



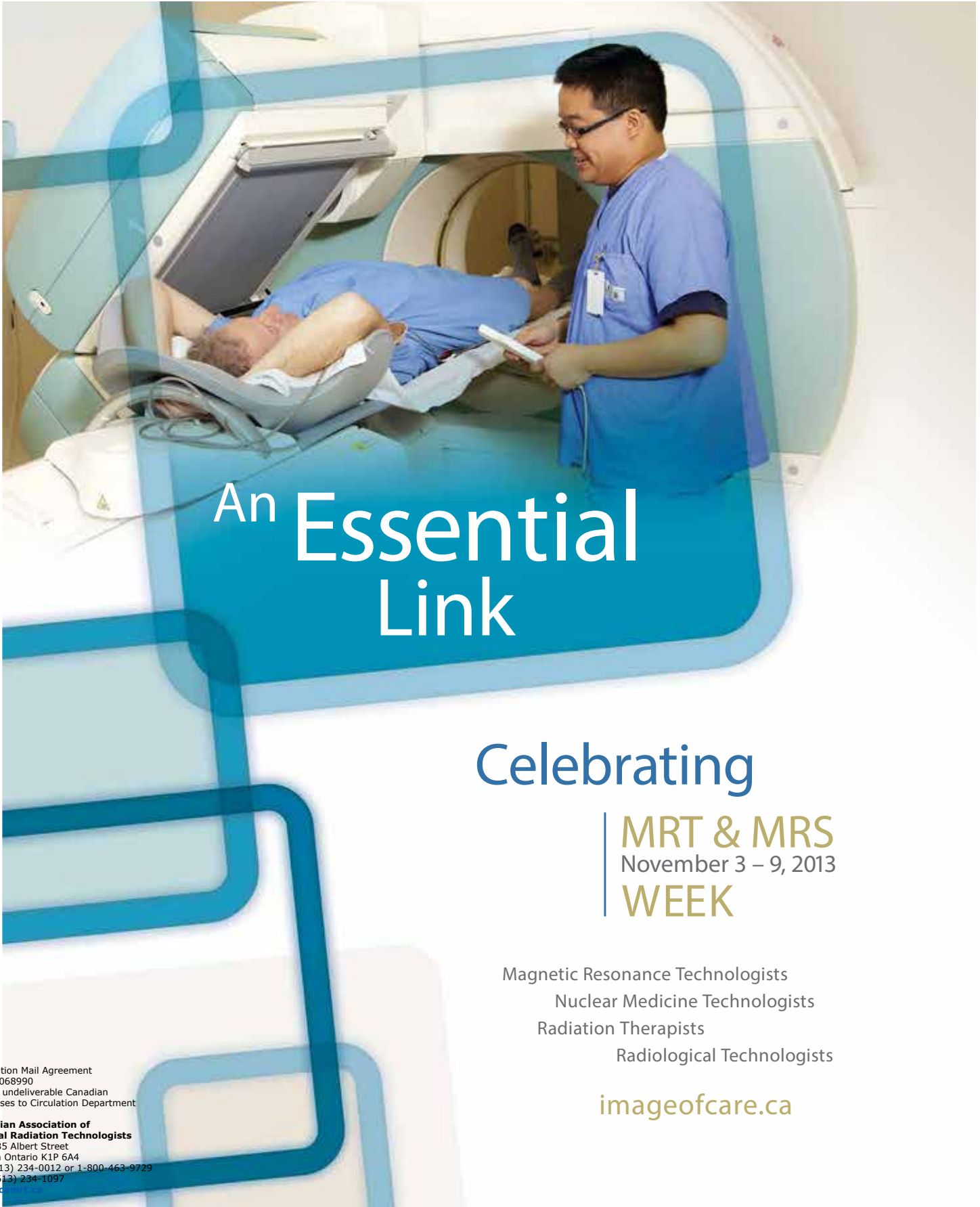
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Medical Radiation Technologists
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CAMRT news

2013

Volume 31; Issue 4



An Essential Link

Celebrating

MRT & MRS
November 3 – 9, 2013
WEEK

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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 kslean@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 editor@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

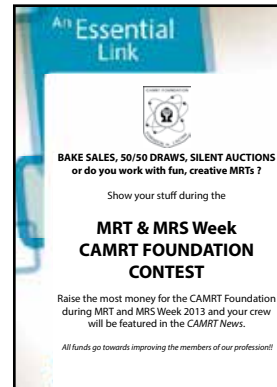
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Celebrating your profession during MRT Week/MRS Week 2013?

Why not make it an occasion to give back to the profession too, with a fundraiser for the CAMRT Foundation!

Details on page 6



On the cover... the 2013 Medical Radiation Technologists' and Medical Radiation Sciences Week poster designed by Acart Communications, Ottawa, ON (slight modification by CAMRT).

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

Amanda Bolderston, RTT, FCAMRT



"A civilization flourishes when people plant trees under which they will never sit." ~ Greek Proverb

I chose the quote above for this last President's Message because I think it exemplifies what CAMRT volunteers (including the president and the board) are all about. Working with and for a professional association is all about planning for the future, a future which we might be able to envision, but may not see fully realized during our professional lifetimes. When I began my role, I hoped I would leave the association a little better than I had found it! I am confident that I have and can say with certainty that CAMRT is, and will continue to be, a forward-thinking, dynamic and responsive association operating efficiently and responsibly to represent, support and advocate for MRTs across Canada.

A last column seems to demand a little reflection, so looking back on the last two years, personal highlights have included:

- Seeing the work we have put into relationship building and advocacy come to fruition with our involvement with CAR and other members

of the Medical Imaging Team. This led to chairing a media conference on Parliament Hill to introduce our paper on appropriate imaging and start the conversation about the need for national policies and programs that promote an even better standard of care for patients.

- Welcoming the world to the ISRR World Congress held in conjunction with our 2012 AGC in Toronto, and seeing the dedication and commitment of MRTs from all over the globe.
- Helping to open up relationships and dialogue between CAMRT and the provincial and regulatory associations in the evolving practice landscape. This will be ongoing work, but we have made a great start!
- Welcoming our new CEO, François Couillard and seeing him grab the reins with sensitivity, skill and (seemingly) boundless energy!
- Having the opportunity to see the bigger picture—other disciplines, other professions, other associations, other health care systems and other countries. A gift that comes with many new friendships and connections.

I came into the role knowing little about governance, and with some catching up to do in many areas! The president might be the person who gets followed around at the annual conference by the photographer (one of the few downsides)—but they are part of a large group of people who work to advance the strategic goals of the CAMRT and support its many members. The executive—including the Vice President (currently **Wendy Martin-Gutjahr, RTR**), Treasurer (currently **Brenda Badiuk, RTNM**) and the President-Elect or Immediate Past-President (**Deb Murley, RTR** and **Shirley Bague, RTR, ACR, RTMR**, respectively) support the president, carry out many financial and budgetary duties, conduct policy work, keep the strategic plan on track as well as serve on various other groups they have volunteered for and

carry out their many board duties. The provincial board members and members-at-large dedicate time, effort and boundless energy to review information, provide oversight, attend long meetings, engage in debate and provide a vital link to the provincial associations. The role of "Chair of the Board" is made much easier by this group of passionate and engaged MRTs!

Although they take home a paycheck, the "behind the scenes" office staff and directors are the engine that drives the CAMRT forward and are no less dedicated. I am constantly impressed by their enthusiasm and passion for their work, and they are also a warm and welcoming team who make working for CAMRT look like fun! As well as their regular jobs, they keep the president on track by providing information, organizing the many visits and trips, meeting schedules, writing speeches, articles and many other time consuming, but important tasks. Thank you!

So—although my picture may not be in the newsletter as much (which is a huge relief, to be honest) I will still be around for a while as past-president and glad to take a back seat. I am happy to hand over the honour and responsibility in January to the dynamic and dedicated Deborah Murley. Deb, enjoy the ride!

Amanda

Associations as Collaboration Hubs

François Couillard, CEO



The CAMRT creates opportunities to collaborate. It fosters an environment where its members find spaces to work and learn together to advance their profession and careers. With a ratio of over 15 volunteers for every staff member, CAMRT functions as a convener for engaged members to come together. From developing certification exams, to creating new CPD courses, to setting new Best Practice Guidelines for the profession, everything we do is powered by volunteers—facilitated by a small, professional staff.

Looked at one way, the CAMRT is non-profit organization with an office delivering services for its members. Looked at another way, however, it is a rich ecosystem that includes clinicians, researchers, educators, managers, authors, publishers, other professional associations, suppliers, governments and regulators—hundreds of people who play a vital role in the life of the association.

The CAMRT's strength is its ability to provide a place (real and virtual) for every element of this ecosystem to come together to construct a fluid association in tune with the world around it. The CAMRT's ability to innovate and create new services depends on its capacity to engage with the world. We co-create value by acknowledging our interdependence and the benefits of cooperation. We innovate by inviting "outsiders" to contribute their ideas. CAMRT is essentially a hub, a network. It enriches the lives of those who connect to it, either as staff, volunteers or partners.

If we think of our association as a network, an ecosystem where we all have a part to play, we are moved to engage and become active actors in the life of the organization.



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SAVE THE DATE!

FEBRUARY 13 - 15 2014

Dear Member of the Radiation Therapy Community,

As Co-Chairs for the 2014 RTi3 Conference, we would like to announce the dates of next year's conference as **Friday, February 14 - Saturday, February 15 2014** (with pre-conference on the Thursday afternoon). It will be held at the Chestnut Conference Centre in downtown Toronto.

RTi3 is Canada's premier radiation therapy conference, as the scope and calibre of the program is to continue to set the bar for radiation therapist-led research across the country. In efforts to avoid any scheduling or sponsorship conflicts for therapists, presenters, and other stakeholders, we ask that you hold the scheduled dates in your calendars, and to forward them to anyone who might wish to note them. Please stay tuned for the call for abstracts, conference registration information, and RTi3 webinars in the fall.

2014 will mark the 10th Annual RTi3 Conference. We look forward to celebrating this milestone with our peers and colleagues who have made it possible over the years.

All the best,

Caitlin Gillan MRT(T) BSc MEd FCAMRT
Lisa DiProspero MRT(T) BSc MSc
2014 RTi3 Co-Chairs

www.rti3.com

MRT / MRS Week 2013

Online tools & resources

Online orders for Medical Radiation Technology (MRT) and Medical Radiation Sciences (MRS) Week are now closed, but that doesn't mean you have to miss out on the celebrations. New tools and resources, including banners and a customizable news release, are available on the CAMRT website. To access them, visit: <http://www.camrt.ca/abouttheprofession/mrtweekinCanada/>.

Tell us how you're celebrating MRT & MRS Week! Even better, why not show us!

MRT & MRS Week would not be possible without your tremendous efforts and we want to share how you're celebrating MRT & MRS Week with the rest of the membership—and the world! Share information about your events or activities and have them added to our MRT/MRS Week webpage, and maybe even featured in the upcoming issue of the *CAMRT News*.

Don't forget to send us photos of your displays, activities, and participants wearing their MRT/MRS Week gear!

Enter your event description online at: <http://www.camrt.ca/abouttheprofession/mrtweekinCanada/mrtweekfeedback/>.

You can also send your information via email to klean@camrt.ca.

No formal MRT/MRS Week celebrations planned? Then why not make a point of introducing the NOD!?! Cards are available for download from the [Graphics Toolkit](#) on the CAMRT website.

Celebrating your profession during MRT/MRS Week 2013?

Why not make it an occasion to give back to the profession too, with a fundraiser for the CAMRT Foundation (CAMRTF)?

MRT/MRS Week 2013 is a time to showcase the MRT's role as 'the Essential Link' between patients and advanced technology in medical imaging and radiation sciences. Can we ask you to also think about it as the time to celebrate the CAMRT Foundation's role as an essential link between CAMRT members and advanced education and research opportunities, and consider holding a Foundation fundraiser as one of your MRT/MRS Week events? Bake or book sales, 50/50 draws, raffles, silent auctions, fun runs, and scavenger hunts are some of the ways that you can raise funds for CAMRTF and have fun at the same time. Top fundraisers will be recognized in a feature article in the *CAMRT News*.

Register your fundraiser today at: <http://fluidsurveys.com/surveys/camrt/foundation-contest/>.

An Essential Link



**BAKE SALES, 50/50 DRAWS, SILENT AUCTIONS
or do you work with fun, creative MRTs ?**

Show your stuff during the

**MRT & MRS Week
CAMRT FOUNDATION
CONTEST**

Raise the most money for the CAMRT Foundation
during MRT and MRS Week 2013 and your crew
will be featured in the *CAMRT News*.

All funds go towards improving the members of our profession!!

Best Practice Guidelines Going Strong

Since its online launch, the CAMRT Best Practice Guidelines (BPG) resource (ww2.camrt.ca/bpg) has been a well-used and much-visited website for the membership. Feedback and website analytics point to the value of the resource for student MRTs, policymakers and current MRTs across the country. As work continues on the content and the site, CAMRT is continually looking for opportunity to expand and enhance the resource for its membership. This year, the CAMRT is choosing to focus some of the extraordinary attention and enthusiasm of MRT Week on many aspects of best practice, with a spotlight on the BPG online resource.

Best Practices during MRT Week

It seemed only natural that a celebration of the MRT as the *Essential Link* between patient care and advanced technology would include an opportunity to reflect on best practice. Whether through educational preparation, reflective practice or ongoing professional development, it is through the pursuit of best practice that MRTs become this *essential link*.

The BPG online resource is itself an essential link for MRTs—providing recommendations and access to the very best evidenced-based information on a spectrum of topics in MRT practice and professional life, and a way for MRTs to tap into the expertise of their peers from across Canada. Many of you have already discovered the BPG online resource (ww2.camrt.ca/bpg) and are well acquainted with its wealth of content; for some, MRT Week may provide an introduction to the site. One of the goals of the week is to help all MRTs to explore the resource further. The *Essential Links of the Day* will be shining a spotlight on one topic from the BPGs each day during MRT Week. Online video content will guide MRTs through the topic of the day, highlighting the guidelines and background materials along the way.

In addition to the activities focused on the website, the CAMRT plans to offer an MRT Week webinar that addresses the ways in which MRTs can enhance their role as the *Essential Link* between patient care and advanced technology. The webinar will explore the theme of

professionalism in medical radiation technology and address ways in which MRTs can actively pursue their professional duties in an environment of fast-paced change. A discussion of the resources available, including the BPG online resource, is aimed at helping Canadian MRTs unlock the potential of the profession. Details of the webinar will be available closer to MRT Week.

Upcoming additions

In the lead up to MRT Week and beyond, we will continue to develop the content and interactivity of the website. Some of the important things to look forward to on the BPG online resource include:

- Publication of new best practice guidelines;
- Launch of the French-language BPG site;
- Improvements to indexing and search capabilities; and
- Video enhancements added during MRT Week

Please visit the site (ww2.camrt.ca/bpg) and be on the lookout for e-blasts with updates on the changes coming to the BPG online resource.

As we move forward, we also hope to continue to collect and act on membership feedback. If you have questions or comments following your visit, please send them to Christopher Topham at ctopham@camrt.ca.

The screenshot shows the CAMRT Best Practice Guidelines website. The header includes the CAMRT logo and the text "Canadian Association of Medical Radiation Technologists Best Practice Guidelines". A sidebar on the left contains a menu with items like "CAMRT Home Page", "Using the guidelines", "Patient Management", "Patient Safety", "Quality of Care", "Occupational Health and Safety", "Records and Reporting", "Index", "Feedback", and "Copyright and disclaimers". The main content area includes a welcome message, "New content" (14 new guidelines and 2 updated guidelines), "Live content" (guidelines available only after full review), and "Planned content" (topics currently under development). A feedback section at the bottom asks for user input.

Clinical Simulations in Radiation Therapy Education

Submitted by Ekta Patel, RTT

Simulation-based training, which is now widely used to train professionals in various careers, is a method of teaching wherein the learners' cognitive and technical skills are addressed along with behavioural skills [1]. According to Smith, clinical simulations are developed with the expectation of replacing observational clinical experience, which offers few benefits to learners [2]. Some skills are learned more effectively—and procedures retained better—when they are physically completed, rather than only observed. Having only clinical experience through observation is not optimal because it takes away the learner's opportunity to solve problems, think critically, and make decisions [2]. Expertise in various clinical skills is gained through a three-stage process where the learner moves from a cognitive stage (learning the steps of a procedure); through an associative stage (learning to perform these steps); to an autonomous stage (where the actions become automatic and the clinician is no longer aware of having to exercise them). Clinical simulation comes into the picture at stage two, where learners are learning to perform procedures [3].

Clinical simulations mimic the real world with real obstacles and offer a safe, learner-centred environment (as opposed to a patient-centered environment) within which learners can repeatedly practice a range of clinical skills away from clinical responsibilities, and without endangering patients [1,3-6]. Generally, simulations use a scenario-based approach to focus on enhancing the learner's skills in problem solving, teamwork, understanding complex disease processes, decision making, and critical thinking [2,3]. These scenarios are typically written by simulation facilitators and are made to abide by the reality of the clinical situations as much as possible to provide learners with an accurate experience of the situation. These scenarios may or may not use standardized patients—volunteers or actors that portray patients in a realistic and consistent manner [5]. Students who interact with these standardized patients are expected to demonstrate appropriate communication skills as they complete interviews, devise care plans, and perform physical assessments [5]. The use of a human patient simulator provides an opportunity to validate the learner's

knowledge, skills, and critical thinking [5].

As students interact in these scenarios, with or without standardized patients, they may make mistakes without jeopardizing patient safety. Simulation offers 'permission to fail,' which encourages learners to deliberately experience and learn failure in a way that would be inconceivable with actual patients [3]. Learning opportunities that integrate feedback, debriefing, or guided reflections enable one to create links between theory and practice that increase learners' ability to synthesize knowledge and promote insight [5]. Marshall and Flanagan studied the impact of simulation on teamwork and conclude that in a clinical setting, sub-optimal communication and failure to work as an effective team is commonly cited as a cause of adverse events and errors—especially in emergency medicine [6]. They further state that repeated practice in an artificial clinical environment has been found to be particularly useful in exploring team-working behaviours and identifying areas where students need to improve. Hence, these interactions can be recorded for future review for education or research [6].

Bambini stated that simulations may also promote students' confidence at actual clinical sites due to an increased sense of self-efficacy in practice. In her study on novice nursing students participating in a postpartum exam simulation, Bambini showed that self-efficacy scores revealed a significant increase in student confidence in performing a postpartum exam after the simulation experience [4]. Students that participated in this simulation sequence found it to be a valuable learning experience; it increased their confidence in what to expect and how to conduct themselves in clinical settings, and they felt better prepared to solve problems when a similar situation arose [4]. A group of students who participated in Smith's nursing clinical simulation stated that the experience increased their awareness of client needs, and helped them see that their nursing application strategies needed constant reinforcement, encouragement, and improvement [2].

Kneebone, however, states that too much reliance on simulation can be danger-

ous because intensive training can allow a learner to make rapid advances in technical skill—but unless consolidated by regular practice, these skills can be rapidly lost (without the learner necessarily being aware of the loss) [3]. Such situations may lead to overconfidence and increased danger of clinical errors. There are basic skills that all practitioners must master, but beyond this, a 'one-size fits all' approach may lead to failure [3]. A gap in the theories of effectiveness of clinical simulations is that the intensive experience is provided in a range of skills that are not tailored to individual learning needs, nor to how such needs should develop and change over time, nor to the clinical setting within which each learner functions [3]. Decker, however, brings up the point that simulations may not be totally realistic and that there is a need to validate whether proficiencies demonstrated in the simulated environment are transferred to the patient care setting [5].

Despite the evidence and theories regarding advantages of clinical simulation, there seems to be a lack of evaluation from the student perspective. Also, there are numerous studies that investigate the effectiveness of clinical simulations in nursing programs, surgery, and even aviation programs; however, studies that focus on the role clinical simulation plays in the education and training of radiation therapists (who, just like nurses, operate machines, provide treatment, and perform patient care) are scarce. A study conducted using survey questionnaires may provide us with valuable feedback from students who experienced clinical simulated learning. This feedback may be utilized in the improvement of clinical simulation programs to enhance the training and education of radiation therapists.

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Education Highlights

Full Length Course AVAILABLE
Winter 2014

Pharmacology in Cancer Care

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
- 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 of pharmacology in cancer care. No prior knowledge of chemotherapy or general pharmacology is required.

To register online, visit our website at <http://www.camrt.ca/cpd/fulllengthcourses/>.

NEW Quick Self Study Applications of Medical Laboratory Tests in Nuclear Medicine: Skeletal and Respiratory Systems

This quick self study course discusses pathologies of the skeletal and respiratory system and the associated medical laboratory tests relevant to nuclear medicine technology. In this course we will talk about clinical significance of medical laboratory tests by discussing what the medical laboratory test is and what the test is designed to show. Upon completion of this quick self study, the MRT will:

- Be knowledgeable in medical laboratory tests associated with NM procedures
- Realize the impact of specific laboratory test results on NM procedures
- Understand the importance of obtaining and charting laboratory test results
- Understand the importance of laboratory test results to the radiologist
- Maximize patient care goals in a clinical setting

To register online, visit our website at <http://www.camrt.ca/cpd/quickselfstudies/>.

Courses in Development for 2014

Full length courses:

- PET
- Project Management for Health Care Professionals

Quick self studies:

- Reflective Practice for Health Care Professionals
- CT Perfusion
- Essential Patient Education Skills in the Clinical Setting
- Optimizing Patient Education Programs

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



CAMRT's First Certificate in Breast Imaging-Screening (CBIS) Recipient

Congratulations to **Joumana Eid, RTR, CBIS**, CAMRT member and radiographer at the Tawam Hospital in the United Arab Emirates (UAE), and CAMRT's first Certificate in Breast Imaging-Screening (CBIS) recipient. Joumana was born and raised in Lebanon and graduated from the American University of Beirut in 1993. She started her career in a governmental hospital and in 2000, joined the medical imaging team at Tawam Hospital where radiographers have become a part of a vital group of medical professionals with specialist training and highly developed skills. They play an important part in improving patient outcomes and experiences.

Joumana supports continuing professional development as being essential for the growth of all MRTs; it improves efficiency and promotes professionalism in the workplace. In reference to the CAMRT's revised Specialty Certificate Program in Breast Imaging-Screening, Joumana felt this designation would be a great asset to her, and her workplace, as it demonstrates a higher level of knowledge and competence in the area of breast screening.

A CBIS designation and doing the work to achieve this designation:

- Increases the radiographer's confidence
- Gives an enhanced sense of professionalism
- Improves ability to produce higher quality images
- Improves patient-radiographer interaction
- Gives increased credibility to breast screening programs

For more information on the Specialty Certificate in Breast Imaging-Screening (CBIS) please visit our website or contact specialtycertificates@camrt.ca.

A Day in the Life

Submitted by Lisa Hill, MRT(R)



When given the opportunity to write this article, I was originally tasked with covering “A Day in the Life of an MRT.” I thought this would be difficult, since a typical day for an MRT can be so varied (depending on what environment they work in and where). With that being said, I thought I would share some of my own past experiences to illustrate how varied a career can be in the different areas available to an MRT.

The year was 1975...it all started with a sprained ankle. This injury would be my foray into the life of an MRT. I arrived at the x-ray department having the same basic notions that many patients have about what a technologist does. My belief was that they imaged broken bones and performed chest x-rays and a few other exams. As my ankle was being twisted into different, awkward positions I started asking the tech questions about the profession. Fortunately for me, she was more than willing to tell me as much as she could share within the timeframe of my exam, and that was enough to pique my interest. Of course she also mentioned the barium enema

for extra shock value, and let me know that if I could get myself and a patient through that exam, I was most likely a shoo-in for the job. This did not scare me away, and I applied to the program.

I trained in a large trauma center, and it was a wonderful experience that has stayed with me to this day. I remember the techs who trained me and their obvious passion for the job, and thinking “I hope I have the same passion as they still do when I graduate!” I found out quickly that for every bone or joint in the body, there are at least two (or more) positions... and for every system that a patient has (respiratory, urinary, gastrointestinal, etc), there are exams to image them for pathology and diagnosis. I had never realized how involved MRT’s are in patient care—I believed that a patient came in, had their exam, and left. I have now learned that even if an exam only lasts ten minutes you can make a difference in a patient’s day with professionalism, kindness, empathy and concern. Some days I have learned more about life in those ten minutes of listening to a patient than I ever dreamed imaginable.

It’s a profession that truly touches your heart and soul.

In my training I found that I really enjoyed emergency room and trauma work, which would lead me toward certain career paths in the following years. Many techs find their niche when they are training, as we all rotate through the various areas within a hospital setting. This variety of work is what appealed to me the most as an MRT. Within the hospital setting you can, depending on the services offered at the hospital, rotate weekly through sub-departments within diagnostic imaging that can include general x-ray, mobile radiography, fluoroscopy, operating room, ortho cast clinic, CT scan, interventional angiography and cardiac cath lab.

In the general x-ray area, exams are usually on in-patients who need follow up for their admission diagnoses, post-op imaging, pediatric cases, and, if the hospital doesn’t have a dedicated emerg suite, those patients come to the department as well. Mobile x-ray is a portable unit that is brought to the patient’s room to acquire images because the patient is either too ill, on isolation precautions, or in ICU or CCU, for example. Fluoroscopy is “live” x-ray imaging for exams such as arthrograms, ERCP (an exam of the biliary ducts) and exams requiring an injection of a contrast agent or dye to visualize the anatomy that is more radiolucent than bones are. The OR has a C-Arm unit which is a portable fluoroscopy machine that assists the surgeon during exams such as hip repair/replacements, cholecystography and urography procedures. The cast clinic is for orthopedic follow up exams of surgeries and fracture re-checks. Typically to work in CT scan, angiography, and cardiac cath lab, the MRT is designated as a Tech 2 or Tech 3 and has additional training to work in these specialized areas within the department.

After graduating I worked in a smaller hospital, then back to the trauma center where I trained, and then to a mid-size hospital in Edmonton. I worked evenings, occasional days, and nights for 25 years. I liked that the work coming in on the evening and night shifts was mostly emerg patients and enjoyed the fast paced environment—you never knew what was going to happen from one minute to the next. If we had a serious trauma case come in we would bring the mobile unit over to the resuscitation room and take the images there. I also

enjoyed how these types of cases would make you think outside the box, and how getting images was much more difficult than from a patient who walked in the door of their own accord. This need to be challenged was inherent in my personality it seemed, so when I heard of a job opening at the Office of the Chief Medical Examiner, I applied and got a job doing forensic radiography.



Office of the Chief Medical Examiner

I worked at the ME's office for 18 years and I can say without a doubt that this is one of the highlights of my MRT career thus far. It is one of those jobs where when you tell someone you work there, they are either fascinated and want to hear more, or they don't quite understand the appeal at all and believe you must have some sort of twisted fascination with morbid things. Again, what appealed to me are the variables of each exam. Patients are completely immobile and unable to assist, and oftentimes are not lying completely supine. They are victims of homicides, accidental death, or sudden death. The role of the MRT is to provide images that assist in proving cause of death. To attain diagnostic images was often a challenge, but one I enjoyed. I also got to view quite a few autopsies, which for an MRT is an invaluable anatomy lesson (when normally everything we see inside a patient is one-dimensional and in black and white). How lucky for me to hold a kidney stone or gallstone in my hand, when previously I had only ever seen one on an x-ray! I also learned that post-mortem image quality is just as important as pre-mortem studies, because they are often compared for patient identification purposes. I worked with a mobile unit, so knowledge of techniques was also important. As students we are trained to adjust a technique for conditions such as COPD or a wet cast, but we never learn how to adjust for a skull x-ray when the brain has been removed. I learned that frontal sinuses are unique to each patient, as are SI joints, and they can be used for ID purposes as well. I

also learned about dental radiography and hand-developed tiny bite wing films in the chemicals we used to use in the "old days" in a processor.

After 25 years of working shift work at the hospital and morning shifts at the ME's office, I decided to try a career change. Because my experience as a student was such a positive one, I have always believed in paying that forward and truly enjoy working with and training students. I acquired a job as an instructor in the MRT Program at NAIT, and was hired to be a Practicum Liaison visiting students at their clinical sites, teaching positioning labs, and teaching radiographic pathology. I was quite nervous heading in to teach in a classroom; it's certainly not something you learn in training, but with time the jitters pass and you feel good about what you are teaching. It was also a great refresher course for me, combing through Merrill's (the MRT bible of positioning) and making sure if a question was asked I would have an answer.

“Some days I have learned more about life in those ten minutes of listening to a patient than I ever dreamed imaginable. It’s a profession that truly touches your heart and soul.”

I worked at NAIT for just over two years, and although I was still somewhat in a hospital setting, visiting students on their practicum rotations, I realized I also missed patient care and taking x-rays. When an opportunity arose, I got a job with a private imaging company. Yet again, it is a totally different type of job than a hospital setting. Patients are all mobile and exams performed are general x-ray imaging and fluoroscopy. MRT's here also work in bone densitometry and mammography. One thing about working at the clinic is we typically get patients arriving right after they have visited their doctor. Many times we are the front line of the diagnosis process, and it can be difficult to perform an exam and see a serious pathology and realize in a few hours they will be told the diagnosis. Because the patient variants are different than those that would visit

a hospital emergency room for example, we do additional views because we are oftentimes looking for chronic changes as opposed to acute trauma. Now with that said, we of course we have patients who walk in with fractures, pneumothorax, or large lung lesions. Just last week we had a case of rickets. It is still very interesting work, and again for me the joy is not knowing what to expect from one day to the next. For fluoroscopy, the services provided are joint injections for pain management or arthrography, upper and lower GI exams....and yes, I am back to the barium enemas. Oh, how things go full circle. I first started with the company as a general duty tech and was then offered a position as Clinic Site Lead and have been enjoying that role immensely. The company is also a teaching facility for NAIT students, so I am able to assist in teaching and training. The best of both worlds!



NAIT

I hope after reading this you have realized my dilemma in trying to describe a day in the life of an MRT. I don't believe I have ever had a typical day and that is what appeals to most of us who choose to work in health care.

“Choose a job you love and you will never have to work a day in your life” - Confucius

CAMRT Competitions

6th Annual Speaker Competition ASRT@RSNA

December 3-4, 2014
Chicago, Illinois

On December 3-4, 2014, the American Society of Radiologic Technologists will host its sixth annual technologist-focused conference, which is called ASRT@RSNA, during the RSNA in Chicago. The CAMRT and ASRT have again agreed that the CAMRT will provide a speaker for this conference.

The speaker will be selected through a competitive process from among the CAMRT membership. Interested CAMRT members are invited to submit applications to make this presentation.

They are asked to provide:

- An abstract of no more than 200 words that describes the proposed presentation. It should address a topic in the field of radiological technology, nuclear medicine technology or magnetic resonance imaging that is advanced, innovative or forward-thinking.
- Objectives of the presentation (separate from the 200 word abstract).
- An outline of the presentation (also separate from the 200 word abstract).
- A CV of up to 3 pages that includes information about the applicant's speaking experience.

In submitting a proposal, applicants confirm that they will be available to make this presentation, if selected, on the dates indicated for the conference.

This information should be sent by **Friday, January 3, 2014, at 5pm EST**, to: RSNAspeaking@camrt.ca.

Applications will be reviewed by a selection panel and will be judged on the following criteria:

- Does the topic address an important current issue in the field of radiological technology, nuclear medicine technology or magnetic

resonance imaging?

- How relevant is the proposed presentation to an international audience?
- How well does the proposed presentation emphasize the Canadian experience in relation to the topic?
- Do the abstract, objectives and outline demonstrate that the proposed presentation will be impactful?
- What experience does the applicant have making quality presentations?

The speaker selected will receive:

- An educational grant sufficient to cover travel, accommodation, and meal expenses related to their presentation at the conference.
- Registration to the RSNA 2014

If you have questions about this opportunity, please contact Phyllis Williams: 613-234-0012 ext. 222 or pwilliams@camrt.ca.

5th Annual Speaker Competition ASRT Radiation Therapy Conference

September 14-16, 2014
San Francisco, California

The CAMRT is again working with the American Society of Radiologic Technologists (ASRT) to provide a speaker for ASRT's annual radiation therapy conference. The 2014 conference will take place in San Francisco, on the dates indicated above and in conjunction with the Annual Meeting of the American Society for Radiation Oncology (ASTRO).

The speaker will be selected through a competitive process from among the CAMRT membership. Interested CAMRT members are invited to submit applications to make this presentation.

These applications should include:

- An abstract of no more than 200 words that describes the proposed presentation. It should address a

topic in the fields of radiation therapy or dosimetry that is advanced, innovative or forward-thinking.

- Objectives for the presentation (separate from the 200 word abstract).
- An outline for the presentation (also separate from the 200 word abstract).
- A CV (up to 3 pages) that includes information about the applicant's speaking experience.

In submitting a proposal, applicants confirm that they will be available to make this presentation, if selected, on the dates indicated for the conference.

This information should be sent by **Friday, January 3, 2014, at 5pm EST**, to: ASRTTherspeaking@camrt.ca.

Applications will be reviewed by a selection panel and will be judged on the following criteria:

- Does the topic address an important current issue in the field of radiation therapy, including dosimetry?
- How relevant is the proposed presentation to an international audience?
- How well does the proposed presentation emphasize the Canadian experience in relation to the topic?
- Do the abstract, objectives and outline demonstrate that the proposed presentation will be impactful?
- What experience does the applicant have making quality presentations?

The speaker selected will receive:

- Economy airfare at the equivalent of Tango-Plus
- Ground transportation to and from airports in San Francisco and their home city
- Hotel accommodation for two nights
- A per diem (at standard CAMRT rates) for meals and incidentals for two days
- Registration to the ASRT Therapist Conference, which will include admission to the ASTRO exhibit.

If you have questions about this opportunity, please contact Phyllis Williams: 613-234-0012 ext. 222 or pwilliams@camrt.ca

CAMRT Awards & Conference News

CAMRT Awards Program

The CAMRT invites submissions for the 2014 CAMRT Awards Program. The program includes several competitive awards, both essay and exhibit. The competition is open to CAMRT members in good standing and students enrolled in accredited medical radiation technology education programs.

The deadline for submission to both the essay and exhibit competition is **March 29, 2014**. For more information on the Awards Program, please go to the CAMRT website at: <http://www.camrt.ca/aboutcamrt/thecamrtawardsprogram/>. Entry forms can be submitted online. Should you have any queries, please contact Phyllis Williams at pwiliams@camrt.ca.

Nominations for CAMRT Honorary Awards

The CAMRT is pleased to invite nominations for the following honorary awards from members of CAMRT:

- Dr. Marshall Mallett “Lamp of Knowledge” Award
- 2015 Welch Memorial Lecturer
- Life / Honorary Life Member Award
- Award for Early Professional Achievement
- Steward of the Profession Award
- Outstanding Service Award **NEW!**

Description of these awards, together with online nomination forms, can be found on the CAMRT website at: <http://www.camrt.ca/aboutcamrt/thecamrtawardsprogram/>.

Deadline for receipt of nominations is **January 30, 2014**.

We look forward to receiving your nominations.

Radiological Society of North America (RSNA) December 1-6, 2013, Chicago

Going to the RSNA this year? Why not stop by the CAMRT booth and have a Canadian moment with President Amanda Bolderston and members of the CAMRT managerial staff who will be at the booth. The booth will be located in South Building, Hall A, booth #1115E. We'll be looking for you!

Resolutions or Motions for 2014 Annual General Meeting

CAMRT members are invited to submit resolutions or motions to be debated at the 2014 Annual General Meeting, which will be held on **Friday, May 30, 2014**, in Edmonton, Alberta.

All resolutions or motions must be sponsored by a provincial organization or ten CAMRT members.

The deadline for receiving resolutions is **February 1, 2014**. Please send to the attention of François Couillard, Chief Executive Officer by either fax: (613) 234-1097 or email: fcouillard@camrt.ca.



Coming soon to a conference centre near you!

Exciting Edmonton!

Enjoy western hospitality in Canada's city of festivals—Edmonton—at the CAMRT 72nd Annual General Conference.

May 29 - June 1, 2014
Edmonton, Alberta

Joint Conference in Montreal

Four host organizations, the country's leading experts in medical imaging and therapeutic treatment, twelve program streams, and a city that pulses with joie de vivre all day and all night...the perfect recipe for the ultimate conference experience.

May 27 -30, 2015
Palais des congrès de Montréal



Visit www.camrt.ca/conferences for more information as these conference programs develop.

All in the Family



Sometimes a profession is a family affair. There are families with generations of doctors, lawyers, teachers and nurses. Medical radiation technology is also a family affair! In this issue we speak with Cynthia Cowling and her son Andrew about their recent work in Haiti.

First, a bit of background on our featured family:

Cynthia Cowling, DCR, ACR, BSc, MEd, trained as a diagnostic radiographer at Guy's Hospital, London. She completed her Advanced Certification from CAMRT, and a BSc and MEd from the University of Toronto. After 15 years of clinical work, Cynthia started teaching at the Michener Institute for Applied Health Sciences in Toronto where she graduated to Chair of Radiography, Director of Business Development, and finally, Vice President, Business. As VP, she established short programs in South Africa, Lebanon, Trinidad and Tobago, and Bangladesh; negotiated a comprehensive agreement with Charles Sturt University in Australia; and helped implement the first Canada-EU exchange program for radiography students. After living and

working in India for three years, she moved to Australia with her husband, Peter Lloyd, a radiography educator. In 2007, Cynthia retrained in mammography and currently works at Monash University, coordinating a new medical imaging program for Fatima College in Abu Dhabi. As Director of Education for the International Society of Radiographers and Radiological Technologists (ISRRT), Cynthia has been closely involved with workshops offered in emergent countries. She recently designed a workshop that was held in Haiti in April 2013 alongside her son, Andrew.

Andrew Cowling, BHSc, MMU, ARDMS, CRGS, started his post-secondary education with a general arts degree from the University of Victoria in British Columbia. After completing a health science degree from Charles Sturt University in Australia and a four year acupuncture diploma from the Michener Institute (where he earned scholarships and the distinction to address the graduating class at commencement), Andrew worked as an acupuncturist for five years. Desiring to stay within healthcare as a profession—but wanting new challenges and seeking a new direction—Andrew completed a postgraduate ultra-

sound program at Michener. After interning, he worked at a few of Toronto's hospitals while completing a Masters of Medical Ultrasound degree through the University of South Australia. Andrew eventually brought his skills and talents to Sunnybrook Health Science Centre, where he currently enjoys a prominent role in the ultrasound department of the Women and Babies program.

Questions for Cynthia

CAMRT: Can you tell us briefly about the workshop in Haiti?

CYNTHIA COWLING: Haiti has been on the agenda of the ISRRT for several years. Like many other organizations we felt so strongly that we wanted to assist in whatever way we could. We were, however, guided by Pan American Health Organization (PAHO), who wanted to look strategically at how assistance could be provided in a sustainable manner. Some improvements were made to infrastructure in the country and we were fortunate to connect with Barb Tomasini, an American radiographer who has spent the last ten years going to Haiti every year to assist with development of new physical resources. We felt that this was the on-the-ground connection we needed. Fundamental to any workshop we run is the local connection, which allows us to provide exactly what that region wants, rather than what we think they ought to have. This philosophy was acknowledged and appreciated by the group we worked with in Haiti, who had become frustrated with well-meaning volunteers turning up with no agenda, or one that just did not fit in with what was needed.

Haiti was in turns appalling, fascinating, frustrating, and ultimately, inspirational as we met people working there in incredibly difficult circumstances providing the best medical help they could under the conditions. As usual, the radiographers we worked with were so appreciative of the help they were getting (many of these had already been helped by Barb over the years). I find that one of the most valuable, though intangible, benefits of the ISRRT workshops is that we make the local radiographers feel valued. It gives them a forum to discuss just about anything and they get a listening ear from people who really care about what they do. We sometimes forget that in other cultures, radiographers do not garner the respect or recognition they deserve.

It was because of the feedback we received from our hosts that my son ended up assisting with sonography. I had originally asked him to come along simply because he is a big guy and I wanted some protection (a wise thought, as it turned out!) and we always travel so well together. Going to these events with family members is always beneficial cost-wise, as we can bunk in together. The Foundation where we stayed was a simple place with religious overtones that separated males and females unless they were legally married...or...as it turned out...were mother and son. They really liked that family connection and I think it gave a more human touch to the workshop. Andrew is also an obstetric sonographer, and so was able to offer help in this area and give the ISRRT an overview of the situation in Haiti. This was subsequently shared with CAMRT.

CAMRT: What is it like working with your son in a professional setting?

CC: Andrew and I have never actually worked in the same clinical setting. I am not quite sure how we would get on as we invariably have those “discussions” that radiographers and sonographers have! I did enjoy working with him in Haiti, I was pleased to give him the opportunity to see how others cope and proud that he was so well regarded in the community there.

CAMRT: Has being in the same profession has brought you closer together? Does it give you lots to talk about?

CC: It certainly gives us lots to talk about but I do not think it dominates our conversations. As we have both “aged” we have become closer anyway, even though I do live half a world away in Australia right now!

CAMRT: Your husband was a radiography educator as well—did you meet on the job?

CC: I did, but when we were both educators. (Peter was my second husband). It certainly gave us similar interests. I had always regarded marriage to another radiographer somewhat skeptically; but, because we had a breadth of interests as well, we were able to write books together, and travel and teach in remote communities together. In that regard, radiography was part of the glue that kept us very close.

CAMRT: Did you and your husband encourage your son to join the profession?

CC: Not actively; and in fact, if I had suggested it when Andrew was 18, he would probably have gone in the completely different direction! Like the independent soul he is and like many sons, he needed to find his own niche. He was often exposed to medical imaging through my various positions of course, and since I have always had a passion for what I do, I imagine some of that rubbed off!

CAMRT: In Haiti you were also working with sisters—do you think it is common for this profession to become a family affair?

CC: It is surprising just how many family connections there are. Sandy Yule, the CEO of ISRRT, has offspring in the business, as does Rob George, the former President of the ISRRT. I am not really sure why this is. I like to believe that we work in a fabulous profession that is not as well-known as it should be, and that when our families discover all the great things we do, they want to try it. Most of the radiographers I know are passionate about what they do, and our families feel that, too.

CAMRT: Can you tell us what you have gained from your volunteer work in the profession over the years?

CC: Working with and for the ISRRT (and before, for the CAMRT) has been such an integral part of my life I hardly think of it as “volunteering.” Volunteerism is sometimes perceived or thought of as an obligation, something you ought to do to give back to your community. The best kind of volunteering is when you really work for the love of it. Helping in these professional organizations has given me experiences I never thought possible and I know I have gained every bit as much as those we seek to help in the profession. I am proud of the work we have done in those regions least likely to get help elsewhere. I have met and assisted with radiographers who had been placed in a clinic in remote parts of India and the Pacific and who had been virtually ignored for 17 years. Those are the best experiences for me.



Questions for Andrew:

CAMRT: How did your mother being a radiographer influence your thinking and career planning as you were growing up?

ANDREW COWLING: When I was a child, my mother had already progressed from being a radiographer to educating future radiographers. When I was little and went to go see her at work, I got to marvel at all the anatomy displays and the various ways in which the human body was imaged. As I grew, and as my mother’s career evolved, I was able to see a clear, tangible progression of success that started with medical imaging and radiography and led to many interesting and diverse career opportunities. Having seen her journey, I am much more open to new experiences and opportunities that might arise within my own career path.

CAMRT: Do you think this will become “a family affair;” that is, will you encourage your offspring to pursue this profession, too?

AC: Slow down, there are no children yet. Seeing as my partner is a sonographer as well, we may end up creating super-sonographer babies, though. Realistically, I would be more than happy to display the upsides of the profession to any offspring, but I would be equally happy having any future children making their own decisions regarding their careers.

CAMRT: How was your experience working with your mother in Haiti?

AC: Cynthia, my mother, is always a delight to work with in any capacity. Her skill, knowledge, and enthusiasm make her wonderful to be involved with in any sort of project.

JOURNAL OF MEDICAL IMAGING AND RADIATION SCIENCES

ELIIT Research Academy

The JMIRS, in partnership with CAMRT and the RTi3 radiation conference, invites novice researchers to a one-day academy in Toronto on **February 13, 2014**. The **ELIIT research academy** will:

- Explore all stages of the research process from idea to integration into practice
- Learn the how to's of the research process
- Inquire at all stages of your practice
- Initiate research activities and scholarship
- Transfer knowledge to your peers, colleagues and practice

Participants will receive Category "A" credits and learn from and alongside internationally renowned clinician researchers who constitute the editorial board of the JMIRS. Registration will open in late November – spots are available for 50 MRTs for a \$100 registration fee.

Not from Toronto? The CAMRT is offering a travel subsidy for eight (8) technologists (two (2) from each discipline). Complete the online application form (found here: http://www.radonc.utoronto.ca/wp-content/uploads/2013/09/ELIIT_application_2013.pdf) before **5 pm, Friday, November 29, 2013**.

Special Edition

The JMIRS is compiling a special issue on the topic of Evolving Practice with a submission deadline of June 2014—if you are interested in contributing to this issue, please contact editor@camrt.ca. We welcome submissions in the form of scientific articles, editorials, technique papers, etc.

Join the evolving, exciting field of radiation therapy research.

Research for the RADIATION THERAPIST *From Question to Culture*

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University of Toronto, Department of Radiation Oncology

The profession of radiation therapy is evolving, and radiation therapists are contributing in new and important ways to research and academia.

This book provides a tangible resource for radiation therapists around the country, and even internationally, to aid them in their research and academic pursuits, helping them to navigate the unfamiliar world of research.

This new book addresses a wide range of topics, from the principles of evidence-based practice, to the process and dissemination of research, to unique considerations such as clinical trials, patenting, and health services research.

This book

- covers all major research methodologies and focuses on the most relevant to radiation therapy research, such as surveys and clinical trials
- includes illustrative case studies
- includes a glossary of terms, focusing on research terminology and medical and technological abbreviations
- includes resources, such as valuable websites, granting agencies, radiation medicine journals, etc.
- addresses how to build a radiation therapy research program in a clinical department
- presents a myriad of practical considerations such as research ethics applications, manuscript preparation, patenting, and intellectual property
- and more

Forthcoming January 2014. 220 pages with index.

Hardback ISBN: 978-1-926895-98-7. Prepub price: \$99.95 US.



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Tracey Hill, an MRT Working 'Out of the Box'

Tracey Hill, MRT(T), RTT, ACT, BSc, MEd is the clinical coordinator and a radiation therapist in the radiation therapy department at Regional Cancer Care, Thunder Bay Regional Health Sciences Centre (TBRHSC). She was recently selected for a new role as an Interprofessional Educator in the academics and interprofessional education department at TBRHSC. This is the first time an allied health professional will be in this education role. We think it is wonderful to see MRTs being considered for and given these types of positions in the healthcare system, so we talked to her to find out more.

CAMRT: Hello Tracey, congratulations on your new position! Can you tell us a bit about it?

TRACEY HILL: Thank you very much! I'm very excited to join this group of educators within the TBRHSC and am happy that an allied health professional was chosen for the role.

The Interprofessional Educator (IPE) is tasked with leading interprofessional education and collaborative care to enhance clinical practice within the organization. The IPE is expected to act as a role model, resource person and change-agent, while at the same time provide leadership and guidance to clinical staff.

CAMRT: How will your background as an MRT and volunteerism with the CAMRT affect your contributions to this position?

TH: My background as a radiation therapist, and specifically working with students and clinical staff, has been instrumental in attaining this position. When I started the clinical coordinator position, Ms. Marcia Smoke from Hamilton encouraged me to consider volunteering with the CAMRT. This "first step" was the beginning of a connection with the CAMRT that has lasted almost two decades!

My involvement with the advanced certification and entry-level certification committees has provided me with knowledge and skills that I wouldn't have obtained otherwise. Currently,

I have the privilege of sitting on the CAMRT Best Practice Guidelines Committee. This experience has enabled me to contribute to decision-making discussions, involving other healthcare providers, with confidence.

CAMRT: How did you first get involved in education, and how has it shaped your career up to this point?

TH: My first involvement in education was upon my return to Thunder Bay after working in Newfoundland for several years. Informally, I enjoyed working with the radiation therapy students and soon found myself in the coordinator position. Before radiation therapy, I had considered an education degree and a career in teaching. Through my work with learners in healthcare and by practicing life-long learning, I feel I have had the best of both worlds. Working alongside students encourages you to be curious, ask questions and to strive to learn! That is what I love most about the career I have chosen.

CAMRT: What advice would you give to members considering volunteerism and the impact this would have on advancing their careers?

TH: If I could give two words of advice to new graduates or members considering volunteerism, it would be to "do it!" The network of professionals you will meet from across the country is worth the time alone. We chose a career in healthcare because we want to help people and your association is made up of those very people! By volunteering, you will have an opportunity to learn new skills and work with some of the most exceptional healthcare providers and leaders we have in Canada.

CAMRT: Interprofessional education provides a great foundation for collaborative practice. How do you see this impacting practice and patient outcomes in the delivery of services and treatment in medical radiation technology?

TH: Interprofessional education is already impacting practice and patient outcomes in a positive way. Decisions



that take into consideration a variety of opinions and expertise are bound to be better for the patient.

For example, the IGRT (image-guided radiation therapy) accelerated education courses offered through the radiation medicine program at Princess Margaret Hospital are based on an interprofessional approach. Faculty realized, through experience, that successful implementation of new technologies require collaboration. This is one of the reasons the course is so successful; it is taught in an interprofessional manner and the learners attending come from a variety of backgrounds.

CAMRT: What comments do you have regarding entry-to-practice education for future MRTs and CPD-practicing technologists on the value of interprofessional education?

TH: Learning with, from and about members of a different profession is the backbone of interprofessional education. Effective professional practice will require future MRTs to have strong interprofessional skills. That being said, uni-professional education is obviously also very important. It's imperative to know when collaboration is necessary versus when the responsibility for care is under the scope of an individual profession. These two types of educational curricula need to complement each other. As our understanding of interprofessional education continues to develop, we need the future MRTs to bring what they have learned in school into the healthcare setting as a means of improving collaboration.

continued on page 18 ►

CAMRT: Could you provide examples or advice on how to make this happen? Especially methods that are cost effective, and relatively easy to implement.

TH: In Thunder Bay, we have a radiation therapist participate, on a weekly basis, in the oncology inpatient “bullet rounds.” This interprofessional meeting takes place on the unit and includes nurses, physicians, social workers, physiotherapists, occupational therapists, utilization coordinators, dietitians and students. The purpose of the meeting is mainly around discharge planning but inclusion of the radiation therapist has resulted in faster start times for patients requiring radiation therapy. Communication has improved as information is shared in a more timely and open fashion between the healthcare providers.

Inclusion of “behind the scene” healthcare providers in the decision-making process is also important. For example, the cancer centre recently implemented an electronic medical record. Prior to implementation, radiation therapists working in the CT-simulator and on the treatment units participated in weekly meetings with the physicists and planners to standardize processes and clarify language. This interprofessional, collaborative and proactive approach resulted in improved communication, apparent when we went “live” with the system.

These are just two ideas that we have tried, with success, at our centre. Interprofessional collaboration is about collegiality, respect and it is always focused on the individual receiving care.

If you have any questions or would like to share your ideas about IPE and collaboration, please don't hesitate to contact me at HillT@tbh.net.

Cross-Country Check-Up

ONTARIO

Ontario Association of Medical Radiation Sciences 2014 Annual General Conference Call for Abstracts

London Convention Centre—London,
ON
May 2-3, 2014

Would you like to be a presenter at the 2014 OAMRS Annual General Conference?

Proposals are now being accepted from the following Medical Radiation Sciences and/or related Allied Health Professional fields:

- Radiological Technology
- General Radiography; Computed Tomography; Mammography; Bone Mineral Densitometry
- Interventional Radiology
- Magnetic Resonance Imaging
- Nuclear Medicine
- Positron Emission Tomography (PET)
- Radiation Therapy/Oncology
- Advancements in planning and treatment practices
- Ultrasound
- Fusion Imaging
- Pediatric Imaging
- Adjuvant treatments, therapies or technologies (all Disciplines)
- Professional Practice
- Advanced/Enhanced Practice; Inter-professional Collaboration
- Education
- Health Services Management / Leadership
- Quality Management
- Health Sciences and Health Services Research

Submissions must be delivered in MS Word format, be no more than 500 words in length and include the following information:

- Curriculum Vitae of the presenter
- Presenter's background and profession
- A short abstract indicating the length and summarizing the main points/outline for the presentation

- Rationale for how your topic fits into one of the broader categories listed above
- Presenter's contact information

DEADLINE: Please submit your abstracts no later than **Friday November 29, 2013** to profsvcscoord@oamrs.org or baxterc@oamrs.org.

Only those abstracts selected by the Content Selection Committee will be contacted. Thank you for your interest!

SASKATCHEWAN

Awards presented at the 2013 conference:

- **Karen Davis, RTT** - President of the SAMRT 2008, 2009, 2010
- **Ken Weber, RTR** - President of the SAMRT 2011, 2012
- **Sheila Coulter, RTT** - Treasurer of the SAMRT 2011, 2012
- **Julie Lemoine, RTR, ACR** - Various years serving the SAMRT as a Council and Committee Member
- Student Award - **Victoria Beznoska, RTR** received the student award in Radiological Technology for having the highest average at SIAST in 2012.



Ken Weber accepts his award

2014 Spring Conference:

April 11-12, 2014 - Regina Travelodge Hotel and Conference Centre

Announcements

Looking for a new job? A new hire?

If you need a targeted approach to your recruitment initiatives, the CAMRT On-Line Job Bank provides a resourceful, professional, and cost-effective recruitment tool for employers to attract the best candidates.

The CAMRT On-Line Job Bank attracts qualified applicants certified in the four disciplines of medical imaging and radiation technology.

Job bank postings are a valuable resource for members searching for employment in hospitals, clinics and associations nationally and internationally.

Each individual CAMRT member has secure access to the job bank and is provided with this unique opportunity to review and apply for positions that meet their career objectives at the national and international level. CAMRT Members, as well as non-members and employers, can post jobs on the On-Line Job Bank.

For more information, visit "Job Bank" at www.camrt.ca.

If you have any questions, please contact Phyllis Williams at pwilliams@camrt.ca or at (613) 234-0012 ext 222. Toll free at 1-800-463-9729 (in Canada).

Did You Know?

The CAMRT website has an "Events" page dedicated to the listing of educational activities available for MRTs and/or other healthcare professionals. This page lists continuing professional development opportunities for MRTs in Canada and abroad and also identifies activities that have been approved for Category "A" credit by the CAMRT or another RCEEM.

If you are the sponsor of an educational event happening in Canada or abroad related to the profession of medical radiation technology and you wish to promote your activity on our webpage, please contact Melanie Bérubé, Manager of Continuing Professional Development (mberube@camrt.ca) with the details; specifically the name of the event, date, location and website or contact email.

100% Membership Certificates

Having a 100% Membership Certificate displayed in your workplace means that every technologist within the department or organization listed are members in good stand-

ing with CAMRT.

Not only does it give your organization bragging rights, it is also a smart move by you as an employer to encourage 100% membership in CAMRT.

Why?

Because CAMRT membership offers the following benefits to its members, which in turn benefit the members' employers and the patients you care for:

- Established standards of practice;
- Professional development opportunities at reduced rates;
- Access to specialty certificate programs;
- Opportunities to gain leadership skills by volunteering on CAMRT committees;
- Professional liability and legal defence insurance coverage for full-practice members;
- Access to employment opportunities via the CAMRT job registry;
- Up-to-date information on current issues relevant to the profession via email
- Complimentary subscription to the CAMRT News & the Journal of Medical Imaging and Radiation Sciences;
- Access to CAMRT listservs to communicate with your peers;
- Access to the CAMRT and CAMRT Foundation competitive and honorary awards programs; and
- Eligibility to participate in CAMRT activities that shape the future of the profession.
- Preferred registration rates for the Annual General Conference.

To have your organization's achievement recognized, complete the Application Form, found online at: <http://www.camrt.ca/membership/100membershipcertificates/>, or contact Rachèle Roy at rroy@camrt.ca.

Story Idea? Topics to Cover? Let Us Know!

The CAMRT has recently made changes to the newsletter to better serve you. It's our goal to bring you more member-focused stories and relevant articles from across the country to keep you up-to-date on issues and developments across the profession. We've also made changes to the layout to make it more reader friendly.

Do you have a story idea or a topic you would like us to write about?

Do you know someone who would make a

great profile story?

We welcome your feedback and suggestions. Please email us at editor@camrt.ca.

All in the Family

cont'd from page 15

Furthermore, it is always pleasant to have a family member with whom you can discuss professional issues and have them truly appreciate the nuances of what you're discussing. For any questions, issues, or concerns I have within medical imaging as a profession she is an incomparable sounding board to exchange ideas with.

CAMRT: What were the lessons learned for you during this experience?

AC: Primarily that sharing information, teaching, and exchanging experiences cross all cultural boundaries and are universally rewarding, regardless of whether you are the teacher or the one being taught. Secondly, always be polite and courteous to the person holding the gun, and it's always useful to have an extra water bottle around.

CAMRT: Can you tell us what you have gained from your volunteer work in the profession?

AC: Volunteering is almost the wrong sort of word to describe the work, as you often get back so much more than what you have to offer. First and foremost, you get a full appreciation of all the things within your profession that are the same the world over. This leads to an appreciation of the challenges that people in developing countries or otherwise face, giving you a unique perspective with which to view your professional standards, and in turn your own career and future goals.

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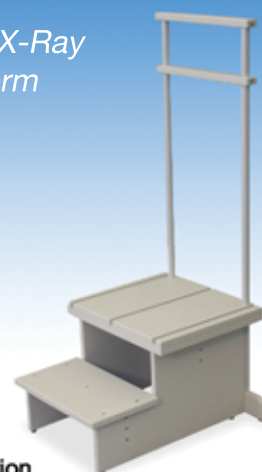
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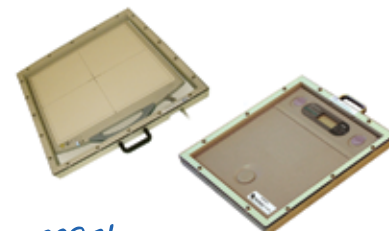
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Registration Information

Date:	February 13, 2014
Location:	Chestnut Centre, Toronto, ON
Fee:	\$100 CDN
Registration:	Register through the RTi3 website
Credits:	Category "A" credits (TBD)
Target Audience:	Novice researchers within the medical radiation sciences
Availability:	There is space for 50 participants. 8 spots are reserved for CAMRT-sponsored attendees (see below).

Apply for a travel subsidy through CAMRT!

Eight (8) technologists will receive a travel subsidy from the CAMRT to attend the conference (registration fee still applies). Please complete the online application for your chance to attend. <http://www.radonc.utoronto.ca/our-community/faculty/continuing-education/conferences/rti3-radiation-therapy-conference/program/eliit>

Presented by the

**The Journal of
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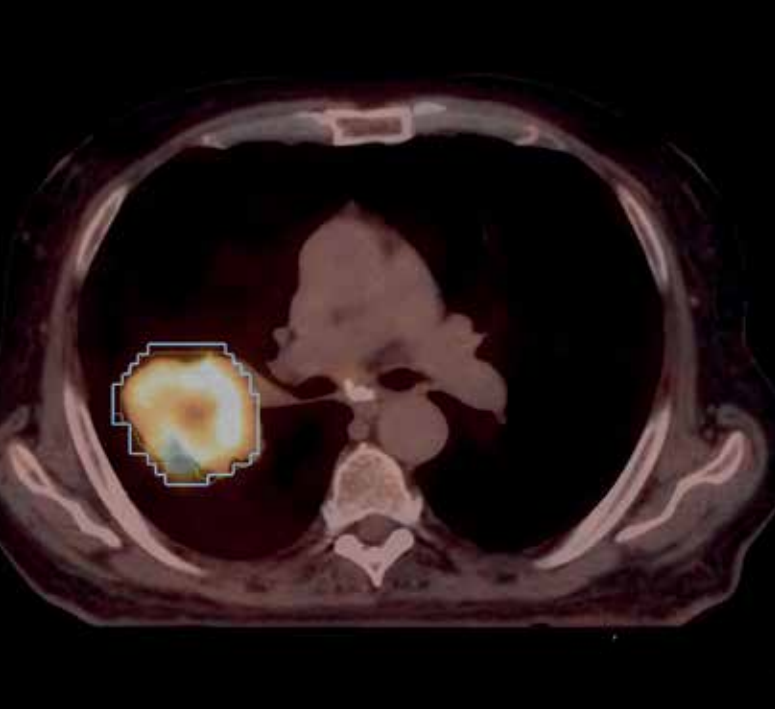
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