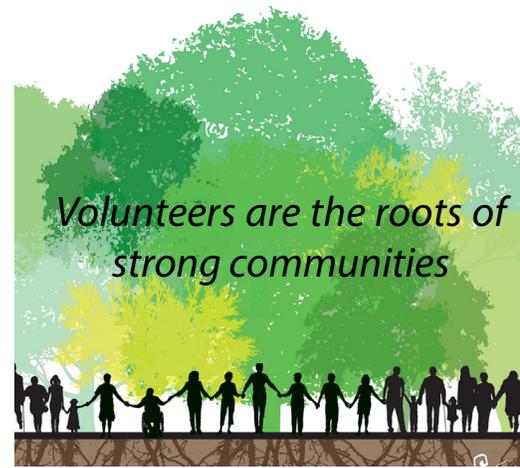


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The CAMRT News is the official member newsletter of the Canadian Association of Medical Radiation Technologists (CAMRT). It reaches approximately 12,000 members within the field of medical radiation sciences.

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	June 15	Last week of July
Number 4	September 7	Third week of October



On the cover... This year's [National Volunteer Week](#) poster and photos of our various volunteers

DISCLAIMERS:

Opinion Pieces: The opinions expressed in the opinion pieces within this 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

This is my last message as your President.

I think it is fitting that this message should come to you for National Volunteer Week, a time to reflect on the value of volunteerism. My own journey as a volunteer began as a junior student attending my very first CAMRT conference and annual general meeting. It was then I said, "I will be President one day." It was an exciting event for me because I was preparing to begin my career. Graduation was no longer the end of learning, but the beginning of a shared journey, finding so many others with a similar passion within all disciplines of a common association. Six years later, during my first term on the Board of Directors, becoming President was the last thing on my mind—my priority at the time was my young family. Yet I learned so much thanks to my colleagues at the time, as their depth of knowledge and experience helped me to grow beyond a practicing technologist. Fast forward twenty years of non-stop volunteering, and I returned to the CAMRT Board willing to serve as Treasurer, Vice President and, ultimately, as your President.

A common reflection of members is "What has CAMRT done for me?" It's a question I have been asked many times over the years by fellow MRTs, particularly during my time as provincial registrar dealing with dues collection. There are many ways to answer this question, but I always found that answers that can address a personal story have the greatest impact. So it was of great pleasure to me, when as registrar, that one of my "regulars" found a niche for himself as an exam validator. He had been practicing many years, but when he joined that CAMRT committee he became inspired for his discipline of Nuclear Medicine. I understood his "aha" moment. Volunteering is personal as much as it is public. You just need to find your niche.

National Volunteer Week (from April 10-16) is a time to recognize the contributions of volunteers, and share all our stories. This issue of the CAMRT News is dedicated to sharing these stories and to highlighting the work of countless CAMRT volunteers.

The theme for this year's National Volunteer Week is "*Volunteers are the roots of strong communities*"—a theme that could not be more apt for an association like ours. The strength of the CAMRT community arises from the contributions of our many committees, advisory councils, task forces, as well as contributors to Journals, Newsletters, and of course authors of our many educational offerings. All 11,500+ of us members benefit from the efforts of past and present volunteers, and the vision and energy

that future volunteers will bring to the CAMRT. We are a stronger community because of you. Thank **You** very much.

I am finishing my term as President, but I will personally continue to strive to promote and advocate for our profession to be the best that it can be. I am also eager to see what exciting steps are ahead for the CAMRT, as the new Strategic Plan comes into effect.

One area of focus for the Strategic Plan is research. For us as MRTs to be called professionals, we need to produce our own evidence-based practice bridging the gap between academic and clinical practice to improve patient care and patient outcomes. CAMRT will work to increase the number of members interested in and performing research, with the understanding that

CAMRT Vision: CAMRT is the recognized national voice of the profession. Medical Radiation Technologists are recognized and sought after for their essential expertise. Medical Radiation Technologists positively impact the development of the healthcare system and the journey of patients in their care. CAMRT engages members to broaden their knowledge and use best practice so that MRTs meet the challenges of today and the future.

research is not for everyone. CAMRT will provide tools, education and other means to help members overcome the common barriers to research (lack of relevant skills, lack of confidence, lack of research infrastructure and heavy workload) and strengthen MRT competence to undertake research in their practice or to contribute to collaborative research in their clinical settings. For those of you new to research, I strongly encourage you to join Carol-Anne Davis at the 2016 CAMRT conference, as she will lead us on a journey to develop a plan for taking a sense of inquiry into actual research, and how to take research from the workplace, whether that is little 'r' research or big 'R' research. Do not forget that "mentors" are for more than research. Many of us are willing to encourage and support our colleagues in the growth of our profession. On the other end of experience, listen to your students and new graduates. Their questions of why do we do things they way we do can lead to thoughtful improvement of our clinical practice.

Another important module of our Strategic Plan is Quality of Care. We are the face of our profession, therefore it is important for us to collaborate with our partner associations so the trust the public places in us—to be educated, updated, and connected—is realized. I challenge you to take your expertise, inquiring minds and empathy to work every day.

Finally, I would like to offer some words of thanks. To the CAMRT Board of Directors past and



present for their dedication and support. To the dedicated staff at CAMRT, many of whom I have come to know personally, whose work to carry on the continuity of our vision and strengthen our voice in Canadian healthcare gives me great confidence for the future. To the many MRTs I have been fortunate to meet and work with, I have great respect for you. You give your time for your profession regardless of your own busy schedule, and from you I have learnt much and know there are many more of you out there in this great country. My memories and friendships from around the globe will be long cherished.

A handwritten signature in black ink that reads "Carol-Anne Davis".

For those with an interest in research and evidence-based practice

Have you checked out our International Journal Club on Twitter? This is a great way to share your research and professional development across the world as part of a shared global community. Visit <https://medradclub.wordpress.com/> for details.

New CPD Repository

The CAMRT is excited to introduce a new online Continuing Professional Development Repository, now available on the CAMRT website repository.camrt.ca



Designed specifically to meet your professional development needs as a medical radiation technologist (MRT)

MRT-focused activities

Discover more than 200 CPD activities spanning all disciplines of medical radiation technology, from a wide variety of providers including CAMRT and provincial organizations.

CPD of all types

Live events, full-length courses, quick webinars – all are available at your fingertips.

Fully indexed and searchable

Multiple filters allow you to search for CPD activities based on your own needs and interests. For a wider range of opportunities, you can also browse individual organizations' CPD catalogues.

User friendly

Linking directly to information and registration pages for the activities themselves, this repository will save you valuable time as you search for ways to fulfill your CPD requirements.

Growing all the time

Listings of courses and events will be added on a continuing basis as we grow the repository.

For CPD developers and sponsors

Sponsors of continuing professional development activities are invited to submit their upcoming and ongoing activities for listing in the CPD Repository.

Listing your activities in the repository is an easy and effective way to reach Canada's more than 20,000 MRTs in the disciplines of radiological technology, radiation therapy, nuclear medicine and magnetic resonance imaging as well as other healthcare professionals.

Activities submitted to the CAMRT's Continuing Education Credit Approval Program (CECAP) for review and assignment of continuing education credit will be posted free of charge. Otherwise, a fee per listing will apply.

For more information, or to arrange for your posting, please contact CAMRT at repository@camrt.ca or 800-463-9729 extension 226.

Take a moment to browse the CAMRT CPD Repository: repository.camrt.ca

Getting to know our new Federal government

Submitted by CAMRT CEO François Couillard

Over the past few months I have had several opportunities to meet with new Members of Parliament (MPs) and senior civil servants. On February 3, 2016, the Health Action Lobby (HEAL) held its first coordinated Parliament Hill reception in the Parliamentary restaurant. All MPs and Senators were invited to attend, and the event offered the perfect opportunity to introduce government decision makers to the HEAL and the CAMRT, and speak further on the federal government's plans to expand its role in the healthcare sector. The event was a success, with attendance from all political parties, including multiple members from the Standing Committee on Health (HESA).

Later in the month, CAMRT's Director of Professional Practice, Mark Given and I met with several senior civil servants at Health Canada to give them an overview of the CAMRT and look for opportunities to collaborate in some of our exciting new projects, such as Advanced Practice (see page 9) and Communities of Practice (see

page 7). They showed a genuine interest in our activities and we are planning to have further discussions with them later this year.

Finally, in early March I was invited to attend the Health Research Caucus/Research Canada reception on Parliament Hill. At the meeting I met with several MPs and was introduced to the new Minister of Health, Jane Philpott.

These meetings all contribute to increasing the visibility of the CAMRT at the national level. We are planning to continue to enhance our clout at the federal level in the upcoming months with the assistance of an Ottawa-based advocacy consultancy firm, who will be assisting CAMRT's Advocacy Advisory Council in putting in place a comprehensive advocacy strategy.



Mr. John Oliver, MP for Oakville and HESA member, speaks with HEAL's Pat Vanderkooy and François Couillard.

Recognizing our Volunteers

April 10 to 16 is [National Volunteer Week](#), a week that celebrates the millions of volunteers across Canada. This year's theme is "Volunteers are the roots of strong communities".

Just like roots are essential for trees to bloom, volunteers are essential for communities to bloom. Thanks to volunteers, our communities grow strong and resilient. Even the tiniest volunteer effort leaves a profound and lasting trace in a community, much like tree rings that appear over time.

National Volunteer Week is a time CAMRT takes to express gratitude for the many volunteers we have working with us. As the roots of our organization, we have our volunteers to thank for a very strong CAMRT community. Each and every year, hundreds of members donate their time to assist with the creation and validation of our highly regarded certification exams, advise on professional practice advancements, and enthusiastically promote the profession. There are numerous committees, work-groups, and focus groups that contribute ideas, inspiration, and plain hard work, in support of the vision and mission that propels our profession forward. In this issue, we are pleased to highlight the Future Technology Advisory Council, the Professional Practices Advisory Council, some of our

board members, as well as other hardworking volunteers.



We asked our generous volunteers on social media: **Why do you volunteer with CAMRT?** Here's what they had to say:

Camille Gaudet: "Because I have received more from volunteering that I ever put in. It is a win win situation. Have had great fun volunteering and have my profession progress."

Mike Velec: "Professional duty, and engagement"

Amanda Johnston: "I love actively participating in the advancement of our profession! Also [with] volunteering you meet MRTs who are just as passionate/nerdy about the profession...and you know you're not alone."

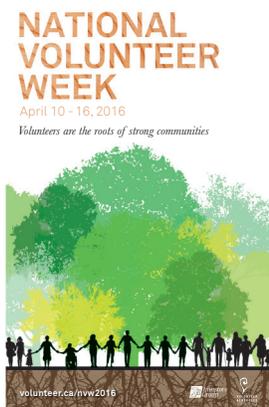
Michelle Ringuette: "I feel that it is a privilege to be an active link in a professional association. If we want to see changes and advancements in our professions, we have to take advantage of the technologists and their skills that we have available across the country. Like Camille Gaudet

said...it is a win/win situation and we can have fun doing it!!"

Melanie Hilkewich: "Of course there's the great sense of contribution but even better...the friends!"

Amanda Bolderston: "To make our profession better!"

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



Future Technology Advisory Council

The purpose of the FTAC is to keep CAMRT and its partner organizations abreast of technological changes in the medical imaging and radiation therapy fields, and to allow CAMRT members to remain at the leading edge of practice. We talked to council member Colin Alden about why he volunteers:



"Volunteering on CAMRT's Future Technology Advisory Council has been a very rewarding experience for me. It is very enlightening to hear from both colleagues and industry on where they feel technology, as it pertains to Medical Radiation Technology, is heading so we can begin positioning ourselves as a profession to be prepared for those changes. As we have all experienced, technology (especially medical technology!) changes rapidly and kudos to CAMRT for being proactive in planning for our profession to be ready for those changes."
– Colin Alden, RTNM

Professional Practices Advisory Council

The PPAC provides advice and support to the CAMRT staff and Board of Directors regarding all current and future matters affecting the practice of medical radiation technology. They keep up to date with developments in the profession of medical radiation technology, and identify potential practice issues as required. Here are thoughts from two PPAC volunteers on why they enjoy participating on this committee.



"Being able to sit down with fellow MRTs from across this country to discuss the practice of medical radiation technology reminds me that what we do is so important. It also allows me to better understand what practice trends exist across the country, which in turn, better informs the practice projects we develop as a committee. Volunteering for the PPAC makes me a better technologist and its work makes many other technologists better as well."
– Jennifer Carey, CTIC, RTR



"The PPAC has not only provided me the opportunity to give back to my profession by developing supporting resources central to the advancement of the professional profile of Canadian MRTs, it has also allowed me to gain knowledge and experience which has been invaluable to my own professional growth. I feel truly fortunate to have had the opportunity to work with and learn from such enthusiastic and dedicated CAMRT staff and volunteers from all disciplines. For me, being an active member of the MRT community is essential and I would recommend that all MRTs get involved in some capacity; locally, provincially, nationally or even internationally."
– André Patry, MRT(T), BSc., B.E.P.S.

CAMRT Board of Directors

These individuals are instrumental in developing policies and in the continuing implementation of the strategic plan. We thank them for dedicating their time to serve the CAMRT! Here are some thoughts from three current members on why they volunteer:



"Being involved in the CAMRT Board is important for me:

It gives me the sense that I am making a difference as well as the chance to advance the profession.

Sharing my knowledge and learning from colleagues who share my experiences from across Canada is very rewarding and stimulating."

– Julie Cyr, RTR



"Volunteering for the CAMRT is truly an exceptional experience. I feel that it's important to give back to the profession that has provided me

amazing career opportunities. The icing on the cake is the wonderful people you get to work with"

– Meena Amlani, RTR



"I have been involved with CAMRT since 1995 on a journey that has led from committee involvement to ultimately being a member of the

Board. It has been important to be a volunteer with the CAMRT (as well as my provincial association/regulatory body) as I believe as a professional we are called to be always growing in the knowledge, skills, and judgment we exercise on a daily basis, and through involvement with the CAMRT it enhances our work as a MRT as it opens us up to knowing not just our modality that we work in but all of the modalities that make up our association and our profession. I know our work is seen as "behind the scenes," but it has given me such a great sense of pride and accomplishment in seeing our profession recognized by other health professionals and the public as a vital part of Canadian healthcare."

– Karen Davis, RTT



Volunteering at CAMRT

"Not short on passion or restless energy, I decided a few years ago to put my time good use and begin volunteering with the

CAMRT. I say volunteering loosely, because I've gotten much more from the experiences than I've given. Beginning with the LDI in 2011, I've spoken and moderated CAMRT AGC lectures, judged the CAMRT AGC annual Essay and Exhibit competition, sat on the Nominations Committee, and the Young Professionals Advisory Council, written the odd ditty for the newsletter and now, as President of the NSAMRT, I sit at the national network of presidents. All of these opportunities have given me exposure to a wide variety of MRT professionals that have helped me build my own professional profile. Let's not kid ourselves, I love to talk and have a passion for all things MRT. How lucky am I to have a forum to do that? I am indebted to the CAMRT for all that I've gained through volunteering over the years. Thinking about getting involved? Do it. Everyone brings something to the table, only you can be you."

– Megan Brydon, RTNM

CAMRT Communities of Practice

All professions require members within the community to engage in and shape a particular shared practice over time. This is a generative process, termed in 1998 as "Communities of Practice" (COPs). The underlying objective of a COP is finding a mechanism for further exploration in knowledge and skills within a group, such as the Medical Radiation Technology (MRT) community. COPs allow interrelationships and a channel for moving forward information like Best Practice Guidelines, tips, problem solving, document sharing, etc.

For CAMRT, the goal of this COP initiative is to energize our members. COPs bring together groups of people who have a common interest to share knowledge and learn from each other, and to advance their professional practice. Through this initiative we hope to address professional challenges as they evolve and create a place for members to connect with others who have similar thoughts, questions or concerns.

To carry out this work, CAMRT will be working with experts, the Group on Complex Collaborations (GCC) at McGill University. A Steering Committee has also been created to begin the planning phase of this exciting new project, including identifying the scope of the COPs so that there is optimal member engagement, based on real need.

The CAMRT is planning to launch a pilot COP in the summer of 2016, with a full rollout of the initiative planned for the end of 2016. Stay tuned for more information and for opportunities to participate!

For more information, please contact Katherine Smith at Ksmith@camrt.ca.

Explore CAMRT's Newest Best Practice Guidelines

Two new CORE guidelines (all disciplines) have been added to the CAMRT [Best Practice Guideline website](#):

- [Addressing professional misconduct](#)
- [Claustrophobia](#)

As with all best practice guidelines on the website, these guidelines look at the importance of these issues from the MRT perspective, offer some helpful practical advice and provide links and references for those who wish to delve deeper into the topic.

To explore the full list of guidelines topics, visit our [full Index of topics](#).

Profiling CAMRT Member Johnathan Galloway



the past few years. So much, in fact, friends and colleagues have asked me if I actually work. So by combining my two loves, travel and MRT practice, I thought a working holiday adventure in Australia would be fun. The plan is to start practice “down under” in November, when it gets cold here, and work doing three month locum contracts. I hope to travel extensively between contracts. A 3:1 ratio of work-to-travel months would be ideal. The master plan is to work and travel for one year!

Do you have any interest in the new RAD-AID/CAMRT opportunities?

I actually had reached out to RAD-AID before CAMRT had established the partnership, so I have just been waiting to hear the official announcement. This opportunity is right up my alley. I have always wanted to participate in a humanitarian effort program. The CAMRT will be certainly getting an application from me.

“The first people to complain are the last people to volunteer” – Me

Can you tell us briefly about the various roles you have played within CAMRT and your provincial association?

I began volunteering quite soon after graduation. I started with CAMRT on the Education Advisory Committee and took the position of Vice President with the New Brunswick association (NBAMRT) less than one year into practice. I began not really understanding either role, but soon found volunteerism to be extremely important to both organizations. I left the education advisory committee once I became President of the NBAMRT. I have been heavily involved ever since.

What do you enjoy about volunteering?

What do I enjoy about volunteering? Well to put it mildly: everything, ha ha. It has had multifaceted benefits for me. I have met the most amazing people. Volunteerism has allowed me to make lifelong colleagues and friends and to have experiences I wouldn't otherwise have had. Volunteering has also allowed me to learn a lot about myself; I know it sounds cheesy, but it is true. Volunteerism is a personal journey to growth.

You attended one of the first Leadership Development Institute (LDI) sessions put on by

CAMRT – have you found that this experience helped you in leadership roles?

Yes, I was so fortunate to be selected by the CAMRT for the third LDI session. I have used all the knowledge, communication, and leadership skills learned at the LDI in many ways. The first place I was able to start using the skills was during our executive meetings. The LDI changed how I interact with the other board members, both verbally and nonverbally. It also changed the way I conduct meetings as a Chair. I have been able to apply certain principles to my personal life in regard to how I interact with friends, strangers, conflict resolution, and debate. I can say that after the LDI I can see others differently, and would have not attained these skills in any other way.

The LDI was a life changing experience. The tools and skills gained from attending have paid off in spades. The networking experience with other driven young leaders from across the country was awesome, I would have never met these amazing people had I not been selected, and I thank the LDI group and CAMRT for that.

We heard you plan to work overseas, what will you be doing?

Well, for those of you who do not know me, I have a travel problem. I have travelled a lot in

FUN FACTS ABOUT ME

Things that please me:

Rocking chairs
Vinyl records (they sound better)
Motorcycles
CBC Vinyl Cafe
Earl Grey tea

Things that displease me:

Airport layovers
Camping in the rain
Slow walkers
Unpunctual people
Autocorrect, when I am actually correct

Evolving Practice

Evolving Practice is a new and ongoing series that explores the ways in which Canadian MRT practice is being shaped by innovation and change.

This instalment discusses CAMRT advanced practice (AP) initiatives in medical imaging. This piece will discuss the outcomes from the recent Advanced Practice in Medical Imaging (APMI) Focus Groups; including the process, the findings and the next steps required to initiate the development of APMI roles across the country.

An Update on Advanced Practice in Medical Imaging

The pursuit of advanced practice in medical imaging has been a strategic priority for CAMRT for the past three cycles of its strategic plan. In 2010, a National Symposium was held that consolidated much of the work that had come before. An Advanced Practice Framework initiative was launched, resulting in the publication of an AP framework in 2014. In the interim, the CAMRT has also been working to develop a certification process, to be applied first to radiation therapy, but which also forms the basis of a process to be used for medical imaging.

2015 was a busy year for advanced practice initiatives at CAMRT. While launching a formal pilot of its certification process, the CAMRT also initiated its study of roles in medical imaging. Informed by the framework, international examples, and the AP work from radiation therapy, a number of APMI focus groups were convened across the country. The purpose was to gather detailed information, opinions and aspirations from MRTs, MRT leaders and radiologists about APMI in Canada. A four-city tour was set up to examine the MRT community in a number of different ways. A Halifax focus group included a number of the smaller surrounding regions in the discussion, and added a much needed rural perspective. A Québec City focus group was conducted in French at a private clinic to see if APMI roles could be addressed within the clinical environment, while Ottawa and Edmonton focus groups represented large University centres. All of these groups incorporated a diverse mix of MRT experience, including manager and radiologist perspectives, which provided us the opportunity to have in-depth discussions within a multi-stakeholder environment. This greatly contributed to the success of each of the focus groups and ensured that the material was covered in an open and transparent manner.

Each focus group discussed the challenges their facilities faced and outlined a number of key elements that could potentially be addressed by the development of advanced practice roles

within their respective jurisdictions. They were asked specifically to discuss areas that could impact the delivery of medical imaging services related to increased patient access to care, quality of care, system innovations and potential cost savings for the healthcare system.

The value of hosting these focus groups was even more profound than we had anticipated.

APMI Focus Group Findings

The value of hosting these focus groups was even more profound than we had anticipated. The concepts of advanced practice can be difficult to understand and develop beyond theory into actual advanced practice roles that are of benefit to the organization and the patients they serve. There is clear value in engaging all the professional groups involved in medical imaging as a means to educating and dispelling many of the misconceptions around the development of APMI roles – such as technologist apathy – and radiologist concerns were very enlightening. Following these sessions, all felt we were able to speak and understand the same advanced practice “language”.

Beyond the educational value of holding the meetings, the focus groups had a number of key findings that will help guide CAMRT as it moves forward in its pursuit of AP in MI:

1. **There is a true interest from the medical imaging community to develop AP roles.** This interest spanned all participant groups including MRTs, MRT leadership and radiologists.
2. **APMI roles must be developed to fit the needs of the individual organization and the patient population they serve.** A one-size-fits-all approach will not be successful in the spread of APMI roles within the complex medical imaging community at a national level.
3. The vast majority of the work CAMRT has undertaken with the Advanced Practice in Radiation Therapy (APRT) initiatives is transferrable to the development of advanced practice roles in medical imaging.
4. **There are a few clear areas of opportunity for the development of AP in MI, including:** ensuring appropriateness of medical imaging procedures, navigating patients through their medical imaging journeys and developing speciality skills to be carried

out without the supervision of a physician. More information needs to be gathered around the implementation of APMI roles. This includes education, funding, and value to the system.

APMI 2016 and Beyond

APMI is a key focus of the CAMRT 2016-2018 plan and 2016 is an extremely busy year as we move forward with this major strategic initiative. After these very fruitful exchanges, the CAMRT plans to follow up on the opportunities identified and maintain the momentum generated with the stakeholders involved so far. Next steps include:

1. Extending the reach of the focus group initiative to reach more stakeholders and gather more information;
2. Conducting an analysis to compare the APMI expectations to those already established for APRT;
3. Investigating sources of funding to assist with development of APMI roles;
4. Continuing to identify champions for the development of APMI pilot roles so that we can begin to develop a process where a small number of pilot AP roles are developed across the country.

Get Involved

To make AP in medical imaging and radiation therapy a success, we as a profession all need to move together. The CAMRT will be working hard to identify champions and engage with members across the country to help these initiatives succeed. Some of the immediate opportunities for your involvement include:

1. Hosting an APMI focus group in your community;
2. Assisting in securing funds to support the development of APMI roles;
3. Becoming a champion for the development of APMI roles;
4. Contributing to CAMRT’s advocacy AP strategy.

If you are interested in assisting CAMRT with AP in MI, or any of the AP projects, please contact Mark Given, CAMRT Director of Professional Practice at mgiven@camrt.ca.

Professional Portfolio

Do I Need One?

Submitted by Angela Cashell, ACT, RTT

What is a professional portfolio?

Your professional portfolio will help you identify, collect and reflect on your experiences as a Medical Radiation Technologist. It will help you gain a deeper understanding of your progression throughout your career, and will assist you in identifying future learning and development goals. More importantly your portfolio can demonstrate your achievements and contributions, which can be a major source of personal satisfaction.

- Publications you have authored or co-authored
- Teaching invitations and evaluations (internal and external)
- Student teaching and research supervision for staff and students
- Awards and nominations (nomination letters are just as important, because they demonstrate why you are being nominated)
- Thank you letters to you and/or your team
- Requests for your expert opinion (keep those e-mails or other correspondence)
- Volunteer roles in the community such as

Your portfolio should ideally be a dynamic tool that you are constantly updating.

Why do I need a portfolio?

More and more organizations are asking for portfolios for job applications to get a better sense of the job applicant's professional history. And finally, advanced practice positions are on the horizon, and these roles usually come with an expectation of a well-developed portfolio to evidence the competencies required.

How do I get started?

The early stages of development are the hardest! Once you have invested time in the initial development, updating it is simple, and requires only a couple of hours a month. Your portfolio should ideally be a dynamic tool that you are constantly updating.

What should I put in it?

Here are some examples of what to collect:

- Résumé or CV, (both can be included, then you are ready for each scenario)
- Transcripts of formal courses
- Certificates of attendance for training and education activities
- Performance appraisals
- Letters of reference
- Samples of your own work (posters, presentations, training tools, workshop designs, conference programs, etc.)
- Samples of committee work (protocols, patient education materials, conference planning, professional association committees or working groups, etc.)

organizing or participating in fundraising/health promotion/advocacy groups. This is optional, but it can demonstrate your transferable skills.

People learn from a variety of sources and settings, so your evidence should also include your reflections on your experience; for example, what you learned when you were involved in a particular committee/project.

What format should it be?

There is no right or wrong way to organize and structure your portfolio. It is flexible and can be customized to fulfil your requirements, which may include employer and professional body requirements. Your portfolio can be:

- Digital - i.e., a Word document containing hyperlinks to evidence or assets related to your practice
- Electronic or web-based
- A simple binder with tabs and appendices

It is the content and organization that is important. The binder format, however, will be useful to take to interviews or for performance reviews. If using a binder, place large documents or irregularly shaped items in a separate sleeve, and make sure any items are securely fastened so they do not fall out. Use good quality photocopies. Use a font size of at least 12, and don't clutter the content with fancy graphics or colors, unless it highlights a particular point.

If you are interested in developing an e-portfolio, there are many free web-based applications



that you can find such as WordPress, Google, or Weebly. Be careful of privacy settings and confidentiality when using these sites, though.

How should I organize it?

Divide it up into tabs or sections, with the appropriate labels. Your first page should be an introduction page that tells the reader who you are and what to expect in this binder. The next page should be a Table of Contents to help them get to a section faster if needed, and to demonstrate your organizational skills. If you like, you can include a summary page at the start of each section, highlighting key achievements in that section. This page can then be customized whenever you apply for a new role/position to ensure the relevant items are more visible.

What tabs or sections should I include?

These can be numerous depending on how you choose to break it up, but should probably include:

- Clinical Practice
- Education and Teaching
- Research
- Professional Practice
- Continuing Education (this may also go under Professional Practice)

Under clinical practice, think of things that you have done in the clinical environment, such as development of new protocols, or quality or safety initiatives that may have enhanced your clinical practice or improved the patient experience. Thank you letters from patients or colleagues are also valuable because they can attest to your clinical skills. Patient education projects or involvement in patient teaching can also come under this section as well, or you can put them under the teaching section.

Education or teaching can be formal teaching, such as lectures or workshops, or informal teaching, such as student teaching, visitor teaching, etc. Try to include evaluations as well (or scores from evaluations) because this can attest to the quality of your teaching and may include some great feedback. If you were an invited speaker, make sure this is highlighted. You can also include a PDF of the presentation, either electronically as a link, or printed out in handout format. Don't forget to add clinical teaching awards or nominations you have received.

In the research section, include any research you have been involved in, as well as research supervision. If you have published or presented a lecture or poster, this should be documented. Include a link to the article or a PDF of the presentation or poster (or hard copy). If you have completed a research skills course, include that as well.

The professional practice section could encompass many different topic areas. It can include membership on provincial, national or local professional committees, or committees in the hospital or organization in which you work. It can include volunteer work for your profession, such as a reviewer for a journal, committee work, exam development or helping out at a conference. This section can also include your personal professional development, such as courses, workshops, certification and other achievements. It is a good idea to include some reflective pieces related to your attendance at a

course, for example, because this shows what you learned and how you brought that knowledge back into your professional work life.

In any section, don't be afraid to use examples from outside work where appropriate. For example, if you coach soccer, this could add to your education section.

What if I haven't done a lot of teaching or research?

It may be hard for more experienced staff to find entries for these sections if they haven't had the opportunities to engage in a variety of academic work. In these cases, your written reflective pieces or other entries become more important, because it is a way of evidencing the breadth and depth of your knowledge and what you can offer to a particular role or situation.

Sometimes it is challenging to figure out which section to use, and in some cases, items may need to be included in two different sections. The beauty of an electronic portfolio is that you can set up links between different sections to help the reader navigate and to access the information quickly.

Taking the time to develop a high quality portfolio can be the deciding factor that puts you ahead of the game and the competition. Rather than only hearing about your success, a professional portfolio actually shows an employer what you have done and provides examples of your best work.

Enhance the Value of your Educational Activities

CAMRT administers a Continuing Education Credit Approval Program (CECAP) to ensure the provision of high quality educational activities to medical radiation technologists (MRTs) in Canada. The processes within this program have recently been updated to better reflect current educational opportunities that contribute to the ongoing competence and personal/professional development of MRTs.

Through its status as a Recognized Continuing Education Evaluation Mechanism (RCEEM) assigned by the American Registry of Radiologic Technologists (ARRT), CECAP assigns Category A credit (credit hours) to eligible activities submitted by educational sponsors.

Technologists and therapists may use these assigned credits to fulfill continuing education requirements established by their professional association or regulatory body. Participants from the United States and Canadians who have active ARRT membership can also use these credits to fulfill their biennium requirements.

Obtaining CECAP approval is easy

A submission for CECAP approval requires that each activity must:

- Be submitted by an eligible CPD sponsor
- Be a minimum of 30 minutes in length
- Have clearly stated learning objectives
- Include speaker credentials
- Be submitted with payment

CECAP considers a wide variety of CPD formats

The following are types (but not limited to) activities that are eligible for credit approval:

- Live lectures (seminars, webinars, conferences, etc.)
- Workshops ("Hands on" and/or "How to")
- Home Study/Self Learning Programs
- Directed Readings

CECAP is good value for the money

The fee depends on the type of educational activity:

Live Lectures (30-60 minute one-time presentation) **\$50**

Live Lectures (30-60 minute repeated presentation) **\$100**

Conference (multiple sessions, one-time presentation) **\$150**

Seminar/Workshop (multiple sessions, repeated presentation) **\$150**

Self-Learning Activity/Home Study (0.5-3.0 hours, renewable) **\$150**

Self-Learning Activity/Home Study (3.5-9.5 hours, renewable) **\$200**

Self-Learning Activity (10.0+ hours, renewable) **\$250**

CECAP also offers an annual renewal for programs, author and speaker credit.

Corporate sponsorship rates are available to institutions/organizations sponsoring multiple live MRT-related events in one year. The fee depends on the number of anticipated activities that will be submitted. For more information, contact CECAP (cecap@camrt.ca or 800-463-9729, ext. 226).

Obtaining CECAP approval demonstrates commitment on the part of the sponsor to provide peer-reviewed CPD that enhances professional knowledge, skill and judgement of the MRT in providing healthcare services to patients, peers, the public as well as other healthcare professionals.

NOTE: CAMRT provincial organizations will not be charged a fee for their annual general conference credit approvals; however, all CECAP guidelines must be followed.

NEW: A Repository for CPD activities

Inclusive in the CECAP fee is the option to have the CECAP-approved CPD activity listed on the MRT-focused CPD Repository maintained by CAMRT, free of charge. Sponsors may also request to have their approved activity listed on the CAMRT CPD Repository. For more information on the CPD Repository, see page 5.

To obtain a copy of the CECAP Handbook for CPD Sponsors, or for any other information, please visit our website or contact cecap@camrt.ca or 800-463-9729 extension 226.

Proton Use in Radiotherapy

Superior Treatment or Flavour of the Month?

This article by Christine Alexander, BSc (Hon), Catherine Crumley, RTT and Patricia Ho, RTT from the British Columbia Cancer Agency, Vancouver Centre, was published in the March edition of the *Journal of Medical Imaging and Radiation Sciences* (Vol 47-1). Full text is available at www.jmirs.org. Excerpts reprinted with permission.

The use of charged particles as a treatment method was suggested by Robert R. Wilson in an article published in 1946 [1], after which the first treatments were given using particle accelerators at Berkeley Radiation Laboratory in 1954 [2]. Today, there are 18 centres in the United States (US), 13 in Japan, 7 in Germany, and a number of others scattered around the world [3]. Canada has one proton treatment facility situated at the University of British Columbia (Tri-University Meson Facility), which treats certain types of orbital tumours [4]. In Britain, three proton centres will be installed by 2017; this move came from public pressure resulting from a child being taken to Prague for proton treatment [5]. Although the number of treatment facilities is increasing primarily within US, this still is not a common form of treatment.

This article provides an overview of how protons are created in a clinical setting, including the role of a particle accelerator such as a cyclotron or synchrotron. A comparison of proton beams with other forms of radiation concludes that the main advantage of the proton beam is its depth dose distribution. See Figure 1, comparing the most commonly used radiation beams to the SOBPs for a 200MeV proton beam.

It goes on to discuss the benefits of proton treatment as compared to photons, referencing

the resultant reduction in integral dose with protons, and the potential for a reduction in the expected incidence of radiation-induced secondary cancers as well as the potential for reduction of late effects.

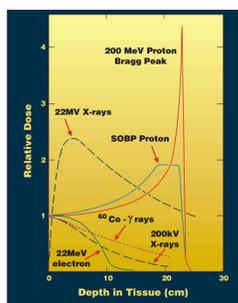


Figure 1 A comparison of depth-dose distributions for the most commonly used radiations with a 200 MeV proton Spread-Out Bragg Peak (SOBP) and Unmodulated or Pristine Bragg peak.

The types of treatment machines available are outlined, highlighting the difference between moving or static gantry (see Figure 2). Moving gantry allows for multiple beam angles to be set up, whereas the fixed gantry relies on single fields or the ability to rotate the patient on the treatment couch.

Finally, the article offers a brief comparison of proton vs. photon treatment techniques using an example of orbit irradiation to illustrate the differences. In this section, the authors also cover the financial implications of proton therapy.

The authors conclude by questioning why Canada does not have a proton treatment machine within a hospital setting. Presently, British Columbia

(BC) is the only province with access to a proton beam that has limited capabilities (70 MeV, fixed beam) and is located within a research setting. They stress that the financial implications, as well as geographical location of a proposed centre need to be taken into consideration when evaluating the benefit of a clinically dedicated proton treatment facility in Canada.



Figure 2 An example of a moving gantry proton treatment unit. Reprinted with permission from Provision Healthcare.

Do you have an opinion on this topic? You can submit your comments as a Letter to the Editor by contacting editor@camrt.ca, or by engaging through social media on Twitter by tagging the journal account ([@JMIRS1](https://twitter.com/JMIRS1)).

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5. R. Ratcliff. (2015, April 4). UK to get first three proton beam therapy centres in cancer care milestone. Retrieved from <http://www.theguardian.com/society/2015/apr/04/uk-three-proton-beam-therapy-centres-ashya-king-cancer>.

News from the JMIRS

Top 5 articles in 2015

Congratulations to the authors and their research teams! We are pleased to host these five open access articles on our homepage at www.jmirs.org.

1. Do MRI Patients Tweet? Thematic Analysis of Patient Tweets About Their MRI Experience
2. Investigating the Impact of Positron Emission Tomography-Computed Tomography Versus Computed Tomography Alone for High-risk Volume Selection in Head and Neck and Lung Patients Undergoing Radiotherapy: Interim Findings
3. Radiation Therapy Students' Knowledge, Attitudes, and Beliefs about Palliative and End-of-Life Care for Cancer Patients

4. The Quest for Quality: Principles to Guide Medical Radiation Technology Practice
5. Evidencing Continual Professional Development: Maximising Impact and Informing Career Planning

Article Collection

The JMIRS has prepared a [compilation of articles](#) that have addressed the issue of evolving practice relative to medical radiation technologists to complement the [Advanced Practice conference](#) and a related Massive Open Online Course (MOOC) that will be running for three weeks from September 5, 2016. The CAMRT website also provides interesting resources on this topic – including the [Advanced Practice Framework](#), which establishes a definition for

advanced MRT practice in Canada.

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. More information on our review policy is available on the [JMIRS website](#).

Come join us at the 2016 CAMRT AGC in Beautiful Halifax!



The 74th CAMRT Annual General Conference will be taking place from June 9 to 12, 2016 in Halifax, Nova Scotia. The conference provides an excellent mix of inspiring plenary lectures, discipline-focused breakout sessions, an Exhibit Hall showcasing innovative technologies, networking opportunities, and fun-filled social events.

On Thursday June 9, two concurrent CAMRT pre-conference workshops, an Inter-Professional Radiation Treatment Quality and Safety Summit organized by CPQR and ARF, and a workshop organized by OAMRS set the stage for the education-packed conference to follow.

This year's Welch Memorial Lecture will be presented by **Amanda Bolderston**, the Provincial Professional Practice and Academic Leader for the BC Cancer Agency. Amanda is a CAMRT Fellow and a past president of CAMRT. She has worked in the field of radiation therapy for 30 years in the UK, Holland and Canada as a clinician, researcher, educator and leader. Amanda has authored numerous articles and presented extensively nationally and internationally. She is the Associate Editor for Qualitative Research for the *Journal of Medical Imaging and Radiation Sciences* and an editorial board member for the UK journal *Radiotherapy in Practice*. She is currently a graduate student in the University of British Columbia's education doctorate program, studying educational leadership and policy.

Amanda will reflect on her experience as an out healthcare professional, and her recent work at UBC to examine the experiences of lesbian, gay, bisexual, transgendered and queer (LGBTQ)

patients in the healthcare system. Her talk will discuss how MRTs can provide care to this stigmatized population in a culturally competent way.

In addition to the Welch lecture, we have an exciting selection of plenary and international speakers lined up to share their insight, experience and expertise:

Ken Baird, recently appointed Vice President Clinical Supports at Eastern Health, will be speaking on the *Importance of MRTs in the Present and Future Health Care System*.

Carol-Anne Davis, Clinical Educator at the Nova Scotia Cancer Centre as a Clinical Educator, will present *An Introduction to Research*.

Maggie Green, Vice President Risk Management for BMS Group, will provide valuable insights into *Professional Liability Insurance*.

Reverend David Maginley, interfaith staff chaplain for the cancer program, palliative care and MSICU at the QEII Health Sciences Centre, will share his expertise on *Compassionate Communication*.

Dr. Rob Rutledge, Associate Professor in the Faculty of Medicine at Dalhousie University, will present *How Understanding Your Brain can Empower Your Life*.

Dr. Nicole B. Dhanraj is the recipient of the International Speakers Exchange Award, which provides a speaking opportunity at the CAMRT conference to an outstanding member of the

American Society of Radiologic Technologists. Her presentation *The Big and Small Issues of the Disproportionate Patient: Technical and Safety Challenges in Radiology* is sure to be enlightening.

Daniel Mollura, President and CEO of RAD-AID, will provide updates about RAD-AID activities.

Bernard Ponsard, Chairman AIPES Reactors & Isotopes Working Group in Belgium, will speak about the *World Isotope Supply*.

Nick Wozintza, Homerton University Hospital NHS Foundation Trust, will present *Advanced Practice in DI (diagnostic imaging)*.

In addition to these thought-provoking multi-disciplinary lectures, the program will offer discipline-specific sessions in radiological technology and CT, radiation therapy, nuclear medicine, magnetic resonance, interventional radiology, and mammography as well as sessions on PACS/IT.

The Exhibit Hall will showcase leading innovative technologies and practices that affect your profession, and will also be home to poster presentations highlighting various aspects of the MRT profession.

And of course we will be taking advantage of the wonderful East Coast hospitality during the many **social events**. Meet with old friends and make new ones at the opening Welcome Reception the evening of June 9. Keeping with tradition, the CAMRT Foundation will have its famous Fundraising evening, and will once again hold the Roentgen Ramble and their not to be missed raffle. And **new for 2016**, mark your calendars for Saturday June 11, an exciting fun-filled event for all, with excellent local cuisine, dancing and eastern hospitality co-hosted by the Presidents of CAMRT and NSAMRT.

Finally, the CAMRT would like to recognize the dedicated and hardworking host committee who put this program together. The committee is chaired by **Melissa Sponagle** MEd, BHSc, RTNM and **Nicole Deveau**, MRT. Members of the committee include: Julie Avery and Stephanie Lea (MRT educators), Brian Martell and Vicki Sorhaindo (management and leadership), Lisa Doucette and Jonathan Murphy (PACS/IT), Cory McNeil and Amy Munroe (CT), Nichole Smith (nuclear medicine), Krista MacLinnis (radiological technology), Natasha McMaster (radiation therapy), Jennifer Taylor (magnetic resonance), Emily Friars and Sherrie Coldwell (mammography), and Rachel MacLeod (interventional radiology).

News and Upcoming Events from the CAMRT Foundation



CAMRT FOUNDATION
FONDATION DE L'ACTRM

The CAMRT Foundation Board members have had a busy winter preparing for the 2016 Annual General Conference (AGC), as well as getting our grant applications ready for membership. Here is a quick recap of what is coming up, as well as changes that have taken place recently.

Foundation Board and Provincial Liaisons

The CAMRT Foundation is pleased to welcome **Shirley Bague** as the Foundation Secretary. Shirley joined the Foundation Board this January 2016. New Provincial Liaisons are: **Komal Mazhar**, Ontario, **Lesley Veale**, Manitoba, **Jonathan Bower**, Nova Scotia, and **Katelyn New**, Saskatchewan. The new Alberta Representative is still to be determined since Shirley left this position to sit on Foundation Executive.

The CAMRT Board Representatives are **Breanne Teasdale** and **Susan Fawcett**.

Financial Support

Letters are being sent to corporate sponsors,

provincial organizations and representatives to garner financial support for the CAMRT Foundation. Please contact Foundation@camrt.ca if you would like more information on how to support the CAMRT Foundation.

Grant Applications

Grant application information has been sent to the MRT schools across Canada to inform students of opportunities for them through the CAMRT Foundation.

Do you know a promising MRT student?? **May 1, 2015** is the deadline for all William Doern 'Leaders of Tomorrow' Scholarship and Foundation Grant requests. Please contact Foundation@camrt.ca if you would like more information about our scholarships and grants. More information is also available on our website at <http://www.camrt.ca/about-camrt/camrt-foundation/>.

Events at the CAMRT Conference

On Thursday June 9, after the Welcome Cocktail Reception, the CAMRT Foundation will host its annual pub night. It is going to be a great night of local food, music and socializing. A mini "Foundation Raffle" will also be taking place throughout the evening. Look for more information on [the website](#) as the details are being formalized. This

year we hope to entice MRT students and we will be offering their tickets at a reduced rate!! Tickets must be purchased separately (and early) as this is a popular event each year.

We are also very excited to once again announce that the Roentgen Ramble 3K walk / 5K run, is to be sponsored by AngioDynamics. The Ramble is set to take place on the beautiful Halifax waterfront at 7:00 am Saturday, June 11. Pledge forms are available on [the website](#), so get a head start by collecting pledges early at your provincial meetings. A prize will be awarded to the top fundraiser! Roentgen Ramble t-shirts will be given to all participants that raise a minimum of \$20!!

Prizes for the annual Foundation Raffle will be on display before and during the CAMRT/NSAMRT President's Event. Many great prizes will be available including an iPad, Bluetooth speakers, headphones, an Apple TV, watches, jewelry and many more exciting items. Everyone is welcome to participate.

We look forward to seeing you in Halifax!

News from the NSAMRT



The NSAMRT is pleased to announce the hiring of our first ever Executive Director, Julie Avery. As an active and engaged member both provincially and nationally for more than 10 years, she is no stranger to the NSAMRT or CAMRT. Julie brings a tremendous amount to her role as the NSAMRT Executive Director. With a Masters in Health Administration and 25 years of practice as an MRT, she has experience in policy development, accreditation, academic regulations, strategic planning, quality and evaluation.

The Executive Director search process began last spring as part of the NSAMRT's new strategic plan to see us through our short-term goals, and build towards a strong future as we continue preparations for proclamation of the new college and beyond.

With the help of an HR consultant, Catherine Thomas, HR.Coach Services, a working group set out on the journey to hire an Executive Director.

This process included the development of a job profile, posting, and ultimately culminated in an interview and hiring process. It was a fantastic learning opportunity for everyone involved, seeing a side of the HR and business world we don't always see as MRTs. For any organizations preparing to hire an Executive Director or staff person for the first time, the wisdom and expertise of an HR consultant is truly invaluable. Hiring an Executive Director has been a tremendous addition to the NSAMRT. The evolution of the NSAMRT has been ongoing over the past few years, with the board being invited to an increasing number of tables as partners in healthcare delivery for Nova Scotians. This workload, however, was quickly outgrowing the capacity of a volunteer organization and the decision to hire an Executive Director was made to allow the NSAMRT to function more efficiently and effectively as an organization.

Since starting as the NSAMRT Executive Director in February, Julie has been blazing trails in this new role. As we look forward, the future is bright.



"At the age of fourteen I sought out my first volunteer experience and have continued over the years. Throughout my career as a technologist, educator and now as an executive director, I have enjoyed volunteering in many capacities. Regardless of whether I am volunteering for NSAMRT, CAMRT or for a local community organization, I choose to engage because of a personal connection, desire to be a part of something larger and to make a positive impact. Professionally, I have volunteered with CAMRT and NSAMRT in roles such as awards chair, education chair, vice chair exam validation committee and co-chair CAMRT educator's session. These opportunities have provided me with experiences that enabled the building of new personal skills sets, while mentoring others and supporting the development of medical radiation technologists as a professional group. Although volunteering requires commitment and work, it is also social, providing opportunities to meet new people and have some fun!"

– Julie Avery

7th Canadian Winter School Quality and Safety in Radiation Oncology



Radiation Therapist scholarship winners Heather Giovannetti and Salman Arif

Submitted by Heather Giovannetti, MRT(T),
Jack Ady Cancer Centre, CancerControl Alberta

I had the opportunity to attend the 7th Canadian Winter School held in Montebello, QC, February 7-11, 2016. This four-day, interactive event was sponsored by the Canadian Organization of Medical Physicists (COMP) and focused on improving quality and safety in radiation oncology. Attendance was comprised of many multidisciplinary professionals, including radiation oncologists and residents, medical physicists, radiation therapists, leadership, vendor representatives, and patient safety and partnership advocates. The program format included thought-provoking lectures from interdisciplinary expert faculty, interactive workshop sessions, project gallery presentations from delegates featuring quality improvement projects initiated at numerous clinics across the country, and round-table discussions with actual patient representatives. Well-placed breaks, meals, and optional social activities provided the opportunity for even more group interaction, sharing experiences and learning from each other. The keynote address provided by the [WHO Patients for Patient Safety](#) Steering Committee member Margaret Murphy of Cork, Ireland set the tone for evocative and engaging conversation throughout the conference. She spoke to *The Patient Experience as a Catalyst for Change*, which provided a motivating reminder the quality of our practice has on patient experience.

Additional presentations and workshops addressed improving quality and safety in radiation medicine by looking at organizational aspects of safety, quality improvement projects, and strategies to achieve better clinical data for collection and analysis. Two workshop sessions were structured as exercises of providing peer support to each other based on case examples after a presentation about the implementation of a peer support program highlighted the importance of providing support to the “second victim,” namely those who provide healthcare services to patients. An entire day was dedicated to patient engagement, looking at how to build effective partnerships and enable patient

participation in quality improvement measures. I personally found including the patient perspective and engaging in round-table discussions with patients during this event to be revolutionary. I hear mention of patient engagement frequently, but putting this into practice can be difficult. It was so beneficial and enlightening to actually participate in conversations with engaged patients! A great reminder that patients have a voice and we as care providers need to listen as we strive to improve our services.

In addition, a series of three delegate-presented project galleries were interspersed throughout the program, featuring 24 submissions of quality improvement projects from across the country. These presentations brought attention and awareness to the quality work being initiated by many inter-professional teams and provided opportunity for smaller group discussion focused on sharing learnings, generating ideas, and inspir-

I highly encourage other radiation therapists to attend in the future, or better yet, pull together a multidisciplinary team from your centre to learn and engage together.

ing others to achieve new heights in the quality realm. To encourage broader participation, the Winter School offered registration scholarships to the top two scoring CARO Resident or Fellow abstracts and the top two Radiation Therapist abstracts. The Radiation Therapist scholarships were awarded to Salman Arif of the Juravinski Cancer Centre and myself. Salman presented

his work on *A Multimedia Patient Education Initiative – Accessing the Perceptions of Patients and Radiation Therapists*, while I presented my work on *Applying Human Factors Principles to Dynamic Documents in ARIA-RO*.

Overall, it was very encouraging and exciting to see the level of quality work that radiation therapists, along with other professionals, are engaging in at their local clinics. What started out as an opportunity turned into a real privilege as I was inspired by the level of dedication to quality held by my colleagues across the nation, something I myself feel very passionate about. As a radiation therapist, I was unsure of what to expect and slightly hesitant to attend a conference hosted by a medical physics organization; however, this was the most meaningful and inspirational conference I have ever had the pleasure of attending. I highly encourage other radiation therapists to attend in the future, or better yet, pull together a multidisciplinary team from your centre to learn and engage together. Let's keep the pattern of sharing knowledge and experiences, and inspiring new ideas for improvement going!



The University of Canberra
Medical Radiation Science
is seeking

3 Academic Posts in Medical Imaging

Lecturers, Assistant Professors to Associate Professor
in
Medical Imaging / Diagnostic Radiography

The University of Canberra in Australia's capital city has recently commenced a new course in Medical Imaging / Diagnostic Radiography. This is an opportunity to be involved in a new dynamic team, to put your stamp on the teaching of new diagnostic radiography professionals and be involved in innovative research in medical imaging.

Position descriptions can be found at:

<http://www.canberra.edu.au/about-uc/work-at-uc/vacancies>

or contact
Professor Rob Davidson
Rob.Davidson@canberra.edu.au
+61 2 62015809

CPD Highlights

In recognition of National Volunteer Week 2016, the Education Department thanks all of our volunteers. Their time, commitment and expertise are truly valuable to us and the successful outcome of our courses and programs.

QUICK SELF STUDIES NOW AVAILABLE

Respiratory Gating: An Overview

Credit Hours—Category A Credit TBD

This quick self-study (QSS) is intended to introduce the learner to respiratory gating and its applications within radiation therapy. This QSS will allow the learner to understand basics of respiratory gating, different imaging acquisition techniques that can be used for motion management, techniques used to limit respiratory motion and how respiratory gated radiation treatment delivery can benefit specific tumours sites. It will discuss how respiratory motion affects treatment planning for different treatment techniques and what type of quality assurance (QA) and verification is needed for specific respiratory gating techniques.

Reviewing Patient Education Skills in the Clinical Setting

7 Credit Hours—Category A Credit This QSS provides participants with an opportunity to reflect on their patient education skills, as well as approaches employed during clinical interactions. Participants will also examine various educational strategies and tools that may enhance their patient teaching skills and assist in the development of quality educational resources. The content of this course is suitable for health care professionals from all disciplines interested in advancing their knowledge of adult learning theory and educational design.

QUICK SELF STUDIES IN DEVELOPMENT / COMING SOON !

- Providing Effective Feedback to MRT Students in the Clinical Environment
- CT Perfusion
- The Life Cycle of the Breast
- PET/CT Guided Interventions

AVAILABLE FALL 2016 – FULL LENGTH COURSES: INTERACTIVE ONLINE DELIVERY FORMAT

Fundamentals of Quality Management

50 Credit Hours—Category A Credit This course is an excellent introduction to quality management for the technologists/therapists who are currently in leadership roles and wish to

upgrade their skills, and for those who aspire to take leadership roles in the future or have an interest in the subject area. This course will cover the foundation of contemporary quality management principles, systems and methodologies, and develop essential skills needed to drive continual quality improvement. Knowledge and skills acquired in this course will be of critical importance in leading multidisciplinary teams, engaging stakeholders and strengthening organizational strategic focus on quality of care, patient safety, process improvement, patient satisfaction, and achieving operational excellence. The course will provide a number of relevant examples, practical tools and templates in the areas of strategic planning, project management, business planning, performance measurements, problem solving and quality auditing. Ready to use tools and templates will be provided on the course CD. Many of the examples provided in this course are directed towards Diagnostic Imaging; however the overall content is also highly applicable for any healthcare professionals employed in a variety of healthcare settings.

Human Factors in Patient Safety

40 Credit Hours—Category A Credit This course provides an excellent introduction to the core concepts of human factors in patient safety and principles of Human Factors Engineering (HFE). It addresses the inevitable problem of human fallibility and explains fundamental sensory, cognitive and motor limitations of humans that predispose them to error. This course examines vulnerabilities in complex work systems, offers practical strategies to prevent or reduce human errors, and outlines methods to systematically analyze adverse events and identify solutions to ensure safe, effective and efficient patient care. Knowledge and skills acquired in this course will be essential to anticipate, recognize and effectively control patient safety risks in dynamic situations. The course provides a number of relevant case studies, best practices and pragmatic techniques to foster a culture of safety, create high reliability organizations and design systems and work processes that are resilient to human errors.

Pharmacology in Cancer Care

30 Credit Hours—Category A Credit Drugs play a vital role in cancer treatment and care. If you work with cancer patients, your clinical practice could be enhanced by a greater knowledge of cancer pharmacology. In fact, most cancer patients are prescribed drugs at some point in their treatment: Chemotherapy to kill cancer cells and/or supportive care drugs to help them cope with treatment and tumor-related side effects. This course provides the learner with an overview of all aspects of cancer pharmacology.



Topics include: Science of chemotherapy, clinical chemotherapy delivery, chemotherapy-related side effects, drugs in supportive oncology, complementary and alternative medicines, economics of drug discovery, and Canadian cancer drug access. This course is intended for all healthcare professionals who work with cancer patients but who do not necessarily have expertise in chemotherapy. For these healthcare professionals, a general understanding of cancer drugs will help to answer patients' basic questions, recognize adverse events requiring medical attention, dispel common chemotherapy myths, and provide knowledgeable information to colleagues and patients alike. It is hoped that the information provided in this course will enhance the learner's clinical practice and their understanding of the role in pharmacology in cancer care. No prior knowledge of chemotherapy or general pharmacology is required.

Project Management for the Health Care Professional

Credit Hours—Category A Credit TBD

Project management is the application of a body of knowledge including language, principles and practices that help teams plan and organize their efforts to complete projects successfully and efficiently. The goal of this course is to prepare learners with an understanding of project management principles, the tools and techniques used, the quality expected in the context of healthcare, the roles of those involved, modelling and improvement processes and strategic planning and evaluation. The final assessment for this course will consist of an essay, 8-10 pages in length, to be submitted to the course instructor on or before the scheduled exam date.

Sectional Anatomy 1: Abdomen, Pelvis, Thorax and Neck

30 Credit Hours—Category A Credit

This is a required course for the didactic component of the PET/CT Certificate Program. 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 medical imaging. The location of organs, vasculature and musculature of the abdomen, pelvis, thorax and neck will be examined in a variety of

imaging planes. Selected images from patient cases are provided to demonstrate a realistic perspective and 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.

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

FULL LENGTH COURSES IN DEVELOPMENT /COMING SOON !

- PET/MR
- An Introduction to Research

Announcements

REPRESENTING THE CAMRT AT RSNA AND ASRT

The CAMRT works annually with the American Society of Radiologic Technologists (ASRT) to provide a speaker for ASRT's annual radiation therapy conference, as well as its annual technologist-focused conference, which is called ASRT@RSNA, during the RSNA in Chicago. We are pleased to announce the winners who will be presenting later this year.

2016 ASRT Radiation Therapy Conference
September 25-27, Boston, Massachusetts, USA
Shannah Murland, RTT
 Alberta Health Services

For presentation entitled: *Evaluation of decreased treatment bladder volumes impact on the occurrence of acute or chronic toxicities to the genitourinary and gastrointestinal systems*

2016 ASRT@RSNA
November 27 – December 2, Chicago, Illinois USA

Jessamine Abed, RTT, MHSc
 Princess Margaret Cancer Centre
 For presentation entitled: *MRI-Guidance for prostate cancer: A Radiation Therapist Perspective*

More information about the [Speaker Competitions](#) is available on the CAMRT website under the "MRT Profession" tab.

TWO-MINUTE READERSHIP SURVEY

What do you want to see in your member newsletter? We have created a short, 5-question survey to find out how we can improve this publication. Your feedback is welcome! Help us make your association news even better, and complete this quick survey today: <http://fluidsurveys.com/surveys/camrt/camrt-news-readership-survey/>

PRACTICE INSIGHTS WEBINAR SERIES FROM CAMRT – EDUCATION FROM THE COMFORT OF HOME!

The CAMRT is pleased to offer a range of online, continuing professional development opportuni-

ties to our members at a low cost to supplement your portfolio and promote lifelong learning. We are currently finalizing our schedule of 2016 webinars that will provide insight and education to practicing MRTs on topics of clinical and professional interest. Stay tuned for programming announcements for the rest of the year.

PRACTICE INSIGHTS WEBINAR SERIES



Did you miss the live presentations from our Practice Insights webinar series in 2015? Don't worry, we've got you covered! This series of webinars have been recorded, packaged and assigned credit, and are available on our website for your convenience. Our engaging speakers provide a glimpse into various aspects of our ever-changing fields of practice, whether live or recorded, it's an effective, timely and relevant way to continue your professional development.

ADVANCED PRACTICE CONFERENCE

Are you interested or working in advanced

practice? Check out the "Leading the Way: International Radiographer Advanced Practice Conference" at Sheffield Hallam University, in Sheffield, UK, September 9-11, 2016. Join the global advanced practice community for a wide variety of talks, debates, e-posters and workshops on the conference themes:

- international perspectives on advanced practice
- managing an advanced practice service
- scope of practice and role creep
- impact on practice/service
- advanced practice research
- terminology harmonization

This conference (supported by the College of Radiographers and the CAMRT) will be of interest to advanced and consultant MRT practitioners (and those who are currently transitioning or aspire to such roles), service managers, clinical educators, academics and education commissioners working in ultrasound, nuclear medicine, radiation therapy, diagnostic imaging and interventional radiology.

For more information, please check the [conference website](#).



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All CE courses are approved by the American Society of Radiologic Technologists (ASRT) and Canadian technologists may use these to meet their individual (or provincial) CPD requirements.

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- Ethics: A Review for Rad Technologists
- Pharmacology for the Imag. Prof.
- Forensic Radiography
- Emergency Signs & Symptoms
- Intro to Digital Radiography
- Positioning Review & Pediatric Imaging
- Imaging the Extremities, Chest & Spine
- Positioning/Procedures: Extremities, Spine & Chest

■ Radiation Protection Topics

- Rad Prot of the Female Patient
- Rad Safety in Digital Radiography
- Rad Safety in Fluoroscopy

■ Computed Tomography

■ Bone Densitometry Topics

■ Mammography Courses

- Technique, Breast Image Procedures & Image Eval.
- Breast Anatomy & Pathology
- Stereotactic/Image Guided Biopsy
- Diagnostic Mammography
- Imaging At-Risk Populations
- Imaging Breast Masses in Children
- Digital Breast Tomosynthesis
- Digital Mammography

■ Ultrasound & MRI Topics

- Breast Ultrasound
- Breast MRI
- MRI in Practice

Select courses ARRT coded to meet CE content specifications.

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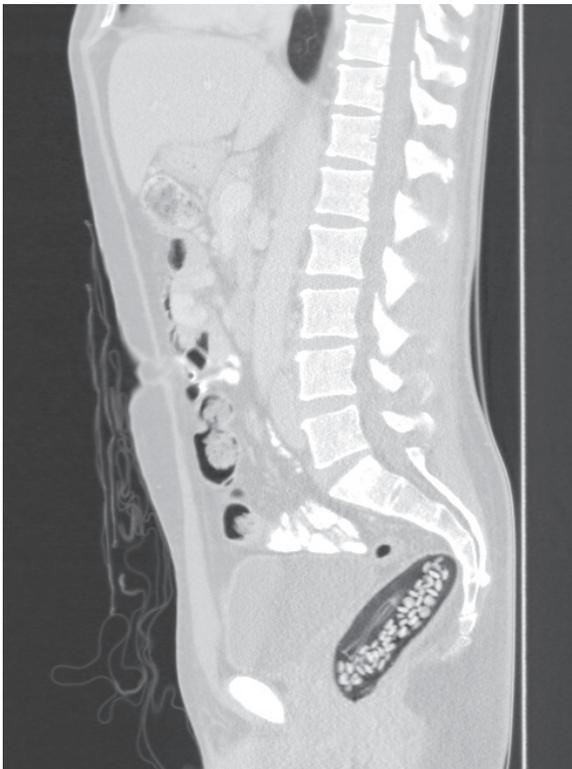
OAR Emergency Radiology 2016:
More Practical Information for Community Radiologists & Technologists

Course Director: Dr. Michael Patlas

This course will be of interest to Medical Radiation Technologists.



The Canadian Association of Medical Radiation Technologists has approved 8 Category "A" credits for full day attendance/participation at this CME event.



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.

To access the course brochure go to www.oarinfo.ca and click on the Education tab.

For information, please contact the OAR office at 905-337-2680 or mail@oarinfo.ca or Fax 905-337-2678

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.

Keynote Speakers

Douglas S. Katz, MD

Director of Body Imaging and Vice Chair for Clinical Research and Education, Winthrop-University Hospital, Mineola, Long Island, New York; Professor of Clinical Radiology, Stony Brook's School of Medicine, State University of New York.

Felipe Munera, MD

Professor of Radiology at the University of Miami Miller School of Medicine, Jackson Memorial Medical Center and Ryder Trauma Center in Miami; Medical Director of Radiology Services at the University of Miami Hospitals.

Savvas Nicolaou, MD

Associate Professor of Diagnostic Radiology, Vice-Chair of the Undergraduate Education and Continuing Professional Development, University of British Columbia (UBC) Department of Radiology; Head of the General Division, Department of Radiology and the Director of Emergency/Trauma Radiology, Vancouver General Hospital.



CONTINUING PROFESSIONAL DEVELOPMENT

FALL 2016: REGISTER ONLINE TODAY!

Registration Deadline: July 25, 2016

Late Deadline: August 8, 2016

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 **NEW!**

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 Simulation* **UPDATED**
- Cultural Competence
- ECG in Imaging
- Gynecological Cancers: An Overview
- Lung Cancer
- Medical Imaging Informatics: PACS & RIS **UPDATED**
- Nutrition & Cancer
- Orthopedic Implants **UPDATED**
- Palliative Care
- Reflective Practice for MRTs
- Respiratory Gating **NEW!**
- Reviewing Patient Education Skills in the Clinical Setting **NEW!**
- Prostate Cancer
- SPECT/CT*
- The Basics of Clinical Trials and Research in Cancer and Beyond

* also available in french.

COMING SOON Providing Effective Feedback in the Clinical Environment and CT Perfusion

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/>.

IN DEVELOPMENT

Full Length Courses:

- An Introduction to Research
- PET/MR

Quick Self Studies:

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

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NEW! PRACTICE INSIGHT WEBINAR SERIES

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