

An Essential Link

Where advanced technology
meets compassionate care

MRT WEEK | November 2 — 8, 2014

Publication Mail Agreement
No. 40068990
Return undeliverable Canadian
Addresses to Circulation Department

Canadian Association of
Medical Radiation Technologists
1000-85 Albert Street
Ottawa Ontario K1P 6A4
Tel: (613) 234-0012 or 1-800-463-9729
Fax: (613) 234-1097
www.camrt.ca



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COLLABORATIVE CARE IMAGING AND TREATMENT

UNE APPROCHE COLLABORATIVE IMAGERIE MÉDICALE ET TRAITEMENT



KEYNOTE SPEAKERS

CONFÉRENCIERS D'HONNEUR

Gerard Farrell, MD, Memorial University
André Néron, Université de Montréal
George Wells, MSc, PhD, University of Ottawa

An unprecedented opportunity for collaborative education and networking for radiologists and other physicians along with technologists from six disciplines. Plan to attend this bilingual, multi-track program delivered by the thought leaders in the field of medical imaging and radiation sciences.

Voici une occasion sans précédent d'apprentissage et de réseautage pour des radiologues, d'autres médecins et des technologistes provenant de six disciplines. Joignez-vous à nous lors de cet événement à la programmation bilingue et diversifiée présentée par des experts reconnus dans les domaines de l'imagerie médicale et des sciences de la radiation.

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INSCRIPTION OUVERTE LE 1^{er} DÉCEMBRE
www.congrèsconjoint.ca

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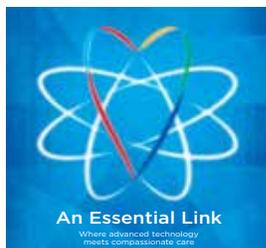
The CAMRT News is the official member newsletter of the Canadian Association of Medical Radiation Technologists (CAMRT). It reaches approximately 12,000 members within the field of medical radiation sciences.

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

Please email us at nforget@camrt.ca.

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



On the cover... This year's MRT Week campaign — ***An Essential Link: Where advanced technology meets compassionate care.*** For more details, read page 4.

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

As I write this column, plans for presentations, parties and pizza lunches have been made and colourful MRT Week kits are being packaged to arrive in hundreds of locations in Canada and abroad. Time and again, we hear from other professions that our weeklong showcase of our role as an essential link between advanced technology and compassionate care is enviable and imitable.

MRT week offers an extraordinary opportunity to share our profession's stories with patients and their families, not to mention colleagues and community. But let us remember that on the other 358 days of the year, we remain the best champions of our professional brand and there are occasions every day to demonstrate our professionalism.

together to give our profession a presence at other occasions? How about creating a Dragon Boat team of MRTs in a fundraising race, seeking an opportunity to talk about our profession on a local radio or cable television show, or getting a group together to join a community clean-up crew? Our annual week of recognition often includes Remembrance Day, when the country stops to remember those whose war efforts have made such a difference in the lives of many - including the MRTs of the Canadian military whose professional contributions under very difficult circumstances have been widely recognized. Here's one more suggestion: MRTs across the country could get involved in their local wreath-laying ceremonies on November 11, joining other healthcare professions in saluting our military counterparts.

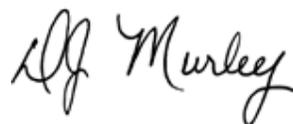
Time and again, we hear from other professions that our weeklong showcase of our role as an essential link between advanced technology and compassionate care is enviable and imitable.

One thing we can all do to create awareness of our professional identity is adopt the "NOD" (Name, Occupation, and what you are going to Do) approach and use our title in patient introductions: *Hello, my name is Deborah. I am your medical radiation technologist, and today I am going to x-ray your hip.* Our brand research demonstrated that we have 'high touch' with patients - some ten million patients see our members for an imaging procedure or therapeutic treatment every year. Ten million NODs will have an impact.

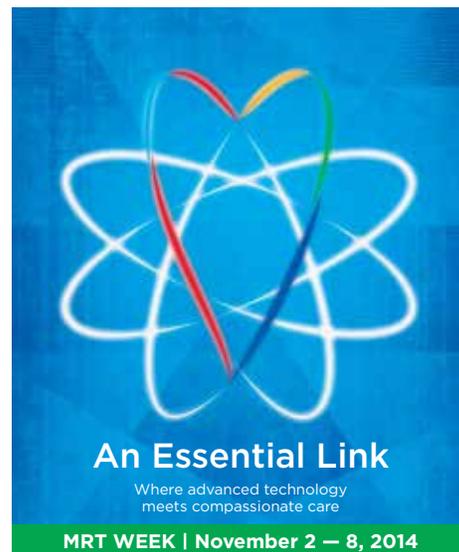
Many of you take MRT week celebrations out to the community by having a display in the hospital lobby, in shopping centres or at career fairs. Have you considered putting a group

The characteristics of professionalism are well defined in our Code of Ethics and our brand promise. But the definition of professionalism only comes to life when we see it in action. You can read about some of the visible brand advocates we've identified this year elsewhere in this issue - and you can find them everywhere in our professional community, and in your own bathroom mirror.

Happy MRT Week, one and all.



Our Newfoundland members posing for MRT Week in 2010



Radiation Therapists Magnetic Resonance Technologists Nuclear Medicine Technologists Radiological Technologists

CAMRT  ACTRM

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A message from CAMRT and Provincial Partner Associations

Out and About with CAMRT CEO Francois Couillard

This has been an exceptional year in terms of international collaboration for the CAMRT. After attending the ISRRT meeting in Helsinki during the summer, we accepted an invitation from the board of directors of the Australian Institute of Radiographers (AIR) to attend their combined scientific meeting in Melbourne. I spent 6 days in Australia at the beginning of September. A few days after I returned, I headed out to San Francisco with past-president Amanda Bolderston and Karen Morrison, CAMRT's new Director of Membership to attend the annual ASTRO/ASRT meeting. Both of these trips helped exchange valuable information and consolidate relationships.

Australia: Australia is probably the most similar country to Canada when it comes to the MRT profession. The geography is vast and the healthcare system similar. The AIR has about 7000 members and their head office is in an old historic building in the centre of Melbourne. Australia does not have the equivalent of our provincial associations. Instead, each Australian state has a local chapter made up of volunteers who organize local events and elect a representative to the national board. Every radiographer is university educated.

This has been an exceptional year in terms of international collaboration for the CAMRT.

I was invited to participate in a roundtable discussion of national and international organizations. Interestingly, the 3 priority topics identified echoed issues we also face in Canada: isotope supply, standards of practice (appropriateness) and scope of practice. I was asked to provide an update on the worldwide isotope situation and then we had an open discussion on the other two topics. There is an over-use of imaging in Australia and resistance from radiologists and referring physicians to reverse this pattern. Discussion centered on the establishment of referral guidelines for referring physicians and the right of radiographers to refuse to do exams if they felt it would be inappropriate.

The AIR is moving forward with the introduction of Advanced Practice roles at about the same pace as we are. They recognized their first two Advanced Practice members during the conference, one therapist and one radiographer.

As in Canada, hybrid imaging is introducing

unique challenges. Nuclear medicine education programs are looking to introduce CT and MRI in their curriculum. The AIR was very interested to learn about the outcome of our Future of Education Symposium and our vision of a common education platform across disciplines.

The conference was really excellent. It was well attended with over 1500 participants, including radiographers, radiologists and physicists. I made many good contacts and invited the president and CEO of the Australian association to join us next year at our joint conference in Montreal to continue the conversation.

While in Australia I visited the ANSTO nuclear facility outside of Sydney. This is a very important site for the future of nuclear medicine. The OPAL reactor is the newest research reactor in the world (it was commissioned in 2009). Their current Mo99m processing capacity is limited but they have just broken ground for a new plant that will triple their capacity and should be up and running before the closure of the NRU Canadian reactor. This will not resolve all of nuclear medicine's longer-term isotope supply issues but it will certainly help fill the gap.

ASTRO/ASRT: ASTRO and ASRT hold a joint meeting focused on radiation therapy every year. Each organization has its own program in a different facility, but the ASRT participants get access to the ASTRO trade show. As usual there were many Canadian MRTs at the meeting. We hosted a breakfast to update them on the activities of the CAMRT and discuss trends affecting the profession. We also had separate meetings with leadership of the British Society of Radiographers and the ASRT. We made sure to invite them to our joint meeting in Montreal in May 2015.

We are proud to list some of the CAMRT members who had abstracts accepted, and presented at ASRT:

Carol-Anne Davis, M.Sc., R.T.(T), A.C.(T), DHSA: speaker competition winner!
Darby Erler, B.Sc., M.R.T.(T)
Jenny Soo, M.Ed., A.C.(T)
Luminita Nica, M.Sc., R.T.(T)

Kathleen Etreli B.Sc., MRT(T), RTT, CTIC(T)
Kieng Tan, M.Ed., M.R.T.(T), R.T.(T)
Krista Dawdy, B.Sc., M.R.T.(T)
Kari Osmar, M.Ed., M.R.T.(T)
William Tyler Tran, M.Sc., M.R.T.(T)

Congratulations to Brian Liszewski, RTT from Odette Cancer Centre for winning the award for best Radiation Therapy poster at CARO—for the second year in a row!—with The National System for Incident Reporting in Radiation Therapy (NSIR-RT): Development of a Severity Classification.

By the time you read this article I will have flown out to the other side of the continent to attend Newfoundland's NLAMRT annual meeting in Gander!

Radiological Society of North America (RSNA)

November 30 to December 5,
2014, Chicago

Going to the RSNA this year? Why not stop by the CAMRT booth and have a Canadian moment with President **Deborah Murley** and members of the CAMRT managerial staff who will be at the booth. The booth will be located in South Building, Hall A, booth #1121A. We'll be looking for you!

CAMRT Brand Champion Diana Sutherland

Diana Sutherland, CBI, RTR recently contributed to the creation of Health Canada's [Canadian Mammography Quality Guidelines](#). This document specifies personnel, equipment and quality assurance standards that can be used by mammography facilities to achieve and maintain a good quality film-screen mammography service. Representing CAMRT, Diana and other members of the Working Group on Mammography Quality Standards, such as Canadian Association of Radiologists (CAR) and Canadian Organization of Medical Physicists (COMP), built the document to harmonize with existing Canadian standards pertaining to mammography. We talked to Diana to learn more about her experience and how she became involved with Health Canada.

One of the strategic objectives of the CAMRT Image of Care campaign was to position MRTs as respected, caring professionals who are recognized within the healthcare system for their high level of expertise and sought after for discussions and decisions in the health sector. Your role on the Health Canada Working Group very much positions you as a champion of this objective. Can you tell us how you became involved in Health Canada's initiative?

When asked to represent CAMRT on the working

At this point in my career I've come to know that you do have to step away sometimes and encourage the up and coming members of our association to take on roles they might not have considered with the same enthusiasm and effort as you did in the past.

group I was chair of the Specialty Certificate in Breast Imaging. It seemed logical that if I did this, continuity could be maintained and the efforts of the CBI committee would be reflected in this working group.

What was it like representing CAMRT and the interests of our profession?

Often times it was frustrating because the role had to satisfy our interests and goals without suppressing those of the other interests groups involved.

Were you surprised at some of the viewpoints from related professions regarding technologists?

By all means I was at times surprised by the sometimes differing and often times similar viewpoints. As a member of that committee representing CAMRT my role repeatedly included providing reasons for our viewpoint and gathering reasons for opposing viewpoints in an effort to reach common ground.

Were there any difficulties in collaborating with so many groups to produce a unified document?

The initial meetings were in consultation with many more groups that in the end did not become members of the working group. This part was exhausting. I sat in a hall with hundreds of individuals all of whom felt they had reasons why they should be there and why they should sit on the working group. Slowly the numbers dwindled as the mandate for the working group became apparent and after this long process a CAMRT representative was identified as being integral to this task.

Has the experience changed anything about your day-to-day work?

Knowing that for every idea and belief I have, the person next to me has just as many has affected my life both professionally and personally. It has prompted me to balance my needs with

those around me.

Do you plan on getting involved in any future CBI initiatives?

As you know, it was my communication with Susan Ward (the then CAMRT Director of Education) that sparked CAMRT to look at an initiative to create a national certificate for breast imagers. I did serve as Chair for the CBI committee for a number of years and authored a continuing education program for CAMRT. At this point in my career I've come to know that you do have to step away sometimes and encourage the



up and coming members of our association to take on roles they might not have considered with the same enthusiasm and effort as you did in the past. If I feel I could satisfactorily fulfil a particular role I probably would do so, but for the most part I think I can best serve CAMRT by encouraging the new guard to take up the challenge.

HOW CAN I GET INVOLVED?

CAMRT has many opportunities for members to volunteer. These opportunities allow members to build their experience in areas of personal interest, to contribute back to the profession, and also to enjoy meeting other MRTs from throughout the country. Please check the Volunteer section of the CAMRT website often for opportunities currently available at CAMRT! You can also refer to the CAMRT website for a list of national association websites and contact information.

A Conversation with Larry Curtis, **CAMRT Life Member**



CAMRT President Deborah Murley presenting Larry Curtis with his Life Member Award at this year's AGC

At the CAMRT conference in May, **Larry Curtis, RTR** was presented with the CAMRT's Life Member Award. The Life Membership award is conferred to an individual in recognition of distinguished service to the Association. This is an individual who has supported his profession and professional associations at the provincial, national and international levels throughout his career. Below is an excerpt from CAMRT President Deborah Murley's speech at the conference, introducing Larry, followed by an interview with Larry himself.

This year's winner began his career upon graduation from the Regina General Hospital School of Radiography in 1970. He has worked in progressively responsible positions at the Foothills Medical Centre in Calgary since 1973, and remains active there as a casual CT Technologist today. He has a long and impressive history as a mentor to many and a staunch advocate for our profession in every aspect of his life. His encouragement of involvement in professional affairs even extended to encouraging his wife to take on an elected leadership role on one occasion... and that was another one of his great successes. He served the AAMRT with great distinction, as Council member and president, and was actively involved in setting the original regulations for the Alberta Health Disciplines Act. He later sat as the Alberta Director on the CAMRT Board, where he was elected president in 1994. Among his many honours were the

George C. Hall Memorial Lecture and the Herbert Welch Award.

He continues to make a difference each and every day he works and always remains true to his profession. According to his nominator, he has lived in the spirit of his motto - "Don't sit around and gripe, become involved to learn and then make changes in an informed way."

The N.O.D. initiative (Name, Occupation, and what you are going to Do) is an excellent step in teaching "our clients" that more than just doctors and nurses work in health care.

Congratulations on your achievement, Larry! Were you surprised by this award?

Surprised is probably an understatement. Nobody phones me at work! We missed the call, but when we checked our "missed" list I saw the name Murley and an out-of-province area code. My co-workers wondered who Murley was, and since I knew the name I informed them she was President of the CAMRT. When they wondered why she would be calling our clinic I jokingly said "probably to talk to me"—never expecting the honour, but more wondering what committee might need an experienced member.

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

My entry into the Regina General Hospital School of Radiography was probably just a natural progression. I knew the grocery business wasn't for me and since my mother, both her sisters, and my sister were nurses (3 of them graduates from the RGH) it seemed natural to look at a medical field.

What initially drew you to CT?

CT, where I spent most of my career, was simply an opportunity to advance. Foothills Hospital (Calgary) was receiving the first EMI scanner in Western Canada, and since I was doing neuro radiography it fell into my scope of practice. EMI (Electronic Musical Instruments) was one of the first CT manufacturers. It was a British company and funded by money from *The Beatles* records. It used a water bath method of air-bone-brain attenuation. Two "slices" were approximately 8 minutes and I still remember our first patient.

What do you consider to be some of the lasting contributions you have made to your professional association and to the profession?

I honestly can't remember any specific contribution that I made myself but, with the help of the board, I do remember the '94 Winnipeg AGM where we reduced previous "marathon meetings" to about 3 or 4 hours—still allowing adequate discussion, but eventually reducing the AGM's length by several days.

How has your involvement as a mentor shaped your career?

Mentoring to both staff and students made me practice what I preached. I wanted everyone to become involved.

Can you tell us more about your interest in advocacy for the profession?

I always tried to convince my colleagues that only because of the CAMRT are we all able to work anywhere in the country without further exams. The national exam is truly recognized Canada-wide and is unprecedented in many other professions.

Continued on page 17

The 5th Anniversary

of the CAMRT Leadership Development Institute

The LDI is a three-day all-expense paid leadership development opportunity designed to engage CAMRT members who have demonstrated, at an early stage in their careers, leadership potential and a commitment to the advancement of their medical imaging or radiation therapy professions.

Congratulations to the ten members who were invited to participate in, and celebrate, the 5th anniversary event of CAMRT's Leadership Development Institute (LDI) which was held in Ottawa, September 25-27, 2014. Participants were selected from a total of 52 applicants from across Canada and from all disciplines; and as with past LDI events, provinces were also invited to send their own selections to take part in this beneficial educational forum.

Ashley Belbeck, RTT	AB
Jennifer Bourque, RTT	NS
Natalie Edwards, RTR	ON
Sarah Erdelyi, RTR	BC
Bashir Jalloh, RTNM	SK
Mackenzie Kinsella, RTMR	AB
Robert Mahon, RTT	ON
Gina McRae, RTR	AB
Amy Morris, RTNM	AB
Erin Robitaille, RTR	BC
Melanie Roy-Keith, RTNM	NB
Yvonne Shewchuk, RTR, RTMR	MB
Jacqueline Wallace, RTR	BC

More information about the LDI is available online at <http://www.camrt.ca/abouttheprofession/camrtleadershipdevelopmentinstitute/>

Feedback from previous years

"The LDI not only taught me how to further my leadership skills, but it also taught me a lot about who I am. I learned why individuals might act and think the way they do. I also learned to accept that we are all different in the way we handle certain situations. The memories I took away from the LDI will stick with me forever. I feel so fortunate to have attended this amazing event and I highly recommend others to get involved. . . I didn't know exactly what to expect going into the LDI, but I can now say that it was an unforgettable opportunity and completely blew me away. I hope that everyone who is a leader or wishes to learn more about enhancing their leadership skills applies and is ready for an outstanding and life changing experience!"

"The LDI for me was a journey to remember which provided me with tools, competence, capability, and confidence to stay on my game

and strive towards excellence. The LDI allowed me to celebrate each participant's achievements, which bred positivity in me. I was inspired by all the MRTs in the room, each one of them have shown leadership in their respective roles; whether it is at the hospital or clinic they work at or at the provincial association they volunteer for. This made me more passionate about my profession and an even more vibrant individual!"

"I have nothing but good things to say about this program that Mark Given created. The information throughout the three days will assist me in this stage of my career and over the next 20 years. Each one of us now has a great network of young professionals throughout Canada that I am sure will last a lifetime. Thank you."

"It was an amazing, transformational experience. My volunteering was impacted by a change in jobs and having to complete a masters starting the same month as the LDI. I hope to expand my volunteering roles."

"Excellent. Learning objectives reached. I am happy I attended and I am leaving with a wealth of knowledge."

"It was fantastic, I wish everyone could participate. It really changed the way I view myself and others at work and in life in general."

"I thought the LDI was invaluable. It provided me with some great tools to help in various situations particularly ones that are difficult or stressful. Also the enthusiasm radiated throughout the weekend was inspiring."

"Very well developed course content with an excellent variety of topics that apply to all elements of life, not only work."

"The LDI experience taught me a lot about myself. It instilled confidence that I did not have prior to this experience. It allowed me to see leadership attributes that I felt were my weaknesses as strengths."

"In short, my experience with the LDI was amazing and empowering. Never would I have thought I would have experienced something in over the course of a weekend in which I left invigorated and motivated to take on challenges in my personal and work life. From this experience I also created a large network of colleagues, with whom I still keep in regular contact, and am able to discuss the many facets of things going on within our professions provincially and nationally."



2010



2011



2012



2013

An Interview with...

Lori A. Boyd

We are pleased to continue our Leadership column with profiles of those who have started their careers as MRTs and advanced to high-level management or leadership positions within the healthcare field.

Lori Boyd, MRT(R), BA, MA has over 20 years of experience in educational leadership, curriculum development and teaching in radiography and health sciences programs. She completed her radiography education at The Toronto Institute of Medical Technology and was qualified as a radiographer in 1979, after which she practiced the profession until 1991. At that time Lori took on the position of Chair, Centre for Continuing Professional Education at The Michener Institute for Applied Health Sciences (Michener). In 2005, Lori became Chair of the Medical Radiation Sciences Programs (radiography, nuclear medicine and radiation therapy) a collaborative program with Michener and the University of Toronto.

In 2007 Lori became Director of Policy at the College of Medical Radiation Technologists in Ontario, the regulatory body for medical radiation technologists in Ontario, Canada. From 2010 to June of this year, Lori has also held a volunteer position as Regional Coordinator for the Americas, Education with the International Society of Radiographers and Radiological Technologists (ISRRT).

In January 2014 Lori moved to Melbourne, Australia and is currently Senior Lecturer in the Department of Medical Imaging and Radiation Sciences. In addition to her administration and teaching in the radiography program at Monash, Lori also assists with curriculum development for a new radiography program at Fatima College in Abu Dhabi. She also continues to teach online courses for Michener Institute for Applied Health Sciences in Toronto. We recently spoke to Lori to hear more.

I have found that leadership requires strong analytical skills as leaders need to be able to problem solve and provide input into a range of issues.

Hello, Lori – 2014 has been quite a year for you! What has it been like relocating to Melbourne?

Melbourne is a fantastic city—in fact, one of the best cities I've had the opportunity to visit. But I will admit relocating was a bit hard as I really had to limit what I could bring with me and then start again with setting up here. But as a result of my experience, I have decided we accumulate far too many things in life ... so now I'm determined to keep things more simple.

Has the radiography program in Abu Dhabi been a success? What has been your experience with radiography students at Fatima College?

The program at Fatima College has just begun this year and it has been quite a challenge developing the curriculum and making sure it fits with the culture and expectations of Fatima College. Fatima College also had to hire faculty and purchase x-ray equipment for the labs and I understand that the labs there are still not ready, but they do now have some really good faculty to teach the program. My role with the Fatima project has been limited. My colleague, Cynthia Cowling, has been the one leading the project and I haven't actually been to Abu Dhabi yet but expect to be going in 2015. I am very much looking forward to that visit and meeting with the administrative staff, faculty and young women in the program.

I'd like to ask you about when you first transitioned from radiographer to a leadership position as Chair, Centre for Continuing Professional Education at Michener in 1991 – what was your experience at that time?

At that time I was looking for a change in my career. I had worked at what was then Toronto General Hospital as Coordinator of Continuing Education and really wanted to move into a more influential position in a dedicated educational facility. I also had almost finished my undergraduate degree, which focused on medical ethics and health sociology. I was looking for opportunities

to apply the knowledge I had acquired in the broader health care community. When I started at Michener I established a series of continuing education courses and seminars in ethics that were well attended and quite successful.

What advice do you have for other MRTs considering transitioning into leadership roles?

Well, moving into leadership is quite different from working in a clinical position. You will work hard, and at times have to make difficult decisions. I have found that leadership requires



strong analytical skills as leaders need to be able to problem solve and provide input into a range of issues. They also need to be self-directed and prepared to work long hours when necessary and importantly, to be a role model for others. People skills are also very important—being able to work with very different personalities and negotiate is key. In my experience the best leaders really respect and listen to the people who work for and with them. Unfortunately, in my experience, some leaders are more concerned about their own self-interest and reputation. This type of leadership often results in a demoralized workforce and fractured organization, which can take years to rectify.

What do you enjoy most about your career path and current role?

I love my current role. Monash uni (as the Aussies call it) is a fantastic environment to work in. The researchers here are amazing, quite brilliant and very supportive. The radiography program here at Monash is one of the best that I've seen. The students come out with such a strong knowledge of how to apply research and engage in evidence-based practice. They are very bright and enthusiastic young women and men. It's very difficult to get into the radiography program at Monash – the entrance requirements are just a few percentage points below medicine. Also, if I can touch on leadership again, Professor Marilyn Baird, the Department Head and Associate Dean of Learning and Teaching for the Faculty of Medicine, Nursing and Health Sciences, is one of the best leaders I've known. She drives us hard but is so supportive and passionate about her work and the people who work for her. And she is the one who established this remarkable radiography program here at Monash.

Continued on page 17

Education Updates



CAMRT CERTIFICATE PROGRAMS SEEKING VOLUNTEER COMMITTEE MEMBERS 2015-2016

Certificate programs are intended to provide a mechanism for medical radiation technologists to demonstrate knowledge and competence in a specialized area of practice, to promote standards of excellence within the clinical area and to identify those who have met a nationally recognized standard.

There are current vacancies on three of CAMRT's Certificate Program Committees

Certificate in Breast Imaging (CBI)
Certificate in Dosimetry (CDS)
Certificate in Interventional Radiology (CIR)

Interested candidates must:

- Be currently working and have a minimum of 3 years' experience in the specialized area
- Be a full practice member of the CAMRT
- Be able to attend an annual 2-3 day meeting in Ottawa
- Have prior writing experience with strong writing skills
- Have completed the relevant CAMRT's didactic courses (asset)

The term for each Committee membership is 2 years (2015-2016) and is renewable for another 2 year term.

Please forward a current resume, a covering letter outlining how you meet the above selection criteria and two references by **November 30, 2014**.

For more information and/or submission of application, please contact Melanie Bérubé, Manager, Continuing Professional Development at mberube@camrt.ca or by fax at 613-234-1097.

CT IMAGING CERTIFICATE PROGRAM FOR NUCLEAR MEDICINE TECHNOLOGISTS: Time for Transition

The CAMRT has recognized that the current CT Imaging Certificate (CTIC) program is not meeting the practice needs of the nuclear medicine technologists.

SPECT/CT has become routine practice for most nuclear medicine technologists. PET/CT has furthered the use of hybrid technology in medical imaging and has now become an area of practice for nuclear medicine technologists which requires educational opportunities for continuing professional development. The need to make changes to the CT certificate program was recognized and therefore the three CT program streams - radiological technology, nuclear medicine and radiation therapy are being revised.

With these changes, the nuclear medicine technologist has three (3) options depending on an area of interest and/or employer requirements.

Transition period

It is appreciated that many nuclear medicine technologists are at different stages in regards to taking the CAMRT CT courses and the certificate program. Therefore three (3) options will be offered, with some flexibility, based on the individual's circumstances during this transition.

Following are the options. All options will result in the completion of a certificate program and the achievement of a designation.

1. Continue in the existing NM stream of the CT Certificate program
- Note: As of December 31, 2015 this program will no longer be available for registration.*
2. Transition to the radiological technology-CT Imaging Certificate program
 3. Transition to the PET/CT Certificate program

Factors affecting your decision can be based on a number of variables:

- how much you have done to date
- your area of interest
- your future practice needs
- your employer's requirements

If you require further clarification and/or guidance, do not hesitate to contact CAMRT at specialtycertificates@camrt.ca.

Note that the PET/CT full length course will available Winter 2015; however, we encourage candidates

who have not yet done so to begin with the CTI 1 course as it provides the background needed to better understand the content provided in PET/CT.

Certificate program in PET/CT (Coming 2015)

The nuclear medicine technologists' CT certificate program will **become a certificate program in PET/CT**. There will be both a didactic and clinical requirement.

The didactic requirements are:

1. CTI 1 course with current revisions and additions
2. Sectional anatomy requirement (proof of study is required)
3. PET Theory & PET/CT Applications (*available Winter 2015*)

The clinical requirement will be the completion of a Summary of Clinical Competence (SCC) with entries for PET/CT procedures.

CT Imaging Certificate Program

If the nuclear medicine technologist wishes to attain the knowledge, skills and judgement to perform CT only for diagnostic purposes they can take the CT program that has been designed for the radiological technologists. Components have been added that fill identified gaps in knowledge between the two disciplines. This certificate program also has both a didactic and clinical component.

The didactic requirements are

1. CTI 1
2. CTI 2
3. CTI 3
4. One of two QSSs – CT Colonography or Cardiac CT

The clinical requirement will be the completion of a Summary of Clinical Competence with entries for CT procedures of different body areas / systems.

Attention all CTIC, CBI, CIR and CDS registrants

Effective October 1, 2014

Summaries of Clinical Competence submitted to the CAMRT for review and deemed incomplete by a Reviewer will be subject to an administrative fee upon re-submission.

Program Handbooks are available in the candidate's online profile. A thorough review of all requirements is recommended prior to submitting the SCC for review. For more information, contact specialtycertificates@camrt.ca.

Education Updates



Medtronic

CONTINUING PROFESSIONAL DEVELOPMENT HIGHLIGHTS

WINTER 2015 - REGISTER NOW!

PET THEORY AND PET/CT APPLICATIONS (FULL LENGTH COURSE)

Prior knowledge of CT instrumentation, acquisition and reconstruction are assumed. If not, it is highly recommended that candidates complete CT Imaging 1 before registering for this course.

This course provides the technologist with a comprehensive insight into the use of PET/CT. Instrumentation, acquisition, reconstruction and quality control of PET systems are explored. Other aspects of PET/CT covered include radionuclide production, radiopharmaceutical synthesis and radiation safety measures. The course concludes with clinical applications of PET/CT including normal, and abnormal findings for 18F-FDG for a broad range of indications.

Textbook: FDG PET/CT in Clinical Oncology: Case Based Approach with Teaching Points. Mihailovic J., Goldsmith S., Killeen R. (2012) \$128.95

Register online for this full length course: <https://ww2.camrt.ca/authentication/>

COMING SOON QUICK SELF STUDIES

APPLICATIONS OF MEDICAL LABORATORY TESTS IN NUCLEAR MEDICINE: RENAL SYSTEMS

This quick self-study discusses common pathologies of the renal system as relevant to nuclear medicine technology. Relevant medical laboratory tests such as EP are discussed and the biochemistry examined. Case studies present the clinical significance of the test result such as EP and discuss how the test result can provide valuable information to the technologist important in patient care.

GYNAECOLOGICAL CANCERS

This multidisciplinary quick self-study will review the female gynaecological anatomy and function, as well as introduces the learner to the most common malignancies affecting these organs or tissues. In addition to general cancer information and statistics, it will provide details on cancer of the ovary, uterine tubes, uterus, cervix, vagina and vulva. Each malignancy covered will be further broken down into risk factors, presenting symptoms, diagnosis, pathology, disease progression, treatment options and prognosis. The idea of diagnosis and sexuality will be covered and a list of available resources for both practitioner and patient included.

IN DEVELOPMENT (FULL LENGTH COURSES)

PROJECT MANAGEMENT FOR HEALTHCARE PROFESSIONALS

Project management is a body of knowledge that provides insight and tools for effective and efficient ways of achieving specific goals in non-routine work. The discipline includes language, principles and practices that help teams plan and organize their efforts. This course aims to prepare health care professionals to better manage, lead or work within a project team. Emphasis is placed on small to medium sized projects that are likely to be relevant to those working in a health care setting.

IMAGING BREAST PATHOLOGY (REVISION)

The Imaging Breast Pathology course is designed to enhance the student's knowledge of breast anatomy and pathology, breast cancer development and treatments, screening and diagnostic mammography, interventional procedures and adjunctive imaging such as breast ultrasound and MRI. The American College of Radiology Breast Imaging Reporting and Data System (BI-RADS) is introduced focusing on the Breast Imaging Lexicon for Mammography including masses, calcifications, etc., breast composition, assessment categories and the reporting system. This comprehensive course provides the practicing mammography technologist with the knowledge to recognize different pathologies of the breast with mammography and touches on the adjunctive modalities. In addition, various breast surgical procedures will be presented demonstrating the effect of these procedures on breast images.

The course manual is being updated with a visual array of clinical mammography, tomosynthesis, breast ultrasound and MRI images.

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

QUICK SELF STUDIES Sponsored by Mallinckrodt Pharmaceuticals and Medtronic

FREE OF CHARGE

An educational agreement allows the CAMRT to distribute Mallinckrodt Pharmaceuticals and Medtronic short courses through its continuing professional development program, free of charge, to all medical radiation technologists in Canada.

New! MRI Conditional Implantable Cardiac Devices

1.0 Credit Hours—Category A Credit

This course will provide an overview of the Medtronic MRI conditional implantable cardiac devices including: what makes them MRI Conditional, what testing and clinical studies were performed in order to ensure patient safety, how to identify the MR conditional system, and the scanning conditions to be observed when scanning a patient.

This activity is available in both English and French.

Iodine Delivery in CT

This program provides a comprehensive review of the parameters which influence image quality and would contribute to minimize the iodine delivery to patients.

Contrast-Induced Nephropathy (CIN)

1.0 Credit Hours—Category A Credit

Mo-99 Update: Understanding Global No-99 Supply

1.5 Credit Hours—Category A Credit

Reducing Patient Exposure to Radiation: Focus on Nuclear Cardiology

2 Credit Hours—Category A Credit

The CAMRT is pleased to continue its collaboration with Mallinckrodt Pharmaceuticals and Medtronic to provide quality ongoing continuing professional development opportunities to MRTs across Canada.

To register online for one or more of these free courses: <https://ww2.camrt.ca/authentication/> or contact cpd@camrt.ca.

Pursuing Higher Education

An Inspirational Journey

After 21 years working as a radiation therapist at the Odette Cancer Centre, Sunnybrook Health Sciences Centre, **Dilshad Nathoo, MRT(T), BSc**, recently started her Masters in Radiotherapy & Oncology through Sheffield University.

It is such a wonderful thing to see someone pursuing higher education in your field after practicing for so long! Can you tell us why you decided to pursue your Masters?

In 2010, I decided to take a leave of absence for two years due to personal commitments. During that time, I became interested in taking some courses in order to further develop my professional skills. I have always had a passion for teaching and have often volunteered at my children's elementary and high schools, tutoring students in Sciences, Math and English. When radiation therapy students came to our center for their practical learning experience, I always enjoyed guiding and teaching them during their rotation. I then decided to complete my Adult Education Staff Training Certification through Seneca College, with the hope of amalgamating my love for teaching with the profession I am dedicated to. I became interested in pursuing a Master's degree not as an end in itself but as a means to something substantial; it would open up doors to more knowledge and give my mind an uplift. So I sought a university that offered a reputable and proficient Masters Program. What intrigued me about the Masters Program in Radiation Therapy and Oncology at Sheffield Hallam University was the fact that each course required a submission of an essay pertaining to contemporary issues in radiotherapy and oncology specifically written for publication. This allowed me to combine my clinical experience and expertise with my passion for lifelong learning, education and research. I have surprised myself that at this stage of my life and at my age I am able to be motivated in pursuing a dream that I thought had been buried away.

What has it been like to juggle home life, work and your course load?

I have surprised myself that at this stage of my life and at my age I am able to be motivated in pursuing a dream that I thought had been buried away.

Indeed, juggling home life (being a wife, a mother, a daughter, a volunteer, working and going back

to pursue a post graduate degree) has not been easy. I have learned the value of multi-tasking, setting priorities and identifying immediate and long term goals. I am extremely thankful to have a family who has been so supportive and accepting of me going back to accomplish my life goal. I am lucky to be working part time, offering my volunteer services at the place of congregation in my community on a monthly basis, and being a hockey mom—all while finding time to complete my course readings, perform literature searches, and complete my first research paper (while adhering to all timelines!)

What have been the challenges you have encountered so far?

It is amusing, yet true, that as we age and pass the milestone age of 40 (which happened a while ago, by the way), our bodies change physiologically. My biggest challenge so far has been the constant compensation of adjusting the distance of my reading material with my laptop, due to presbyopia. More often than not, I would have to collect all my readings, read, re-read, make notes and summarize articles quite late into the night. My denial of my increasingly faulty eyesight led to many frustrating evenings with a sea of papers around me and a computer with black letters meshing together in haze of confusing sentences!

What do you hope to gain from getting your Masters? How you think it will contribute to your everyday working life?

Having started my Masters recently I have become very interested in developing, conducting, and completing practice-based research in the radiation therapy department. I hope to collaborate with other disciplines on research projects, assist and support the other research therapists on their research projects, and publish and present research findings through journals and conferences. Moreover, I would like to disseminate my research through showcasing in IPE, IPC and RTi3.

I have become so motivated through my journey of continuing education—I want to help



develop and promote a research culture in the department through awareness and increased knowledge about evidence based practice. I'd like to combine my passion for education and learning with mentoring and facilitating research projects with the radiation therapy students.

What advice do you have for others considering a Masters-level education?

Just do it!! The journey so far has been a lot of hard work, but the personal fulfilment has been extremely rewarding. We are all curious human beings. Find something that is of personal interest and from that seed, inquiry will develop. With inquiry, deep learning will take place and with that an increase in deep personal understanding. With newfound knowledge, it is our obligation to share that knowledge to make a positive impact in our profession, community, and environment.

What is next for you?

My immediate goal is to publish a paper I have written on the critical evaluation of IGRT on VMAT rectal patients in the *Journal of Medical Imaging and Radiation Sciences*. I am continuing my Masters by taking additional courses in the 2014/2015 calendar year. My long-term goal is working toward obtaining a research radiation therapy role or an education role at my center.



THE IMAGE OF CARE CAMPAIGN CONTINUES...

Tell the world...

Canada's Medical Radiation Technologists are the very image of care

In 2011, the Canadian Association of Medical Radiation Technologists (CAMRT) and its provincial partner organizations launched a multi-year collaboration on a brand campaign to change the way medical radiation technologists (MRTs) are recognized throughout the medical profession as well as by the general population. Extensive research was carried out with MRTs, with other health care professions, other key stakeholders and with the general public. The research results validated that the concerns of the profession's leadership with respect to the perception of the role, value and image of the MRT profession were well-founded. They confirmed as well that while members of the profession were not well recognized, they were well-regarded by their patients. While only 10.5% of Canadian patients correctly identified medical radiation technologists as having performed their procedure, over 90% of these patients reported extremely high satisfaction with the care they received.

The ongoing Image of Care campaign showcases the role that MRTs play in the healthcare system, providing the professional imaging and radiation-related treatment services and caring touch that allow Canadians to fully benefit from the latest medical diagnostic and treatment technologies. The campaign platform draws inspiration from an eloquent brand promise and features the compelling tagline, "Canada's medical radiation technologists are the very image of care."

The Brand Promise

Canada's medical radiation technologists are the very image of care. We provide an essential link between patients and their healthcare, mastering the technology and art of providing accurate state-of-the-art diagnostic images and radiation-related treatment. We perform our work with confidence, expertise, precision and professionalism. And because we are there with patients at an often-emotional time, we listen and advocate for them in addition to delivering technological expertise.



Since the festive campaign launch in Saskatoon, SK in 2011, public recognition of your professional brand has increased by 30%.

How did we get that result?

- Launched the Imageofcare.ca website
- Ran a bilingual advertising campaign in Reader's Digest and Sélection print and online magazines, among the most widely read Canadian periodical publications.
- Created a brand toolkit that members can use to showcase their profession in posters, presentations, advertisements and videos.
- Repositioned the annual MRT Week celebration as the flagship event for the Image of Care campaign.
- Introduced social media campaigns that have generated positive discussions on patient experiences and testimonials... and reached three million Canadians last year.
- Encouraged our members to 'do the NOD'.
- Identified hundreds of brand champions who embraced the campaign and brought it to life in their workplace and in their community, including our first brand champion of the year, Lynnelle Yutani.



Let's build on this momentum together. Patient and publication recognition will continue to increase, with the power of 12,000 CAMRT members behind a committed branding strategy that is limited only by your imagination. A web-based champion's toolkit is online and open 24/7.

Here are just a few ideas to get you started

- Create a brand ambassador program with colleagues in your workplace or local professional community
- Host a presentation about the brand campaign at conferences or staff development events.
- Create email signatures that link to the imageofcare.ca website using the Image of Care graphics, or add the link to your personal blog or social media page
- Wear the brand on your heart or your sleeve, by creating t-shirts or lanyards with the Image of Care designs
- Write an article promoting your profession for your workplace newsletter or community newspaper
- Use the Image of Care award winning videos created by MRTs in your presentations and patient information displays
- Visit the CAMRT video and still photo library: <http://www.camrt.ca/abouttheprofession/theimageofcare-campaign/videoandstillphotocontest/contestwinners/>
- [We NOD Because We Care](#)
- [The Very Image of Care](#)
- [You Spin Me RapidARC](#)
- [Hey Dude](#)

And, last but not least,

NOD



Share the NOD approach

Use your **N**ame when greeting a patient:
"Hi my name is Wendy"

Tell them your **O**ccupation:
"I am a Medical Radiation Technologist, MRT, specializing in Radiological Technology"

Explain what you are going to **D**o:
"I am going to x-ray your lower back today"

Canada's Medical Radiation Technologists: The very image of care.
imageofcare.ca



Success stories from our 2013 brand champions campaign

Diagnostic Imaging staff from St Francis Memorial Hospital in Barry's Bay, Ontario:

- Published an article in their local paper, The Valley Gazette, on World Radiography Day, partnering with the St Francis Memorial Hospital's Foundation to share information about MRTs and thank their community for fundraising campaigns for new DR Equipment, portable and general radiography units
- Participated in hospital's patient safety video and breast cancer awareness month
- Implemented the NOD

Nazeg Gabriel

- Lead a team of student champions at the Michener Institute to plan a diverse agenda of MRT Week celebrations that included tours of imaging and therapy departments, a charity breakfast for Prostate Canada, and promotion of a radiation sciences themed sweater.



Mammographers Erin Rowe, Renee Cordick and Kathleen Fulmek

Kathleen Fulmek wrote "As mammographers we are very passionate about our work and providing exceptional patient care. We want women to know about the benefits of breast cancer screening." She, Erin and Renee developed a presentation on "Breast Cancer Screening and Mammography, What you need to know", sharing their expertise and commitment to the importance of breast cancer screening with women's groups in Calgary.

These and other creative ideas are shared to inspire your own personal brand of championship. Check out the Champions Tool Kit at camrt.ca for more suggestions and great tools:

- Brand Guidelines for promoting the Very Image of Care Campaign in your workplace
- Branding Backgrounder: research findings, reports and presentations
- Creating a Campaign
- Graphics Toolkit
- Video and Still Photo Library



This is the third in a series of articles showcasing how organizations are innovatively promoting continuing professional development with their staff.

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

There is little disagreement with the concept that, as professionals, medical radiation technologists (MRTs) need to engage in continuous professional development (CPD). How this is carried out can vary from individual to individual, organization to organization and from province to province. For MRTs, British Columbia is currently an unregulated province which means that CPD is not mandatory (as it is in most other provinces - through the College of Medical Radiation Technologists of Ontario, for example). In BC, therefore, MRTs don't need to keep track of their courses and educational events to submit for proof of competence every year – or in case they are audited by their regulatory body. Reassuringly, even though CPD is not mandated by law, most BC MRTs do engage in CPD regardless! BCAMRT members also have the option of using their Professional Development Program that is similar to many regulatory processes, including a logbook, self-reflection and a voluntary external review process.

The British Columbia Cancer Agency (BCCA) is the only employer of radiation therapists in the province – there are currently six centres (in Vancouver, Fraser Valley, Abbotsford, Victoria, Kelowna and Prince George) which employ over 200 therapists on a full time, part time and casual basis. To keep everyone up to date with the relentlessly changing technology, BCCA's radiation therapy clinical educators coach, train and support the therapists in a variety of ways. One of these ways is the organization of education. This includes the development of locally available (or in-house) education such as in-services, webinars, e-learning modules, training guides or protocols, workshops and education days.

Although there is no BC regulatory authority,

there are a number of therapists at BCCA that need to fulfill mandatory requirements as set by the American Registry of Radiologic Technologists (ARRT) or the US Medical Dosimetry Certification Board (MDCB). These requirements include the annual accumulation of Category A credits for CPD. So perhaps the main reason for us to use the CECAP program for our locally developed professional education is to help these ARRT and MDCB members to achieve their annual credits. It also makes it much more likely that our BCCA events and courses will be attended and used!

As in many parts of the country, education funding in BC is very tight. There are small grants available semi-annually for presenting at conferences or courses such as a Masters Degree or Leadership certificate. However, for the majority of BCCA therapists, CPD involves departmental events such as journal club, directed readings or occasional provincial opportunities so we try and get these accredited where possible. The BCCA educators have developed several e-learning courses using Articulate software. These are hosted on our local Learning Management System and can be accessed at any time by therapists (and increasingly by BCIT students as part of some of their undergraduate courses). We now have multi-part e-learning courses on:

- Brachytherapy
- Research methodology
- CT Simulation
- Image Guided Radiation Therapy
- Tobacco intervention
- Preceptorship

Many of these courses can be taken for Category A credits. Credits are also used for monthly journal clubs across the province. Typically the same article is available for local use (on the provincial intranet) at sessions arranged by the educators. Our biggest annual event is our Provincial Professional Practice Day. We usually have a mix of internal and external speakers and invite the radiation therapists, BCIT students and (this year) our BCCA nurses to come and listen to a variety of topical presentations, panel discussions and debates. We also use this opportunity to give out awards that recognize clinical excellence and outstanding teaching. The day relies solely on sponsorship, such as funding from CAMRT's CPD grant (\$500 available for local educational events) and matching funds from BCAMRT as well as our friendly suppliers and vendors (thank you Donaldson-Marphil and Harpell!). That way we can offer the event (and the food!) free of charge. The credits obtained from the CECAP program vary year to year but average about

five for the full day – we supply certificates of attendance which can be submitted to ARRT or MDCB if needed. This year our topic is Advanced Practice (AP) and we have several great speakers from Ontario and Australia to help gently nudge us towards AP roles at BCCA.

Although our education focus is usually internal, for the last few years BCCA has run a very successful external course on Volumetric Modulated Arc Therapy (VMAT). To date, six of the interprofessional courses have been offered at the Vancouver Cancer Centre in downtown Vancouver. The two and a half day course follows the patient's progress through the radiation department from simulation to treatment planning and treatment delivery. Practical planning methods and strategies developed by BCCA are applied to a range of treatment sites. The course fees from external applicants partially subsidize attendance from BCCA staff, radiation therapists, radiation oncologists and medical physicists. Needless to say, this program is also accredited! The next VMAT course will be offered in May 2015. So, although we are an unregulated province, CPD is alive and well. Our CECAP Category A credits help BCCA therapists continue membership and registration in our affiliated US associations and organizations – and mean that our external courses to be more attractive to national and international registrants.

What is CECAP?

CECAP (Continuing Education Credit Approval Program) exists to ensure the provision of high quality activities that contribute to the ongoing competence and personal / professional development of medical radiation technologists (MRTs). Through its status as a Recognized Continuing Education Evaluation Mechanism (RCEEM), the CAMRT has established CECAP to evaluate and recognize continuing education activities either held or available in Canada that are relevant to medical radiation technologists. In order to qualify as continuing education, the activity must be planned, organized and provide sufficient depth and scope of a subject area.

Gaining approval for educational activities is fairly simple and requires the submission of an application form. Medical radiation technologists participating in educational events should expect to receive some sort of documentation from the sponsor that clearly identifies the participation or successful completion of the educational activity.

For additional information on CECAP and to apply for continuing education credits contact Mélanie Bérubé: Manager, Continuing Professional Development
cpd@camrt.ca
(800) 463-9729 ext. 226

Completing the CAMRT Dosimetry Specialty Certificate Program



In the last few years, changes in radiation therapy practice have radically changed the practice of medical dosimetry. Dosimetry now demands an expanded skill set to meet the requirements of new technology and diagnostic techniques, including respiratory gating, tomotherapy and PET-CT. Although the American Certificate in Medical Dosimetry (CMD) provides a certifying exam for practitioners involved in dosimetry there is no associated course or practical assessment.

The CAMRT is the first professional association providing a thorough, practical post-certification specialty program in this area. The Certificate in Dosimetry (CDS) is intended to provide a mechanism for radiation therapists (RTTs) to demonstrate knowledge and competence in the field of Dosimetry, to promote standards of excellence within this clinical area, and to identify those who have met a nationally recognized standard in the practice of Dosimetry.

We spoke with Mike Dickey, RTT, CDS, a Dosimetrist at the Cross Cancer Institute in Edmonton about his experience completing the CDS program.

What made you decide to take on the CDS program?

I was on my way to completing each of the three Dosimetry courses, and found out that the relatively new CAMRT CDS program was available to pursue.

certification. Luckily for the clinical competency portion, our clinic is large, and sees a variety of cases that cover the requirements for the competencies. I was pleased to be able to use actual patient cases for nearly all of them. As for the research, coming up with a unique idea proved challenging enough. The other processes on the way to its completion each have their own hurdles - some harder than others.

Did you find that the information gained from the courses and assignments have helped you in your day-to-day treatment planning?

Yes. As long as the content is updated regularly, the courses will always be relevant and interesting.

Would you have taken on a research project if you didn't enroll in the CDS program?

At our clinic, I'm actively involved in research at some time or another, but not as a lead author or principal investigator. Someone else comes up with that unique idea, and runs with it. Now that I know the pathways to a successful paper, the next one should be on more familiar territory. But, clinical work comes first and foremost; if there is time or money allotted to replace some clinical duties, research possibilities becomes more available.

The research that I conducted has changed our standard treatment for early stage lung cancer patients

Were there any other programs or certifications that you investigated before choosing the CDS?

The more common CMD certification through the Medical Dosimetry Certification Board from the United States was always available to me. However I have no intention to work in the US. A Canadian certification program makes the most sense; it is a more comprehensive certification involving not just examinations but proven competence in every tumour group and treatment technique, as well as taking the lead on unique research for publication. The research that I conducted has changed our standard treatment for early stage lung cancer patients; I'm hoping it will become provincial.

How long did it take you to complete the CDS?

Six years. I asked for an extension of 1 year. Data collection, analysis, and manuscript writing each take a long time. The paper itself went through several iterations after input from co-authors. Completing the competencies also takes time, especially if there are clinical cases that don't appear at your clinic often (whole CNS or brachy for example).

Did you find it challenging?

Dosimetry 1,2 and 3 can only be completed so quickly, but they don't represent the bulk of the

Any advice for someone who would like to complete the CDS?

Start the summary of clinical competencies and research components as early as possible. There are many setbacks and processes during research especially, including coming up with a hypothesis, data collection and analysis, and potentially lengthy ethics approval paperwork. There are usually multiple departments involved, and those people have other clinical and research obligations already.

Continued on page 17

Further Resources

[CDS Handbook](#) (Available on the CAMRT website)

For more information on this certificate program, contact specialtycertificates@camrt.ca

Have Clinical Questions? dosimetry@camrt.ca

JMIRS Report

Save the date! Pre-conference research workshop May 27th

The JMIRS is offering a pre-conference workshop in two breakout sessions, covering the basics of research on a practical level, and intermediate level methodologies. Participants will receive Category "A" credits from the Continuing Education Credit Approval Program (CECAP). More details and registration information coming soon!

Focus on Qualitative Research

Our commitment to research beyond the traditional quantitative is highlighted by a guest editorial in the most recent issue, authored by our newest Associate Editor, **Amanda Bolderson**. She has penned a passionate work titled, "Five percent is not enough! Why we need more Qualitative Research in the Medical Radiation Sciences". Submissions to the journal are now flagged as qualitative and will be reviewed within this context. Qualitative research is an art acquired through practice and study - as such we encourage those involved in qualitative research to connect with us at editor@camrt.ca as potential reviewers and authors.

JMIRS Call for Papers for Special Issue 2015

We are preparing a special issue of the *Journal of Medical Imaging and Radiation Sciences* on the topic of **Back to Basics – Foundational knowledge, skills and judgment**, to be published in December 2015. We invite all CAMRT members to submit research papers, case studies or editorials on the topic of "Back to Basics – Foundational knowledge, skills and judgment".

Final submissions will be due **May 1, 2015**.

Questions? Please contact Carly McCuaig at editor@camrt.ca.

Call for Papers for Student Issue

We are preparing a special supplement featuring the research that is being completed by undergraduate, graduate students and recent graduates. Our goal is to present research findings, reports on projects related to medical imaging and radiation sciences, case studies, and editorial/opinion columns of the highest quality that will showcase our up and coming researchers. We invite those studying in all fields of medical radiation sciences as well as interprofessional students to submit papers you have been working on, or were working on while you were a student (if you are a recent graduate). Manuscripts should be submitted **February 1, 2015**.



Innovation in X-Ray and Ultrasound Patient Positioning

Increase lab productivity and improve patient satisfaction

New! Ultrasound Positioning Steps



Ideal for Ultrasound diagnostics and venous insufficiency studies
Place patients in optimal position for imaging lower extremities
Sonographer can comfortably and safely interrogate from groin to ankle while accurately and safely positioning patient

NEW

Pedia-Poser Chair

Child Immobilization
C-Spine, Chest, Abdominal, Airway;
Views: AP, Lateral, Oblique
Perfect for infants through 4 year old children
Locking swivel base



Panel / Cassette Protectors

Unbreakable Polycarbonate faceplate
Standing, weight-bearing feet AP View
Non-slip rubber floor grips
Up to 750lb/340kg/ weight capacity



X-Ray Step Positioning Platform

3 CR or DR panel location slots
450lb/204kg weight capacity
Weight-Bearing knee, feet, ankle
1, 2, 3 step options, extra-wide
Top step height up to 24in/61 cm



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Challenges of the Mature Radiation Therapist

Janice Wilson RTT recently had her manuscript, "Old Hands: New Terrain Examining the Concerns and Challenges of the Mature Radiation Therapist in British Columbia" published in the Journal of Medical Imaging and Radiation Sciences (Vol 45-3). Her paper explores the current employment situations and experiences of a targeted sample of radiation therapists in the 50+ age range in B.C. In the article, Janice identifies the challenges and concerns faced by this group in order to help older therapists navigate their careers while sharing their accumulated wealth of experience. We thought it would be interesting to hear a little more about this project and how it came about.

Hello Janice – congratulations on publishing your paper! How did you come up with the research idea?

The idea came to being about the time I turned 50 years old. After a talk with a colleague regarding physical changes occurring and ranting about the challenges of menopause, progressive lenses and the ongoing changes as we age, we wondered how other therapists were handling the effects of maturity. I was working clinically on the floor on a part-time basis and was one of the oldest therapists doing so at the time. We wondered how other therapists were handling the effects of midlife and if it was affecting their work environment.

What advances do you hope to see happen in this area to help mature MRTs thrive on the job?

It is evident from the results of this study that ergonomic studies need to be done with the mature therapist in mind to help prevent injuries before they happen. Investigations into human resource policies and health benefits are required to better suit the mature therapist—for example, part-time and job sharing opportunities. Organizing in-services could ready mature therapists for upcoming challenges in their work environments, and cover topics such as menopause, eyesight changes, hearing loss, and memory changes. Introducing the idea of reverse mentorship to join the experience of the mature therapist with the technical expertise of the younger workers could help bridge the multigenerational gap. Developing education programs with the needs and learning styles of the older therapist in mind could alleviate stresses acquired while learning new technology.

Do you have any personal experiences/anecdotes to share about your experiences working with younger co-workers?

I personally love working with younger co-workers. They are technically smart, savvy, and kind. Working in a multigenerational team can only enhance the care for our patients, and having an open and willing attitude will help us get there.

Developing education programs with the needs and learning styles of the older therapist in mind could alleviate stresses acquired while learning new technology.

You wrote a Letter to the Editor of the JMIRS thanking your "village" for helping you complete your first research paper – can you tell us a bit more about this process, and how you were helped along the way?

This paper took 4-5 years to complete. I do not hold a university degree and the field of qualitative research was very new to me. I was very

lucky to have great people encourage, edit, and help wade through the abundance of information. One of our research experts had her PhD in qualitative research and met with me many times over the first year. Our librarian spent many hours helping with search engines and really taught me the basics of writing a paper. The educators (of which I saw two over the course of this paper, both in our clinic and provincially) were there at any time to offer advice and help with the editing process. It truly was a village. When it came time to submit to the JMIRS, the managing editor was very understanding. I also really appreciated the peer review process, although we do need more reviewers with qualitative research experience. My hope was to represent the study participants to the best of my ability. It was their spirit and honesty that pushed me to complete this paper.

Do you have any advice for MRTs of any age considering research?

All you need is an idea or a question, and the rest will look after itself. Ask for help and find your village.



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Continued Articles



CAMRT Life member Larry Curtis (right) with MRT PRresident Deborah Murley, and Amanda Johnston at this year's AGC

A Conversation with Larry Curtis, CAMRT Life Member, p.7

What do you think are our greatest challenges as a profession, and how can we overcome them?

Gaining recognition with the general public will continue to plague our profession. The N.O.D. initiative (Name, Occupation, and what you are going to Do) is an excellent step in teaching "our clients" that more than just doctors and nurses work in health care.

Why have you given so much of your personal time to support your profession and professional association?

Since I first entered my training program I felt that personal time was a small sacrifice in order to pay back all those who gave their time to allow me to become an RTR. I was always involved as a student member of the SAMRT and progressed through several stages including trying to save a dying (thanks still go out to those who helped) Calgary Branch of the AAMRT in 1972 to the AAMRT president in '87 and '89, member of the CAMRT's B.O.D. from Alberta and the CAMRT president of the CAMRT in 1994. It has to be mentioned that no one works alone. I was always fortunate enough to have the support of my employers and family, especially my wife Sue who is also an MRT (MR) and knows the value of a strong professional association.

What advice would you offer to members considering volunteering and becoming more involved?

Those considering volunteering today must be sure both themselves and their employers are able to contribute adequate time and energy to do the job. Don't just think about it - Do it - Get involved!!!!

What is ahead for you?

As I have worked in the profession for over 40 years (my registration number is 9402), I see resigning in good standing in 2015. At that point, (including training) I will be able to consider myself fortunate to have met and worked with many great people over some 45 years whom I am happy to be able to call colleagues. Then, Sue will work a few more years and who knows after that. We both like to travel and with both our daughters married we might have the freedom to do so.

Final thoughts...

To be recognized by my peers with an Honorary Life Membership for service to my professional association has made all my time and contributions worthwhile.

An Interview with... Lori A. Boyd, p.9

What do you think are our greatest challenges as a profession, and how can we overcome them?

We need our colleagues in radiography to further their education, at the graduate level, to engage in research and advanced practice, and most importantly to publish. There is very little actual publication by radiographers in peer-reviewed journals. That needs to change or we will never get the respect and influence that some other health professions have.

How do you see the MRT profession evolving over the next 5-10 years?

That's a difficult one. I see genetics, IT and evolving technology all continuing to be an influencing factor in our profession. Things are becoming faster, more powerful, smaller in size and able to do more things such as with merging modalities. Diagnostic testing and treatment for diseases will become more effective, more targeted and more efficient. But we will still likely have an aging population with chronic diseases who will need our services, our compassion and our care.

Completing the CAMRT Dosimetry Specialty Certificate Program, p.14

Do you have any suggestions on how we can raise the profile of the CDS? Making it the preferred choice of dosimetrists/treatment planners.

Word of mouth seems to have worked in our department, which has 9 dosimetrists. But,

knowing the length of the CDS program and the commitment involved, many still prefer writing the American CMD exam (although those requirements are becoming more difficult). Our department has a requirement for junior dosimetrists to have written at least Dosim 1, and perform a base number of competencies in various tumour sites, techniques, etc. If they could be doing the Summary of Clinical Competencies as a requirement instead (which is very similar to our in-house version), then they would be on the path towards CDS. It might take a survey of dosimetry departments across Canada, but I bet they could be encouraged to direct their new planners in that direction.

What type of support did you receive to complete the CDS program?

For research, I had the support of medical physics, statistics, oncology, and the research ethics board to help steer the paper. During the dosimetry courses, I gained access to a Virtual Private Network with the help of our IT department during my parental leave, so that I could complete some clinical course work at home. Library Resources also helped me with conducting fast and accurate literature searches. There are many people involved, including my own dosimetry coworkers, who I relied on for advice countless times.

Has obtaining the CDS inspired or opened the door to you pursuing other continuing education opportunities?

There are always ways to improve your skillset in a profession. Changes in our practice are constant, and continuing education happens almost naturally during work hours. Our clinic is a large contributor to multi-institutional trials, and dosimetry will always have a hand in that. There are more formal programs offering refreshers in clinical oncology, anatomy and physics. MRI and PET/CT are becoming more closely integrated with Radiation Oncology – education in these areas will not only be interesting, but essential.

Announcements

Call for Nominations for the CAMRT Honorary Awards

The CAMRT Awards Program was established to highlight the expertise and professionalism of CAMRT members and students. The CAMRT is proud to recognize individuals who have contributed to their profession and association. We all know colleagues who have been significantly dedicated and involved in professional activities advocating and promoting the profession to students, peers, patients, other healthcare professionals and the public.

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

- Dr. Marshall Mallett "Lamp of Knowledge" Award
- 2016 Welch Memorial Lecturer
- Life / Honorary Life Member Award
- Award for Early Professional Achievement
- Steward of the Profession Award
- Outstanding Service Award - **New**

Deadline for receipt of CAMRT Honorary Award nominations is **January 30th, 2015**

Description of these awards, together with online nomination forms, can be found on [the CAMRT website](#).

Resolutions or Motions for 2015 Annual General Meeting

CAMRT members are invited to submit resolutions or motions to be debated at the 2015 Annual General Meeting, which will be held in Montreal, Quebec.

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

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

ERRATUM

On page 9 of the CAMRT News Volume 32; Issue 4, we misspelled the name of a 2014 CAMRT Foundation Grant Recipient: the correct name is "**Komal**" instead of "**Komar**," and it should have appeared as: Komal Mazhar BSc., MRT(N), MHM(c). We apologize for this error.

6th Annual Speaker Competition— ASRT Radiation Therapy Conference October 18-20, 2015, San Antonio, Texas

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 2015 conference will take place in San Antonio, 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. Applications should be sent by **Friday, January 2, 2015, at 5 pm EST**.

Details regarding submission are posted on the [CAMRT Speaker Competitions website](#).

CAMRT Essay and Exhibit Competition Awards Program

The CAMRT invites submissions for the 2015 CAMRT Essay and Exhibit Competition Awards Program. 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 31, 2015**. For more information on the Awards Program, please go to the [CAMRT website](#). Entry forms can be submitted online. Should you have any queries, please contact Phyllis Williams at pwilliams@camrt.ca.

Announcing an upcoming Member Survey on the Future of the Annual General Conference (AGC)

Technologies, demographics and workplace realities are changing the face of medical conferences everywhere. In order to ensure we are delivering the best conference experience possible to our members, we are undertaking a review of the structure and objectives of the annual general conference. We have engaged with an industry expert to conduct a member survey and random in-depth phone interviews over the coming weeks to better understand how this event can deliver value to members in their professional lives.

The member survey will be launched by email the week of **October 6** and we would appreciate if every member could take the time to share their thoughts and opinions, regardless of their history of attendance or non-attendance at the CAMRT AGC.

Please visit the Members' Area of the website and ensure we have your correct email address by updating your profile [here](#).

If you have any questions or comments about this initiative, please feel free to contact Karen Morrison, Director of Membership and Events at kmorrison@camrt.ca (613-234-0012 ext 253).

Newest Best Practice Guidelines

Did you know the CAMRT has new Best Practice Guidelines about resolving conflicts with other healthcare professionals? Visit the [Best Practice Guidelines website](#) to learn about guidelines regarding this issue and so many more.

Have you read the new Advanced Practice Framework?

This visionary document provides a definition and a context for advanced practice in Canada, as well as the history of advanced practice and the rationale for the development of advanced practice in healthcare. Find it [here](#) on the CAMRT website.

2016 Seoul

19th International Society of Radiographers & Radiological Technologists, World Congress

October, 17 - 22, 2016
COEX, Seoul, Korea
www.isrrt2016.kr

We are RTs 

Announcements

ISRRRT Research Award 2015

“The Role of the Radiographer in the Justification of Medical Exposure”

The aim of the ISRRRT Research Fund is to promote research that helps improve the standards of delivery and practice of medical imaging and radiotherapy. The ISRRRT Research Fund was set up in 2009 and a research proposal was funded the first time in 2010. We are now inviting applications for a research grant in 2013 from members of Societies who are ISRRRT members and from ISRRRT Associate members. The grant is £2500 for 1-year projects and £5000 for 2-year projects.

Full details of the Research Fund Guidelines and application form can be obtained from the “Membership Section” of the website or from your country Society.

The closing date for submission of grant application is **30 November 2014**. Funding decision will be announced in February 2015.

Did you know?

The CAMRT website has an “[Events](#)” page dedicated to the listing of educational activities available for MRTs and/or other health care professionals. This page lists continuing professional development opportunities for MRTs in Canada and abroad - both live and online - and also identifies those activities that have been approved for Credit Hours/Category A credit by the CAMRT or another RCEEM. **Some activities are also eligible for Group Registrations!**

If you are the sponsor of a medical radiation technology related educational event happening in Canada or abroad and 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.

7th Annual Speaker Competition— ASRT@RSNA

November 29-December 4, 2015, Chicago, Illinois

On November 29-December 4, 2015, the American Society of Radiologic Technologists (ASRT) will host its seventh 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. Applications should be sent by **Friday, January 2, 2015, at 5 pm EST**.

Details regarding submission are posted on the [CAMRT Speaker Competitions website](#)

Volumetric Modulated Arc Therapy (VMAT) Course

BC Cancer Agency
CARE + RESEARCH
An agency of the Provincial Health Services Authority

May 7-9, 2015

Vancouver, BC, Canada

Please visit www.bccancer.bc.ca and search under “VMAT Course”

For additional information or to register, email: VMATcourseinquiries@bccancer.bc.ca

CONTINUING PROFESSIONAL DEVELOPMENT

REGISTER ONLINE TODAY!

Winter 2015 Registration Deadline: January 5, 2015

COMMITTED TO YOUR CONTINUING PROFESSIONAL DEVELOPMENT

The CAMRT's Continuing Professional Development department offers 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
- Dosimetry
- Education in the Clinical Environment
- Essential 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
- Pediatric Imaging
- Pharmacology in Cancer Care

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
- Basic Microbiology
- Breast Cancer
- Cancers of the Skin
- Cardiac CT*
- Colorectal Cancer
- Complementary and Alternative Medicine
- Computed Radiography*
- Contrast Media*
- CT Colonography
- CT Simulation*
- Cultural Competence
- ECG in Imaging
- Lung Cancer
- Medical Imaging Informatics: PACS & RIS
- Nutrition & Cancer
- Orthopedic Implants
- Palliative Care
- Reflective Practice for MRTs
- Prostate Cancer
- SPECT/CT*
- The Basics of Clinical Trials and Research in Cancer and Beyond

* also available in french.

NEW! Applications of Medical Laboratory Tests in Nuclear Medicine Technology: Renal System

NEW! Gynecological Cancers: An Overview

For more information, contact cpd@camrt.ca or visit <http://www.camrt.ca/cpd> for course descriptions, policies and procedures, deadlines and registration processes.

CERTIFICATE PROGRAMS

Certificates are offered in:

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

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/cpd/specialtycertificates/>.

Browse <http://www.camrt.ca/cpd/> for a complete listing of all CAMRT full length courses and quick self studies.

IN DEVELOPMENT

Quick Self Studies:

- CT Perfusion
- Reviewing Patient Education Skills in the Clinical Setting

Full Length courses:

- Project Management for Healthcare Professionals

Revisions:

- CT Imaging 2 – Radiation Therapy
- CT Imaging 3 – Radiation Therapy
- Imaging Breast Pathology
- Sectional Anatomy 1 and 2

NEW! Pet Theory & PET/CT Applications



CPD Sponsors



Associated Sciences Courses

Sponsored by the Associated Sciences Consortium



Monday December 1

MSAS21 8:30 AM - 10:00 AM

Regulations and Legislation That Effect Health Care Access and Practice *(An Interactive Session)*

Lynne Roy, MBA, MS, *Moderator*

A: ICD-10 for Imaging: Now What
Denise A. Merlino, MBA

B: Health Care Reform: Implications for Health Care Providers
Erika Johnson, MHA

MSAS22 10:30 AM - 12:00 PM

Think Inside the Box: Combining Strategy and Design to Re-invent Radiology Master Planning

(An Interactive Session)

Morris A. Stein, BArch

MSAS23 1:30 PM - 3:00 PM

Unsolved Dilemmas in a Digital World: Improving Radiologist and Technologist Communication

(An Interactive Session)

Dana Aragon, RT, *Moderator*

A: The Team Approach to Breast Imaging: A Model for All of Radiology

Michael N. Linver, MD

B: Speak To Me! Unsaid Is Risky and Expensive

Patricia Kroken

MSAS24 3:30 PM - 5:00 PM

A Systematic Approach to Minimizing Radiation Dose *(An Interactive Session)*

William A. Undie, PhD, RT, *Moderator*

A: The Roles of Radiographers/Radiological Technologists in Designing Equipment for Effective Dose Reduction

Dianna D. Cody, PhD

B: Planning Radiation Dose Reduction at the Referral/Ordering Stage

Deb M. Scroggins, MS, RT

C: Practical, Evidence-based Methods to Reduce Radiation Dose

Patrick C. Brennan, PhD

ALSO ON MONDAY:

AAPM/RSNA Basic Physics Lecture for the Radiologic Technologist

Monday, December 1, 1:30 PM - 2:45 PM

Radiography: Getting the Information We Need and Doing It Efficiently

A. Kyle Jones, PhD, *Moderator*; Behrang Amini, MD, PhD; A. Kyle Jones, PhD

Tuesday December 2

MSAS31 8:30 AM - 10:00 AM

Managing Health Care: Imaging Utilization—An International Perspective *(An Interactive Session)*

Alexander Yule, DSc, *Moderator*

Richard Evans; David Collier
Salvatore Martino

MSAS32 10:30 AM - 12:00 PM

Imaging Updates—New Technology Practices *(An Interactive Session)*

Steven P. DeColle, *Moderator*

Cindy R. Comeau, BS, RT(N)(MR), FSMRT, *Moderator*

A: Trends in Hybrid Imaging PET/MR

David W. Jordan, PhD

B: MRI Safety—Facing the Challenges—PET/MR

Karen E. Smith, MSc

C: Everyone on Board: Creating an Opportunity for Flat Collaboration and Safe Collegiate Working in Molecular Imaging

Marc Griffiths, MSc

MSAS33 1:30 PM - 3:00 PM

Management of Portal Hypertension

(An Interactive Session)

David B. Nicholson, *Moderator*

Steven P. DeColle, *Moderator*

A: TIPS (Tranjugular Intrahepatic Portal Systemic Shunts)

Harneil S. Sidhu, MD

B: BRTO/BATO Balloon Occluded Retrograde Transvenous Obliteration of Varicose Veins/Balloon Occluded Antegrade Transvenous Obliteration of Varicose Veins

Jun Koizumi, MD, PhD

C: Portal Hemodynamics - Post Intervention

Wael E. Saad, MBCh

MSAS34 3:30 PM - 5:00 PM

Normalization of Deviance: What Is Happening in Your Department?

(An Interactive Session)

Susan Crowley, RT, MEd, *Moderator*

Kathleen Kath, *Moderator*

Andrew P. Woodward, MA, RT

Melissa Jackowski, Ed.D, RT(R)(M)

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

Registration Information

Registration is required to attend the Associated Sciences programs at RSNA2014.RSNA.org.

Advance discounted registration for the RSNA annual meeting ends November 7, 2014. Register now to get the hotel of your choice.

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

Sponsoring Organizations

- AHRA: The Association for Medical Imaging Management
- American Institute of Architects – Academy of Architecture for Health (AIA-AAH)
- American Society of Radiologic Technologists (ASRT)
- Association of Educators in Imaging and Radiologic Sciences, Inc (AEIRS)
- Association of Vascular and Interventional Radiographers (AVIR)
- Canadian Association of Medical Radiation Technologists (CAMRT)
- The College of Radiographers (CoR)
- International Society of Radiographers and Radiological Technologists (ISRRT)
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Forensic Radiography

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◆ Bone Densitometry Topics

◆ Mammography Courses

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Imaging Male Breast Cancer

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Since the Ontario Association of Radiologists (OAR) began its CME program in 2007, a core part of this programming has focused on acknowledging and understanding the vital partnership between radiologists and technologists and promoting the enhanced joint-education of both whenever possible and appropriate. In the beginning all OAR courses required live attendance but approximately two years ago we introduced webcasting making OAR courses accessible to more people and to date, about 3,000 technologists have participated in OAR CME events.

Webcasting CME programs has caused us to investigate how to make these programs more useful to technologists across Canada and to offer them at as low a cost as possible. In addition, we have received expressions of interest from groups of technologists working in various regional health authorities across the country where the hospital is funding technologist education and inquiring about group webcasting rates.

The OAR is now accepting registrations from technologists wishing to attend a CME webcast in a group learning environment. To this end, the OAR is offering a 20% discount on CME registrations for groups of 5 or more technologists wishing to attend OAR CME Webcasts.

This offering is being provided on a pilot project basis for groups of technologists wishing to attend the webcast version of our Fall 2014 courses accredited by CAMRT:

OAR-OBSP Breast Imaging Symposium

CBMD ADT (Accredited Densitometry Technologist) CME Program

Abdominal and Pelvic MRI CME

October 18th, 2014

November 1st & 2nd, 2014

November 8th, 2014

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

1. Cheque

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

3. Credit Card

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

2. Electronic Payment Transfer

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

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

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