015 CAMRT Research Grant, which will support our ongoing development of an Online Learning Module for Evidence-Based Radiation Treatment of Soft Tissue Sarcoma.

Soft Tissue Sarcomas (STS) are rare malignancies that require multimodality management. The rarity of this disease, coupled with the diversity in presentation poses unique challenges for standardization of STS management, establishment of evidence based clinical guidelines, and incorporation of rapid technology changes in a constantly evolving environment.

Radiation therapy (RT) is becoming increasingly complex for this patient population, with radiation therapists assuming a more central role in care. Advances in technology and treatment processes demand an increase in educational resources made available to support staff awareness and the integration of these changes into daily practice.

We have developed a learning module to communicate evidence based treatment guidelines for STS RT, including CT simulation, RT planning, adaptive RT, RT treatment and IGRT imaging. This grant will support the conversion of the STS learning module to an electronic/mobile format that is compatible across devices (HTML, iOS, Android, desktop computers and tablets) and can be easily accessed anywhere, even when there is no network connectivity. This is an ideal option for the busy radiation therapist or any medical professional. The mobile format will allow learners to be self-directed in their attainment of the necessary knowledge and skills to deliver optimal RT for STS treatment, and will also allow for the easy update and redistribution of training content based on emerging technological and practice changes.

practice for STS radiotherapy treatment. Radiation therapy departments that specialize in STS treatment will benefit when training new staff, refreshing existing staff, and informing radiation medicine trainees in all related disciplines. This module will also benefit radiation medicine professionals or trainees who are unfamiliar with STS radiotherapy and would like to increase their understanding of this rare disease.

We would like to take this opportunity to thank the CAMRT grant committee for supporting this research endeavor.

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 2016 grant is April 1, 2016. More information is available on the [CAMRT website](#).

Please note: the Research Grant Committee is currently working on updating the application and guidelines for the 2016 grant. Please check with editor@camrt.ca if completing an application form prior to August 2015.



Colleen Dickie



Charles Catton



Nicole Harnett



Michael Sharpe

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. Join our engaging speakers as they provide a glimpse into various aspects of our ever-changing fields of practice. This valuable and high-quality content will be offered for credit throughout 2015.

Registration for webinars will be open three to four weeks prior to each event. Visit www.camrt.ca for more information.

All webinars will be recorded and available on the CAMRT website for viewing and CPD credit following the live sessions.

Practice Insights 2015

Thursday July 16th, 2015 @ 12:00 PM EDT

Sommes-nous à l'aube d'une pénurie d'approvisionnement en radio-isotopes médicaux? (webinaire français) – François Couillard (Now available on the website for viewing)

Thursday July 16th, 2015 @ 4:00 PM EDT

Long-Term Medical Isotopes Supply: Crisis or Not? (English webinar) – François Couillard (Now available on the website for viewing)

Thursday, Sept 3rd, 2015 @ 12:00 PM EDT

Multi-Modality Imaging of the Abdomen – Dr. Lawrence Stein

Thursday, Sept 17th, 2015 @ 12:00 PM EDT

Renal and Urographic CT Imaging – Robert Chatelain

Wednesday, Sept 30th @ 12:00 PM EDT

Understanding the LEADS Framework – Gaillyne McPherson

Thursday, Oct 8th @ 12:00 PM EDT

Knowledge Based Planning in Radiation Therapy – Keith Sutherland

Thursday, Oct 22nd @ 12:00 PM EDT

Improving the Impact of Pre-Surgical fMRI – Dr. Steven Beyea

Thursday, Nov 5th (Time to be announced)
MRT Week Presentation (topic to be confirmed)

Tuesday, Nov 17th (Time to be announced)
Nuclear Medicine Presentation (topic and speaker to be confirmed)

Thursday, Dec 3rd @ 12:00 PM EST
Patient Safety Culture – Mona Udowicz

Upcoming Webinar

Thursday, Sept 3rd, 2015 @ 12:00 PM EDT
Multi-Modality Imaging of the Abdomen – Dr. Lawrence Stein

Check www.camrt.ca 3-4 weeks prior for registration details!

ELIIT Research Workshop at the Joint Congress

Submitted by Cindy Humphries, RTR

Research can be daunting. Actually, quite overwhelming for someone that has been out of school for 20+ years and who works in general radiology. This was the reason I enrolled in the ELIIT Research Workshop, a pre-conference workshop at the 2015 Joint Congress. I was looking for someone to quench my fears and offer insight on the path to take to get started. The workshop was well worth it. The faculty, all internationally renowned clinician researchers who constitute the editorial board and reviewer consortium of the *Journal of Medical Imaging and Radiation Sciences*, were both knowledgeable and friendly. They offered great introductory information about different aspects of research as well as more advanced information for those with more experience, or further along in current projects.

The workshop attendees were from all disciplines as well as all ages and experience. We always had the opportunity to ask questions at any time. At the end of the day there was an opportunity to network and consult with the faculty where you could discuss your own ideas, projects and problems.

The ELIIT Research Workshop did indeed meet my objectives and exceeded my expectations. I was given the information to point me in the direction to start and it did help lower my fears. I came away with a number of new contacts, and renewed energy to get started. I would recommend this workshop for anyone thinking about venturing into research, or for those who are already started and would like some assistance from the experts.

The ELIIT Research workshop will continue at the 2016 CAMRT annual general conference in Halifax; it will not be a full day pre-conference workshop, but individual sessions will be integrated with the regular educational programming throughout the conference. We hope to see you there!



ELIIT Research Workshop faculty

Volunteering with **RAD-AID**



Janet Walker & Mark Lessne standing on the steps of First Affiliated Hospital of Zhengzhou University (City of Zhengzhou)

Submitted by Janet Walker, RTT

I want to inspire radiation technologists and therapists to become involved in promoting our professional work internationally by sharing my volunteer experience with a non-profit organization.

I recently volunteered with RAD-AID International, whose goal is to promote the role of radiology (diagnostic and therapeutic) globally by collaborating with underfunded facilities [1]. This volunteer work includes roles such as on-site assessment of clinical needs, providing live lectures or workshops, and providing relevant educational material.



Ningxia Medical University (city of YinChuan)

My involvement started by travelling to China where I lectured on new developments in North

America. On these visits, my partner and I toured the facilities and interviewed personnel to understand the current environment in three different clinics and determine if/how we could collaborate with them. RAD-AID was invited to do so by the clinics through the non-profit organization, Project Hope.

RAD-AID considered China to be an appropriate environment for this project due to its resource strain from extreme patient volume. In 2012, China's National Cancer Registration Centre estimated 3.5 million new cases of cancer and 2.5 million cancer deaths. WHO reported, "China accounted for 3.07 million newly diagnosed cases, 21.8 per cent of the global total. It also saw 26.9 per cent of the world's total cancer deaths—about 2.2 million" [2]. With the predicted 57% increase in cancer diagnoses over the next two decades, this upsurge will significantly burden China. Currently the growth of radiation therapy clinics is not keeping up with the increase in cancer patients [3].

It was difficult to research what to expect ahead of my trip. I canvassed several of my colleagues who had either lived or trained in Asia, and each had a different focus and opinion on the current issues in China. The essence of my discussions was that I needed to consider the demands on the department, such as resource allocation (including financial, training and equipment). We also needed to observe the volume, sophistication and quality of procedures performed currently balanced by the department. Our goal was to help develop optimal care while respecting these limitations.

Three public hospitals requested our collaboration; they represented different geographical areas, financial environments, types of population (urban or rural), and size of population served.

My partner and I attempted to absorb as much information as we could during a short visit to determine the departments' goals and identify opportunities for development.

Project Hope provided us with a wonderful and motherly liaison who was our interpreter, food advisor and travel coordinator. With her help we toured each department for at least an hour, asking as many questions as we could to a variety of team members. My partner and I gave interactive presentations that allowed us to tailor our information to concerns relevant to their particular clinic. We were fortunate enough in YinChuan to also be treated to a feast with the multidisciplinary team leaders. The combination of interactions highlighted their concerns and aspirations for collaboration. They proved to be entertaining and warm hosts.

The hospitals we visited had comparable equipment to North American clinics. The staff was well aware of new techniques such as VMAT and intraoperative radiation treatments for breast patients. We identified several issues. Most obvious was that there is little time to put the techniques into place due to the ratio of staff and linacs to patients needing treatment (400 patients during a 15-hour day on 4 machines). Further, radiation therapists were typically educated as electronic engineers or radiology technicians, because there is no unified standard for radiation therapy training. China also lacks the exposure to practical clinical training where advanced techniques are used. Also noteworthy was the assignment of responsibility amongst various professionals. Radiation therapists were not involved in treatment planning (only medical physicists performed this task), nor were they involved in patient care duties (all patients were in-patients and therefore seen by nurses on the ward).

We considered the highest priorities for both RAD-AID and the hospitals we visited, and how we could achieve our goals. We decided to concentrate on one hospital that would benefit the most. We would support online demonstrations, collaborate with other organization on educational courses, participate in a conference hosted by our designated hospital and provide links to clinical shadowing in North America. Our target audience would be all oncology professionals, not just radiation therapists, because their definition of the role is different than ours. Our proposal was aimed at ongoing training to meet their long-term needs.

Being a valuable part of this decision making process was an amazing privilege. The creative brainstorming allowed me to really test my professional skills. This was an opportunity

for me to understand how other perspectives affect a clinic's practice (a two-tiered medical system, extensive infrastructure burdens and differences of resources within one country). The involvement I had in this project helped me build my professional repertoire in needs assessment, team building, volunteer recruiting, interviewing, initiating partnerships and proposal developing. A significant opportunity such as this does not present itself often in an established clinic, but this volunteer role has created a new way to stimulate my career.

Most importantly, this is a great opportunity for the radiation therapy community at large to share our ideas and contribute globally to our profession. We can all learn from collaborating with others as it can be relevant to our future as well.



Finances, growing patient numbers, dispersing ethnicities with unique cancer epidemiology are universal issues. The profession can take this unique experience to our own clinics as well as subsequent clinics. After starting this project I obtained my own consulting position in another underfunded environment. This allowing me to apply the experience and knowledge I gained with RAD-AID. I am excited to be part of this project and encourage others to become a part of international collaboration opportunities.

References:

1. RAD-AID International. <http://www.rad-aid.org/aboutUs.aspx>. Accessed June 4, 2014.
2. Jing, Li South China Morning Post: China the hardest hit by global surge in cancer, says WHO report, Feb 7, 2014
3. World Health Statistics. http://www.who.int/gho/publications/world_health_statistics/EN_WHS2013_Full.pdf. Accessed June 1, 2014.
4. RAD-AID International. <http://www.rad-aid.org/resource.aspx?pageName=resource-radiology-readiness>, accessed June 10, 2014

About the Author:

Janet Walker has a Bachelor of Technology in Medical Imaging. She has 14 years of radiation therapy experience and has practiced in six countries and been employed in ten different clinics. Janet can be reached at: jwalker4@bccancer.bc.ca

About RAD-AID

(from <http://www.rad-aid.org/>)



A Nonprofit Public Service

RAD-AID.org
Radiology serving the world

According to the World Health Organization (WHO), approximately 4 billion people are at risk for widespread losses and deaths that can be avoided or treated, if radiology were available. RAD-AID began in 2008 to answer this need for more radiology and imaging technology in the resource-limited regions and communities of the world. RAD-AID's mission is to increase and improve radiology resources in the developing and impoverished countries of the world. A cornerstone of RAD-AID's strategy is the [Radiology-Readiness tool](#), which RAD-AID devel-

oped and trademarked in 2009, and was endorsed by the World Health Organization in 2011. Radiology-Readiness is a systematic data collection tool for assessing how advanced health care imaging technology can be planned and implemented to best match the medical needs and infrastructure/personnel resources of a community. This approach of advanced assessment leads to effective planning and implementation so that RAD-AID programs have long-term sustainability and measurable outcomes.

Keynote speaker confirmed

Margaret Murphy
Advocate for Patient Safety

Therapist Scholarship Competition

Free registration to top two therapist abstracts
Submission deadline: **November 13th, 2015**

More details

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News from the JMIRS

Peer Reviewer Awards

In 2011, we introduced awards to recognize the contribution of the volunteer peer reviewers who review manuscripts for the *Journal of Medical Imaging and Radiation Sciences (JMIRS)*. This year's winners were announced at the Joint Congress in Montreal. We asked our winners to submit a few thoughts about their contributions as reviewers.



Reviewer of the Year, Allan Day, CDS, RTT

"I have been peer reviewing articles for the *Journal* for approximately 5 years and it has been quite a rewarding experience. It allows you to stay current with the technological trends occurring within our profession as well as give you insight into the type of research being done across the country and abroad. I encourage everyone to get involved in the peer review process and discover how rewarding it can be."



Outstanding Reviewer, Nuclear Medicine, Colin Alden, RTNM

"I've thoroughly enjoyed reviewing nuclear medicine-related articles for *JMIRS*. In reviewing these articles, I am reminded that there remains a strong enthusiasm in the field and I would encourage technologists to continue challenging themselves by sharing their work. What you do is indeed important and interesting! If I could offer any advice to anyone considering writing an article, or perhaps even giving a talk at a conference, it would be to first consider who your target audience will be and then design your work so as to reach as many people in that audience as possible. Remember that the CAMRT

represents a broad diversity of technologies."

Outstanding Reviewer, Radiological Technology, Cynthia Eccles, RTMR, RTT

"I quite like reviewing, it gives me insight into what others are working on in related areas, and the opportunity to evaluate my own writing style and research methods more closely. It also provides an opportunity to get caught up on my reading (in order to remain expert) in areas I may not be concentrating on quite so much. As I review for a number of journals, I am amused from time to time with receiving requests to review papers that do more than stretch my expertise. I think the most obvious reason peer reviewing is important is that without peer reviewers, we would have no peer reviewed journals; which are not only an excellent resource, but also a great way to open up a dialogue amongst professionals in related practises. As a new researcher I was encouraged to do practise reviews by my supervisor, I would undertake it and submit it to her and compare notes. This was great in two ways—it helped me with my writing immensely as I was looking not only what others wrote more critically, but thinking about what reviewers might say about my work. It also opened doors because as I got better at it she recommended me as a reviewer to a number of journals. My advice to new reviewers would be firstly, to be polite and considerate of the author; but to be honest, it is up to the reviewers to make sure the quality of work published is quality. Although the goal is not to discourage new authors, it is to make sure what they are publishing is of a suitably high standard. Also if you have the opportunity like I did to do some practise reviews with an expert reviewer as a new author - take it!"



Outstanding Reviewer, Radiation Therapy, Christine Baillie, RTT

"Being a peer reviewer for the *JMIRS* has been a rewarding experience for me. It is a way of volunteering my time that fits easily into my schedule, and it gives me a sneak peek into some of the latest research in our field. For MRTs who may not have the time or opportunity to

conduct research, this is a great way to stay involved with the research aspect of medical radiation sciences. My advice to new reviewers is to identify your own areas of expertise, trust in your own knowledge, and keep in mind the calibre of articles that you wish to see in your journal."

Outstanding Reviewer, Magnetic Resonance Imaging, Andrei Damyonovich, PhD, MCCPM

Have you checked out the new international Twitter journal club (#MedRadJClub) yet?



Submitted by Amanda Bolderston

The initial idea for #MedRadJClub came from a group of tweeting radiographers/MRTs from Australia, Canada and the UK: Julia Watson, Adam Westerink, Amanda Bolderston and Lisa Di Prospero, as well as Nick Woznitza.

The group posts one (open access) article a month for discussion, chosen on rotation from the three relevant professional journals (Canada's *Journal of Medical Imaging and Radiation Sciences*, Australia's *Journal of Medical Radiation Sciences* and the UK's *Radiography*). The article authors are always invited to join the chat, moderated by a subject expert.

Previous topics were error reporting, continuous professional development, team working and patient experience. The online concept has been very popular—since it began #MedRadJClub has been tweeted about more than 5,000 times.

For more information, guest blogs, past chats and a "how to tweet" primer visit the [#MedRadJClub WordPress site](#).

JMIRS Call for Papers for 2016

The topic for our next special issue is **The Patient Experience**—we will be targeting articles from multi-disciplinary perspectives from all over the globe. Examples of relevant subjects for this issue include: supportive care/services; psychosocial; person-centered care, patients as partners; education curriculum inclusive of the patient experience; families, etc. Abstracts or topic outlines are due September 1, 2015 – please send your ideas or questions to Carly at editor@camrt.ca. Final papers will be due by **May 1, 2016**, 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, 2016**. Top papers will be recognized.

Continuing Professional Development

HIGHLIGHTS

UPDATED 2015

Medical Imaging Informatics: Introduction to Working with PACS and RIS (QUICK SELF STUDY)

This Quick Self Study will introduce participants to information systems used in the healthcare environment and will focus on those used within medical imaging. Areas of discussion include components of a digital image, information systems and standards used in the communication of information, components of a medical imaging network and integration of informatics components. This QSS will also help identify and resolve issues that may occur in a digital medical imaging environment and review tools and strategies to troubleshoot communication difficulties. Students will also learn how healthcare informatics has changed day to day operation of medical imaging departments including workflow, quality assurance, managing continuity of imaging services during downtime, data storage and security.

Register for this Quick Self Study: <https://www2.camrt.ca/authentication>

NEW FALL 2015

CT IMAGING 2 – Radiation Therapy (FULL LENGTH COURSE available NOW)

This course is designed for the radiation therapist and takes an in-depth look at CT anatomy of the female breast, male and female pelvis, and gastrointestinal and genitourinary systems, as well as CT imaging for skin cancers and emergency oncology protocols. It covers the most common radiation oncology CT planning scenarios as seen on CT Imaging, as well as other common pathologies; and provides examples of clinical protocols (CT, CT SIM and PET/CT or SPECT/CT) to assist in providing the optimal therapeutic exam.

CT IMAGING 3 – RADIATION THERAPY (FULL LENGTH COURSE available NOW)

This course is designed for the radiation therapist and takes an in depth look at CT anatomy and disease processes for CNS and orbit, head and neck area and lung. A sarcoma overview including upper and lower extremities is included as well as a lymphoma overview including lymphatic refresher; oncology presentations on CT images for all of these sites as well as common non-oncologic pathologies that might be observed on a CT image are included. Clinical considerations for CT simulation processes are included as well as sample protocols to assist the therapist to position and perform CT simulation for these areas.

Brief discussion on image fusion, respiratory gating, stereotactic body in radiation therapy, brachytherapy and pediatrics as it pertains to CT simulation is also included.

SECTIONAL ANATOMY 1 (FULL LENGTH COURSE available NOW)

Sectional Anatomy is the cornerstone of many medical imaging procedures. This course is designed in the interest of technologists who perform procedures and or view images in cross section and intended to familiarize the technologist with sectional anatomy and its current application in the field of medical imaging. The location of organs, vasculature and musculature will be examined in a variety of imaging planes. Selected images from patient cases are provided to demonstrate a realistic perspective on the application of sectional anatomy in practice. The course is built on a strong foundational knowledge of two dimensional human anatomy including knowledge of anatomical features of structures, their location within the body and with respect to other structures. This may require independent review depending on the technologist's personal experience and background. Although the course is presented using mainly CT images, students are encouraged to appreciate the multimodality aspect of sectional anatomy within medical imaging and will be introduced to: MRI, PET/CT and MR/CT hybrid applications and imaging.

SUBSTANTIAL REVISION

IMAGING BREAST PATHOLOGY (FULL LENGTH COURSE available NOW)

This course is a required didactic component of the Certificate in Breast Imaging – Diagnostic (CBID) program.

This course is designed to enhance the candidate's knowledge of breast anatomy and pathology, breast cancer development and treatments, screening and diagnostic mammography, interventional procedures and adjunctive imaging such as breast ultrasound and MRI. The American College of Radiology Breast Imaging reporting and Data System (BI-RADS) is introduced focussing on the Breast Imaging Lexicon, breast composition, assessment categories and the reporting system. This newly revised comprehensive course provides the practicing mammography technologist with the knowledge to recognize different pathologies of the breast with mammography and introduces the basics of adjunctive modalities. In addition, various breast surgical procedures

will be presented demonstrating the effect of these procedures on breast images. *This course has been updated with a visual array of clinical mammography, tomosynthesis, breast ultrasound and MRI images.*

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

OTHER NEWS

CT Imaging 2, Fundamentals in Quality Management and Pharmacology in Cancer Care full length courses have been transitioned to an **interactive online delivery format for Fall 2015**. Although assignment deadlines will not apply to these three courses, all assignments must be completed one week prior to the scheduled exam date in order to access the final exam in November. Contact cpd@camrt.ca for more details.

Over the next few years the PDF versions of our courses will continue to be transitioned to an online learning management system. This transition will greatly improve the learning experience, improve quality of images and provide the opportunity to access more images and case studies.

Quick Self Studies are also transitioning to an online platform! Look for the pilot this fall!

Please watch for more information as it becomes available.

DISCONTINUED COURSES

The following courses are no longer available:

- Education in the Clinical Environment
- Pediatric Imaging

Ahead of the Curve Education in Radiation Therapy

Here we present a report from the Princess Margaret Cancer Centre about their continuing medical education (CME) and continuing professional development (CPD) opportunities. CMEs or CPDs are learning activities for medical professionals to maintain competence and to learn about new and developing areas in their field. CPD is becoming an increasingly important means for technologists to demonstrate their commitment in keeping themselves up to date in their areas of clinical practice. These activities can be used towards your Continuing Education Credit Approval Program (CECAP) – see sidebar for more information.



Submitted by Nicole Harnett, MRT(T) BSc AC(T) Med

The pace of technological change is no more rapid than in the specialty of radiation medicine. The implementation of intensity-modulated radiation therapy alongside of the explosion of image-guided radiation therapy approaches has slammed the radiation medicine community and obligated its members to adopt and adapt new techniques with unprecedented speed. It was within this context that the Accelerated Education Program (AEP) at the Princess Margaret Cancer Centre was born. Early in the new millennium, the Radiation Medicine Program at PM came to understand the pressures associated with rapid adoption and uptake of new technologies and as it began to understand its own steep learning curve, it realized that there was a gap to be filled in the professional development landscape and perhaps, as the world's largest single site radiation treatment facility, an obligation to fill it. In 2005, the AEP was born. Its mandate was to provide education and leadership in knowledge translation for the radiation medicine specialty. It built upon the many lessons learned in the RMP as early adopters of the many innovations flooding onto the scene. With the patient volume and critical mass of professional experts and researchers, the AEP built a platform upon which to grow timely and relevant curriculum for the interprofessional radiation medicine team. Starting with our original "foundations in IGRT" course in 2005, the AEP has run 42 onsite courses with over 1200 participants from more than 25 countries around the world.

A variety of courses have been built to address the contemporary needs of radiation therapy

practice including IMRT, SBRT, Quality and Safety in Radiation Therapy and Accelerator Technology. In the majority of our course offerings, we focus on the interprofessional nature of radiation therapy practice and embed interprofessional education principles in the fabric of our teachings. The other key ingredient to all our onsite courses is a heavy emphasis on hands-on learning and practical experience. We believe that providing participants the opportunity to actually try the tools and see how they react and respond is pivotal to converting their learning to practice change in the home environment. One of the most popular aspects of the courses is the intimate, informal learning environment. Faculty-to-participant ratios remain low to permit enhanced interaction amongst faculty and learner and the program is designed to allow for ample time in the schedule for discussion and chatting. The exchange of ideas is critical to the success of our programs and one of the main reasons that we engage in education – from faculty to participant, amongst participants or from participants back to faculty. The learning community created can provide a great resource for learners during the course as well as once they return to their home centres.



Recognizing the barriers that exist for many of our global colleagues to access relevant educational opportunities, the AEP has a new mandate to convert its relevant content to online learning products. Through web-based, offline educational modules or virtual, live attendance at onsite courses, radiation medicine professionals around the world will be able to access timely, high quality education directly relevant to their practice. We will try, as far as possible, to replicate the learning opportunities available in our onsite courses by connecting learners with subject matter experts and to provide learners with opportunities to practice what they learn in the comfort of their home environment. We believe this will fill a large and undesirable gap in the knowledge translation and innovation uptake of new proven techniques and technologies.

A new addition to our suite of educational products is the Personalized Learning Program

(PLP). This program provides opportunities to engage in 6 to 12-month intensive observation experiences designed to address the practical learning needs of radiation medicine health-care professionals around the world, offering exemplary education in advanced radiotherapy practice and delivery.

Each PLP curriculum is designed with specific input from the learner to meet their identified needs. Each plan consists of specific scheduled clinical exposure and immersion, individualized tutoring, clinical mentorship, self-directed online learning, and assessment. For selected candidates, the opportunity to participate in research courses and projects can be structured into the program (for 12-month programs only). A variety of resources is provided to the learner during the program and serves as references for ongoing support once they return home. In addition, PLP learners build relationships and communities of practice with the professionals they interact with during their time in the Radiation Medicine Program – relationships that last long after the learner has returned home and begins implementing and adapting all their new found knowledge and skills.

Overall, the Radiation Medicine Program at Princess Margaret takes education seriously and feels an obligation to disseminate new findings and beliefs to its global colleagues in the highest quality and efficient way possible. As such, we endeavor to find new ways of reaching our partners in hopes of improving patient care and outcomes around the world.



What is CECAP?

CECAP (Continuing Education Credit Approval Program) exists to ensure the provision of high quality activities that contribute to the ongoing competence and personal / professional development of medical radiation technologists (MRTs). Through its status as a Recognized Continuing Education Evaluation Mechanism (RCEEM), the CAMRT has established CECAP to evaluate and recognize continuing education activities either held or available in Canada that are relevant to medical radiation technologists. In order to qualify as continuing education, the activity must be planned, organized and provide sufficient depth and scope of a subject area. Gaining approval for educational activities is fairly simple and requires the submission of an application form. Medical radiation technologists participating in educational events should expect to receive some sort of documentation that clearly identifies the participation or successful completion of the educational activity.

For additional information on CECAP and to apply for continuing education credits contact: Mélanie Bérubé at mberube@camrt.ca or (800) 463-9729 ext. 226

Changes to CT Certificate Programs

The CAMRT is in the process of making significant changes to the CT certificate programs that will better reflect the need of practicing technologists and radiation therapists. The programs will be renamed and the required content and clinical requirements for each will be revised. There will continue to be three certificate programs as follows:

CT Imaging Certificate Program: this program will be available to both the radiological technologist and nuclear medicine technologist wishing to get a certificate for stand-alone diagnostic CT.

CT for the Radiation Therapist: As part of the revision to the CT Imaging Certificate Program for radiation therapy, the existing CT 2 and CT 3 courses have been revised and made more adaptive to the practice needs of the radiation therapist. CT 2–Radiation Therapy and CT 3–Radiation Therapy are now available for registration.

PET/CT Certificate Program: this program will be available to nuclear medicine technologists wishing to obtain a certificate in PET/CT. This program will be available Winter 2016.

CT Imaging Certificate-Nuclear Medicine: Registration for the existing NM stream of the CTIC will be phased out on December 31, 2015. For more information, please contact specialtycertificates@camrt.ca.

Details regarding these changes will be posted on [the CAMRT website](#) as they become available.

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SAVE THE DATE

Come join us for the CAMRT education day at CARO 2015
September 9, 2015
The Delta Okanagan Resort and Conference Centre in Kelowna, BC

Watch CAMRT.CA for more information on the program, registration and other events at CAMRT@CARO. For additional information, please contact info@camrt.ca.

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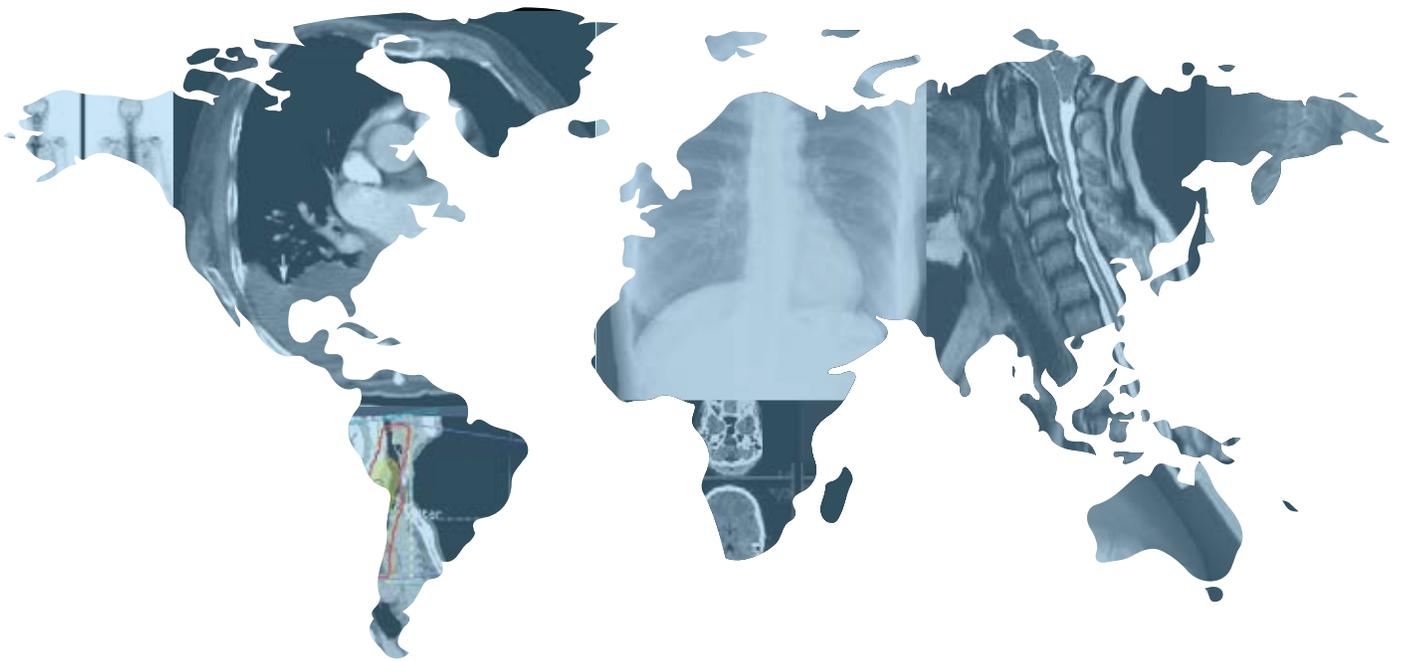
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ASSOCIATED SCIENCES COURSES AT RSNA 2015

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Monday November 30, 2015

MSAS21 8:30 AM - 10:00 AM

Global Health *(An Interactive Session)*

Alexander Yule, DSc, *Moderator*
Susan Crowley, RT, Med, *Moderator*

A: Challenges of Medical Imaging in Resource Limited Communities
Melissa Culp, MEd, RT(R)(MR)

B: Role of Medical Imaging on Global Health
Miriam N. Mikhail, MD

C: Organizational Support for Global Imaging Needs

Jonathan Mazal, MS, RRA

MSAS22 10:30 AM - 12:00 PM

Got Smart Data? Trailblazing the Path from Insights to Actions in Radiology *(An Interactive Session)*

Patricia Kroken, *Moderator*
Dana Aragon, RT, *Moderator*

Jon Hernandez
Nicole Newsom, MHA
Philip Heckendorn

MSAS23 1:30 PM - 3:00 PM

Compassion Burnout *(An Interactive Session)*

David B. Nicholson, *Moderator*
Kathleen Kath, *Moderator*
Marcus Engel

MSAS24 3:30 PM - 5:00 PM

Hot Topics in MR Safety

(An Interactive Session)

Kendra Huber, RT, BS, *Moderator*
Steven P. DeColle, *Moderator*

A: Safety of the Gadolinium Chelates
Val M. Runge, MD

B: Performing MRI Exams on Patients with Implant Devices

William H. Faulkner JR, BS, RT

Tuesday December 1, 2015

MSAS31 8:30 AM - 10:00 AM

The Emperor's Wearing a Speedo! Clinical Challenges with Electronic Health Records *(An Interactive Session)*

Dana Aragon, RT, *Moderator*
Patricia Kroken, *Moderator*
Rena Zimmerman, MD

MSAS32 10:30 AM - 12:00 PM

Economics in Imaging/Business Intelligence *(An Interactive Session)*

William A. Undie, PhD, RT, *Moderator*
Morris A. Stein, BArch, *Moderator*

A: One Hospital's Experience: Tightening the Belts Using LEAN and Green Methodologies
Janet Champagne, MBA, RT

B: Using Evidence Based Design to Increase Operational and Planning Efficiencies

Carlos L. Amato

MSAS33 1:30 PM - 3:00 PM

Radiation Safety and Dose Optimization *(An Interactive Session)*

Richard Evans, *Moderator*
Louise Coleman, *Moderator*

A: Dose Optimization in Pediatric Cardiology

Sonyia L. McFadden, MD

B: Learning from Errors and Near-Misses
Sarah Peters

MSAS34 3:30 PM - 5:00 PM

Developing the Hybrid Technologist in US and Canada *(An Interactive Session)*

Lynne Roy, MBA, MS, *Moderator*
Steven P. DeColle, *Moderator*

A: Educating the Technologist for Future Practice – The Canadian Perspective
Elaine Dever

B: Educating the Technologist for Future Practice – The United States Perspective
David Gilmore, MS

C: Lessons from the Field: Becoming a Hybrid Technologist
Mark C. Hyun, ARRT

This live activity has been approved for *AMA PRA Category 1 Credit™*. RSNA is an ARRT®-approved Recognized Continuing Education Evaluation Mechanism Plus (RCEEM+) and will provide Category A+ continuing education credits for technologists and radiologist assistants.

Registration Information

Registration is required to attend the Associated Sciences programs at RSNA 2015. To register visit RSNA.org/Register.

Advance discounted registration for the RSNA annual meeting ends November 6, 2015. Register now to get the hotel of your choice.

If you would like a copy of the published Associated Sciences Proceedings, please call 1-877-776-2227.

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- Association of Educators in Imaging and Radiologic Sciences, Inc (AEIRS)
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- Canadian Association of Medical Radiation Technologists (CAMRT)
- The College of Radiographers (CoR)
- International Society of Radiographers and Radiological Technologists (ISRRT)
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