



an essential link

DELIVERING TECHNOLOGY WITH CARE

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

Advertising: For information about advertising rates in the CAMRT News, please contact us at 1-800-463-9729 or by email at nforget@camrt.ca. See below for issue deadlines.

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

Please email us at nforget@camrt.ca.

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



On the cover... This year's MRT Week design

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Opinion Pieces: The opinions expressed in the "Evolving Practice", "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

January may be the official beginning of the year, but fall is another time of year when we let go of summer and begin anew. It is a time of beginnings at CAMRT too, as we work to advance projects that enhance our capacity and deliver programs and services of value to our members.



Members celebrating MRT Week in Toronto last year

This fall, we have introduced a number of new initiatives of note. Based on the success of our Leadership Development Institute for young professionals, we piloted a new CAMRT Leaders Program. It provides MRTs with the foundational knowledge and skills required to be successful and effective in leadership roles. Exciting new opportunities for online learning have been added to our extensive continuing professional development (CPD) offering, which include online courses, the new Virtual Conference and the Practice Insights Webinar Series. Our educational leaders are also meeting to address the need to change the way we provide entry-to-practice education. What's more, the new certification process for Advanced Practice in radiation therapy has begun as a pilot. Three candidates have begun working on their portfolios for review later this year, paving the way for our other disciplines to begin their own Advanced Practice journey.

that access our MRT Week materials and online tool kits. The commitment shown to showcasing our profession and the creativity displayed in getting this message out in the past has been second to none. This year's theme is "An Essential Link: Delivering Technology with Care". Simply written, yet it acknowledges both the extraordinary attention to quality and safety that is characteristic of what we do and highlights the caring side of our work. As MRTs, we see our patients through their healthcare journey with compassion and dedication, not just for one week but for the rest of the 358 days of the year as well. This November, as we celebrate, let us draw attention to the ways in which we provide the essential link to technology and high quality care for patients; we all have a story to tell. I look forward to hearing about all the ways in which MRTs took up the banner of the profession during MRT Week again; please remember to share with us your activities and fun.



More MRT Week celebrations from last year

This November, as we celebrate, let us draw attention to the ways in which we provide the essential link to technology and high quality care for patients; we all have a story to tell.

This is also the time to celebrate our MRT profession. Each fall we are delighted with the number of members from across the country

As we approach the end of the year it is also a good time to reflect on our successes, and there have been many. CAMRT's work through



partnerships such as the Health Action Lobby (HEAL), Medical Imaging Team <http://www.imagingteam.ca>, Canada Safe Imaging, Canadian Partnership for Quality Radiotherapy (CPQR) <http://www.cpqr.ca>, and others has allowed us to represent MRTs and to further the causes important to our profession. Your President and CEO continue to have meetings with our stakeholders and sponsors at every opportunity to further strengthen partnerships and growth. The success of the CAMRT is in large part thanks to our staff and the more than 300 volunteers, who are an integral part of the CAMRT community, strengthening our capacity to expand awareness and recognition of our profession across Canada. We have much to be proud of in all our disciplines.

Our most important contact is You – our member. Please remember our door is open for your comments and questions at any time as it is your inquiring mind that leads us to change. [Contact us.](#)

Handwritten signature of the President, R. Murley.

Virtual Programming from CAMRT

Education from the comfort of home!

The CAMRT is pleased to offer a range of online, continuing professional development opportunities to our members at a low cost to supplement your portfolio and promote lifelong learning. Below we highlight our Virtual Programming course offerings, including the Practice Insights webinar series and Virtual Conference series, as well as our full length courses and quick self-study options. Benefit from world-class educational opportunities, without ever leaving home. A great way to leverage a small investment into a large learning opportunity, check back regularly as new content becomes available!



The Virtual Conference series from the CAMRT is designed to bring high-quality professional development directly to you, on your schedule. We are currently offering a series of five breast imaging sessions presented at the 2015 Joint Congress in Montreal, as well as 5 sessions recorded for radiation therapists at the first CAMRT@CARO day preceding the 2015 CARO Annual Scientific Meeting in Kelowna, British Columbia. Simply register, listen to the recording, and successfully complete and submit an online 10-question quiz within 4 months of

registration, to access continuing professional development credits from the comfort of your home or workplace.

The Virtual Conference series is not meant to replace existing opportunities to learn and network in a group setting, but rather to make more content accessible to more members, by eliminating the barriers of time and money that so often prevent participation at locations that are geographically or financially inconvenient. To register, visit the [CAMRT website](#).



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

To register, visit the [CAMRT website](#).

COURSES AND CERTIFICATE PROGRAMS

The CAMRT's Continuing Professional Development department also delivers a range of online opportunities, including:

- Discipline-specific and general knowledge full-length courses and quick self-studies
- Certificate programs
- Exam preparation courses
- Practice exams

All courses are available in an electronic format and most final exams are delivered online. Over the next few years, the electronic version of our courses – full length and quick self-studies – will be transitioned to an online learning management system allowing for improved learning, improved quality of images and increased access to images and case studies. To browse the course catalogue and register, visit the [CAMRT website](#).

CAMRT Strategic Plan

Now Online

The Strategic Plan 2015-2018 of the CAMRT is intended to focus our activities for the next three years while we continue to meet the goals of our mission and vision. These Strategic Directions will shape our activities by focusing us on key shifts needed in policy and direction and/or by reinforcing the importance of some of the activities we have already embarked on. The full document is now available online at: <http://www.camrt.ca/about-camrt/governance/strategic-direction/>.

We welcome questions or feedback from members, please contact us at CAMRT-ACTRM@camrt.ca.



MRT Week is back!

Time to celebrate

From November 8 to 14, 2015, MRTs are once again invited to celebrate their profession and promote the essential contributions of the MRT profession in medical imaging and therapeutic treatment. MRT Week is chance for all MRTs to celebrate and recognize professional accomplishment, and a wonderful opportunity to educate the public and healthcare colleagues. The story of the profession, when presented by passionate MRTs, has been shown to resonate with colleagues, patients and the general public long after MRT Week is over.

PROMOTE YOUR PROFESSION

Engaging people through the Image of Care campaign has shown that education and promotion of the profession works. With the high-level of visibility and patient contact during MRT Week, it is a perfect opportunity to discuss the profession with patients. Use the promotional tools provided by CAMRT to start a conversation and educate them about the essential link MRTs provide in delivering technology to them with care:

- Offer patients or healthcare colleagues an MRT Week fact sheet and explain who you are, what you do, and the different areas you work in.
- Use the MRT Week visual displays (posters, tent cards) as a visual aid for discussion.
- If your workplace has a visual display, play a video in your waiting room throughout the week (CAMRT's NOD video is available for this, see below).
- Use the Image of Care website to help answer patient questions. Along with descriptions of each discipline, it also contains handy sections on patient questions and FAQs about the profession.
- Take advantage of the Image of Care brand campaign toolkit. Incorporate the Image of Care website (www.imageofcare.ca) into displays, and build the Image of Care brand messaging and downloadable graphics into your presentations.

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

For more ideas, refer to the MRT Week page at: <http://www.camrt.ca/events/mrt-week/>

CELEBRATE MRT CONTRIBUTIONS

MRT Week is time to celebrate yourselves, the professionals who work consistently to deliver patients all the benefits of state-of-the-art technology with compassionate care. Recognizing the achievements of your colleagues is a great way to boost workplace morale, encourage professionalism, and reinvigorate the enthusiasm for providing this essential link.

Encourage your supervisor to recognize MRTs with a description of their contributions and their photo on display in a common area. Or, ask MRTs within your organization to provide you with personal stories about their experiences that you can then share through association or hospital newsletters, social media, local newspapers, or at staff meetings.

DON'T FORGET, A SIMPLE NOD GOES A LONG WAY

The NOD is a very simple and effective way to promote the MRT profession at any time of the year. During MRT Week, leverage your high level of contact with the general public by giving the NOD: Starting with your NAME, introduce your OCCUPATION, and tell people what you DO.

Visit the CAMRT website to see the new NOD video. It shows fellow MRTs giving their versions of the NOD, and contains descriptions of



each discipline, with very engaging and visual content. Use this as a conversation starter – ask patients if they have any questions about the information provided.



A still from the NOD video

SHARE YOUR CELEBRATIONS AND STORIES WITH US THROUGHOUT THE WEEK

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

So, throughout MRT Week, be sure to send us your photos and your stories for us to share more widely.

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

For more information, consult the MRT Week page available at: <http://www.camrt.ca/events/mrt-week/>



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DELIVERING TECHNOLOGY WITH CARE

Evolving Practice

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

The first instalment of Evolving Practice presents a profile of Grace Lee, a radiation therapist working in one of the advanced practice clinical specialist radiation therapist (CSRT) roles created through an initiative in Ontario.

ADVANCED PRACTICE IN RADIATION THERAPY: EXPERIENCES OF A CSRT

Submitted by Grace Lee, RTT, BSc, CMD, MHS

I am fortunate to be in one of the first clinical specialist radiation therapist (CSRT) positions within Ontario. When the CSRT project started in 2007, I was in a 50/50 planning/research position at the Princess Margaret Cancer Centre. My clinical and academic activities were split between breast, lung, and upper GI treatment planning and in research and treatment planning for a partial breast irradiation study. These unique exposures to breast cancer treatment planning, research, and process development served as the foundation upon which I furthered my career development as the breast site CSRT.

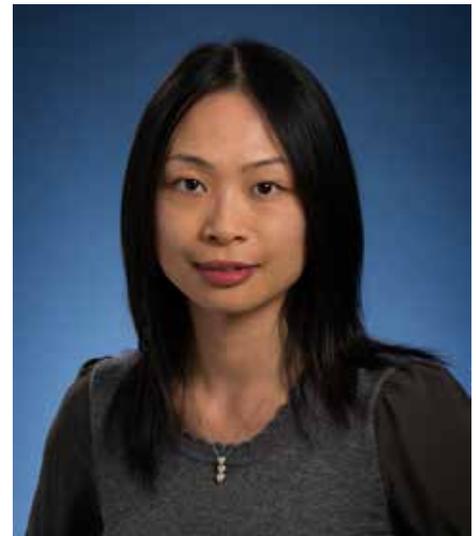
In 2007, I accepted the "Patient Assessment and Symptom Management" CSRT position within the breast team of the Radiation Medicine Program. I was very fortunate to work with various radiation oncologists, medical physicists, nurses and other allied health care professionals who helped to expand my clinical role. The site-specific education, supervised clinical practice, and simulated learning offered by Drs. Robert Dinniwell and Pamela Catton allowed me to attain various advanced clinical and planning competencies outside of the traditional MRT scope of practice. Using these newly developed skills and knowledge, I progressed in a graduated fashion to function autonomously in the assessment and management of patient side effects during RT weekly reviews. I was further encouraged by my supervisors to conduct studies of these new roles to validate my clinical competence. In 2011, our manuscript titled "Radiotherapy Treatment Review: A Prospective Evaluation of Concordance Between Clinical Specialist Radiation Therapist and Radiation Oncologist in Patient Assessments" was awarded the CAMRT Dr. Petrie Memorial Award and subsequently selected as the Editor's Choice (Article of the Year) for 2012 by the Editorial Board of the *Journal of Medical Imaging and Radiation Sciences*. These awards not only demonstrate the success of inter-professional collaboration between the radiation

oncology and radiation therapy disciplines but are also testaments of the interest and support from the CAMRT in advanced practice roles in our profession.

My role in seroma target delineation for selected early breast cancer patients also led to an opportunity to co-lead the QuickStart breast radiotherapy program. Through this program, patients start their RT treatment within 24hrs following their CT simulation. Within this treatment process, I contour the cavity target for radiation oncologist review to expedite the planning process, thereby allowing the successful implementation of this rapid treatment process since 2010. More recently, we further investigated the CSRT contouring role such that I can direct non-complex cavity contours to the planners for immediate planning. This helps to avoid wait times for radiation oncologist contouring in selected patients. The results from this study were presented at the CARO annual conference held in Kelowna.

In my current CSRT position I am involved in new breast cancer patient consultations, assessments during their weekly RT treatment review, and later in follow up. I think the most exciting and rewarding part of my role is the ability to act as the patient's person of contact and provide care at different points in their cancer journey. Being able to work within a multidisciplinary team allows me to learn from other medical professionals, which deepens my appreciation of the need for lifelong learning.

I would conclude by encouraging other MRTs who are interested in expanding and/or advancing their practice to never stop learning. Those seemingly routine "lunch & learns" may often provide the solution for a patient problem you encounter tomorrow. And of course, if you are serious about furthering your career as an advanced practice MRT, a strong academic foundation through graduate course work will no doubt open doors to numerous opportunities and facilitate your further professional development.



More on the CSRT roles in Ontario

One of the most exciting evolutions to occur in Canadian MRT practice over the past few years has been the creation of the clinical specialist radiation therapist (CSRT) role. This advanced practice role in radiation therapy came into being through a 10-year partnership between the Ministry of Health and Long Term Care in Ontario and Cancer Care Ontario and its regional cancer centres.

Beginning as a pilot study in 2004, there are now 25 CSRT positions across Ontario in 10 out of 14 of the province's cancer centres. Data show that CSRTs have contributed to important improvements to the patient experience: increasing the number of new patients seen in clinic; creating savings in radiation oncologist time (that can be redirected to other, more complex activities); and, enhancing practice overall through contributions to research innovation and knowledge translation.

All CSRT roles are built to reflect a profile comprising advanced clinical, technical and professional competencies that was validated nationally by the CAMRT in 2013. Based on the experiences and learnings of the members of the CSRT Projects, the CAMRT is creating an Advanced Practice Radiation Therapist Certification process, and it is hoped that the solid framework for new role development created in Ontario can be shared in other provinces for radiation therapy, and eventually beyond radiation therapy to other disciplines of the CAMRT.

Profiling CAMRT Board of Director member **Breanne Teasdale, RTT**

In February 2014, Breanne Teasdale was selected to complete a term on the Board of Directors as the Newfoundland and Labrador representative, and was elected for the next three years. She attended the CancerCare Manitoba School of Radiation Therapy to receive her radiation therapy diploma, and is currently a radiation therapist at the Dr. H. Bliss Murphy Cancer Centre.

You graduated in 2012...and two years later, after volunteering with the Young Professional Advisory Committee, the CAMRT Foundation, and the Board of Education Committee, you are a board member! Congratulations on being elected. What motivated you to apply for the board?

Thank you! It all happened so fast! Honestly, I wanted to bring a different perspective to the Board being a younger and less experienced member. I never thought in a million years that I would be selected because of my age and little experience. However, I think that is why I will make a good board member because there are so many recent graduates out there like me, and I think it is important to have the Board of Directors be as well rounded and diverse as our profession.

I think in the next few years there are going to be an increasing amount of younger professionals entering the work force. This demographic seems to be innovative and imaginative, which is great for our ever changing profession.

You participated in the strategic planning session in February, and attended the AGM, Board meetings, and Annual General Conference in May 2015. Can you tell us a bit about your experience attending these sessions as a board member?

At first it was very overwhelming. There was a lot of content to read through and I had a lot of questions. However, it was very eye-opening and inspiring to be a part of a group of professionals from all over the country who are extremely passionate about their profession, and the future they want for it. The other board members were very welcoming and friendly to me – in fact, the first time I met them was for the strategic planning session, which happened to be on my birthday. Somehow they found out about this, signed a card for me and sang to me, it was so great! Our meetings are very efficient and organized, and all the members are very intelligent, respectful, and hard-working. They make me want to be a better board member,

and inspire me both as a board member and as a professional.

As a recent student and part of the growing younger demographic, what do you see as challenges for the profession and for our association in the next few years?

As time goes on, new technologies are emerging and we are all becoming more collaborative. I think in the next few years there are going to be an increasing amount of younger professionals entering the work force. This demographic seems to be innovative and imaginative, which is great for our ever changing profession. Things change all the time, even day to day. This will bring challenges for our profession such as education for keeping up with changing technology, and possibly a rapid turnover of MRTs in the next few years. But overall I can only see this as a positive because we will improve the healthcare experience for patients all over Canada.

Do you find your experience on the board has changed your perspective in your day-to-day working life?

It certainly has! I think more of the bigger picture when I work. It's hard to explain, really.

Thinking back to workshops I have done as a board member, it has allowed me to interact with coworkers and patients more effectively. I understand team and personality dynamics now. I think it has made me into a more well-rounded MRT. Also, I now have information to pass on to my coworkers, and MRTs in Newfoundland regarding their profession and the CAMRT.

What advice would you give to members who are interested in volunteering with the CAMRT?

Apply!! Every MRT has skills that can contribute to any group or project. It's a wonderful way to learn more about your profession and network. I now have life-long friends because of this. It's also very rewarding to feel like your opinion matters and you are a part of what is shaping our profession in the future. Don't let your age or years of service stop you. I am 25 years old and have been working for two-and-a-half years, and I am here!



Call for Nominations for the CAMRT Honorary Awards

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

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

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

- Dr. Marshall Mallett "Lamp of Knowledge" Award
- 2017 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, 2016.

Description of these awards, together with online nomination forms, can be found on <http://www.camrt.ca/mrt-profession/professional-recognition/honorary-awards/>.

“New Clear” Medicine A Scintillating Future

Submitted by Alan Thibeau, RTNM

Alan is currently the Chief of Professional Practice for Medical Radiation Technology (MRT) at the Ottawa Hospital. In this position, he is responsible for quality, safety and education for the 240 MRTs that work at the Ottawa Hospital (TOH). He also chairs various departmental and corporate committees that are responsible for the aforementioned responsibilities.

Alan studied at St. Mary's University and the Institute of Technology in Halifax Nova Scotia between 1978 and 1981 and began his career as a nuclear medicine technologist shortly thereafter. Over the past 30 years he has worked as a general duty technologist, charge technologist, and manager at TOH. Following departmental restructuring, Alan assumed the full time responsibility as chief MRT. He is currently in the process of obtaining a Master's in Education from Athabasca University and looks forward to many more years in Professional Practice at the Ottawa Hospital.

I don't think that one can accurately reflect on where a profession is going unless one also reflects on where it has been. Over the span of 34 years, working in various capacities within the specialty of nuclear medicine, I have seen countless technological changes and imaging trends come and go. Early in my career, I saw the rectilinear scanner be replaced by the standalone Anger camera. Changing collimators on these first generation gamma cameras seemed to take longer than the scan itself! Whole body imaging soon made its debut, producing blurry little skeletons that earned our specialty the nickname “Unclear Medicine.” I witnessed the advent of mobile gamma camera imaging, allowing urgent care imaging to be brought directly to the patient. Back in the day, Positron Emission Tomography (PET) had been spoken of as an esoteric research tool long before it became commercially available for clinical imaging. I remember performing SPECT single head brain perfusion imaging that took so long to complete and process that we were lucky to schedule three a day. In the early days of SPECT imaging we were so mesmerized with its potential that some considered this to be the diagnostic tool of the future that would replace existing ones. For me, the most exciting transition was the explosion of computer software/ hardware advances. No longer did image reconstruction take an entire coffee break to complete! It now became possible for technologists (not just physicists) to create processing macros that generated regions, curves, and meaningful data quickly and easily. Without a doubt, it was this

technological revolution that allowed “New Clear” medicine to leap into the 21st century. This revolution also introduced complex reconstruction algorithms that allowed SPECT-CT and PET-CT to gain considerable attention as advanced post processing techniques.

In the midst of all this razzle-dazzle, many were caught off-guard when the radionuclide crisis suddenly struck. It did not seem possible that such a thriving specialty could sustain such a devastating blow. It may be futile to speculate why referral patterns in nuclear medicine declined so significantly following the shortage. It is interesting to note that the nuclide shortage was largely a northern hemisphere phenomenon. This was due in part to the larger number of newer Mo-99 production locations in the southern hemisphere (1). The fact that clinicians were redirected to other, non-nuclear modalities does not seem to fully explain why some procedure volumes did not return to their pre-shortage volumes. Certainly this time period also saw many advances in radiation therapy treatment planning approaches, which allowed MRI images to accurately pinpoint tumour locations (2). Cardiac perfusion, WB bone imaging and PET have continued to thrive while other studies have declined or disappeared entirely. These referral trends have varied from one institution to another, with some departments affected to a lesser degree than others. Nonetheless, it seems indisputable that nuclear medicine is evolving as a specialty and as a profession.

As always, the U.S. market largely dictates many of the instrumentation and technological advances seen. Quantitative 3-D hybrid imaging and targeted therapies are just a few of the advances now gaining momentum. It also seems likely that hybrid imaging will continue to grow in popularity and in clinical usefulness. As a result, technologists will do well to stay abreast of the rapid technological changes. These advancements will present some challenges for educational institutions and regulatory bodies. Educators will need to rapidly adjust to prepare technologists for the evolving skills and competencies required in this multimodality landscape. For MRTs continuing to work in this specialty, they should expect to see many exciting changes in the not-too-distant future. The following list of potential forerunners is somewhat speculative and will be very dependent on available funds and research initiatives undertaken to substantiate their usefulness:

1. Hybrid technology will continue to see hardware and software advances that will allow additional and innovative imaging applications (3).

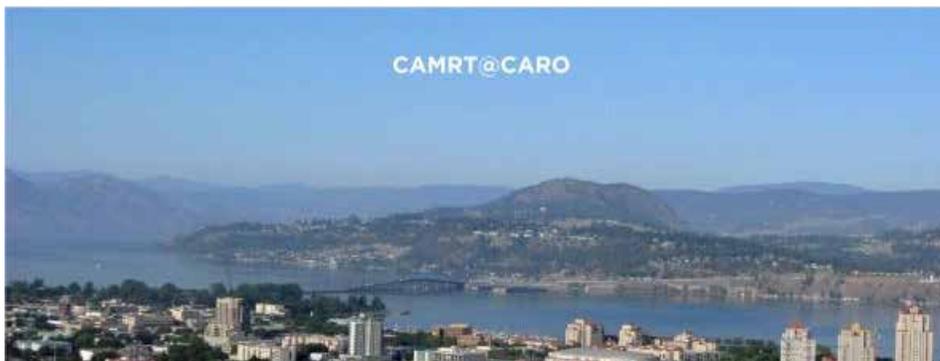


2. Additional positron pharmaceuticals will be introduced, allowing improved functional imaging of malignancies and other pathologies (4).
3. Continued development of low dose reconstruction algorithms and digital collimation will further reduce patient exposure levels (5).
4. Targeted cancer therapies will be utilized through further development of antibody and peptide labelled radionuclides (6).
5. Nuclear medicine therapeutics, including the use of alpha emitters, will see a significant resurgence (7).
6. PET/CT fusion images will be more extensively used in cancer treatment planning (8).
7. PET/MRI will improve the diagnosis and treatment of several neurological illnesses (9).

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Report on CAMRT@CARO Education Day



Submitted by Ben Lee, RTT, MHA; Radiation Therapy Clinical Educator at BC Cancer Agency - Fraser Valley Centre

On September 9th, 2015, CAMRT introduced a unique professional development opportunity for radiation therapists by joining forces with CARO (Canadian Association of Radiation Oncology) to create our first collaborative education day. Surrounded by beautiful lakes and scenic wineries, Kelowna was the perfect place where participants gathered from across the country to attend a full day of inspiring sessions designed for radiation therapists, prior to participating in the CARO Annual Scientific Meeting.

This novel idea of holding a pre-conference education day was first suggested by the leaders at CAMRT and CARO last year. In lieu of organizing its own provincial education day for 2015, BCAMRT helped organize this rich opportunity where members from both associations could interact, network, and learn from each other. The program offered a variety of trending topics that perfectly described the delicate balance of clinical practice and academic elements at our workplace.

CAMRT President, **Deborah Murley**, kicked off the education day with her welcoming remarks. She briefly spoke to CAMRT's new strategic plan, and reminded us to tweet as we go (#CAMRTCARO)! Even if you were new to Twitter, the committee thoughtfully prepared a one-page summary on tweeting basics; it is a great medium for connecting with MRTs all over the world.

The first talk of the education day was a joint session for radiation therapists and CARO residents on Interprofessional Image-Guided Radiation Therapy (IGRT). **Dr. Andrew Hope**, a charismatic fellow from Princess Margaret Cancer Centre (PMCC), presented a range of case studies on the application of cone-beam CT across different tumor sites. He invited everybody to

troubleshoot with him and kept the audience highly engaged by walking up and down the aisle – and presenting the microphone in front of them! I was proud to see so many brilliant radiation therapists actively participating in Dr. Hope's talk, and offering the correct solutions as well. He highlighted image mismatch scenarios commonly seen at the clinical settings: bony anatomy mismatch, soft tissue mismatch due to a change in gross tumour volume (GTV), and positioning-related issues. Dr. Hope left the group inspired when he presented a decision-making flow chart that he and his interprofessional team at PMCC had constructed. This standardized algorithm provided the radiation therapists logical procedures to attempt or appropriate resources to contact when diagnosing a tricky IGRT issue. In summary, both radiation therapists and CARO residents were reminded to apply critical thinking, document processes diligently, and utilize teamwork when problem-solving with IGRT.

Following the informative session on IGRT, **Alison Giddings**, Clinical Educator at BC Cancer Agency Vancouver, led the group of radiation therapists into a debriefing forum to reflect on what we had just learned from the CARO residents and how they could impact our clinical practice. Under Alison's well-ordered facilitation, we surveyed the group on current practice at each of the centres and exchanged useful information on departmental protocol, tolerance level, frequency and type of imaging modality.

Just as the outside temperature was rising in sunny Kelowna, our program inside the confer-

ence room was also getting hotter when **Angela Cashell**, Clinical Educator at PMCC, delivered her talk on the heated topic of radiation-induced skin reaction (RISR) management. She presented her findings from the Ontario Radiation Therapy Skin Care Working Group and highlighted some of the inconsistencies in current practice. In the survey results from 14 cancer centres across Ontario, they identified a knowledge deficit with basic hygiene principles, and unclear roles of healthcare providers in giving skin care instruction. The topic really resonated with the audience when Angela busted one of the most classic myths or anecdotal advice passed down through generations of radiation therapists: to remove or not to remove cream (just prior to radiotherapy)! There were many burning questions from the audience after Angela's talk. All of these inquisitive minds could only be satisfied by more evidence-based research, which segmented perfectly into our afternoon talks on advance practice, barriers to research, and how to get published.



Amanda Bolderston (BCCA Provincial Professional Practice and Academic Leader) and **Nicole Harnett** (Assistant Professor in Radiation Oncology at University of Toronto) co-presented about their invaluable work on the creation of a national framework to certify advance practice in radiation therapy (APRT) and the clinical specialist radiation therapist (CSRT) project, respectively. These two visionary leaders spoke to the group about CAMRT's plan to implement the APRT pilot in Ontario first, expanding it to other provinces later, and even potentially collaborating with ASRT (American Society of Radiologic Technologists) in the future. Similar to the other speakers who preceded them, Amanda and Nicole sparked up a lively Q&A period. They urged the group to continue to work collaboratively on strategic initiatives and "dream big, but with a hefty dose of reality."

When **Carol-Anne Davis**, clinical educator at Nova Scotia Cancer Centre, spoke to the audi-



ence about getting research started, she exuded passion and energy. Carol-Anne shared with the group that whether we are conducting a clinical investigation (little “r”), or are embarking on a formal research project (big “R”), we must strive to stay inquisitive. At her workplace, Carol-Anne’s infectious enthusiasm, curiosity and motivation for improvement helped increase the number of therapists engaged in research work drastically, with 9 RTT research projects underway as of last year—five of which were presented at their annual research day.



After learning about all the useful tips on research work, **Lisa Di Prospero**, Editor-in-Chief of the JMIRS, transitioned the program into a seamless closing with her talk on how to get your work published. She explained to the group about traditional dissemination and using non-traditional media like Twitter, blogs, and online clubs. Lisa fueled the audience with inspirational quotes in her captivating presentation style. She made us ponder academic practice, in addition to our pre-existing excellence in clinical responsibilities.

After Amanda delivered the closing remarks and adjournment, the group enjoyed a relaxing networking moment while tasting some of the best Okanagan wines. It was a privilege to attend such an inspirational CAMRT education day and to be surrounded by dedicated MRTs who relentlessly strive to inquire, inspire, and innovate. If it’s not already on your radar, I urge you to look out for the next CAMRT event. Better yet, stay connected by following the official twitter account [@CAMRT_ACTRM](https://twitter.com/CAMRT_ACTRM).

If you would like to take part in any of the sessions Ben mentions, please check out our new [Virtual Conference](#).

CAMRT@CARO participant Emma Russell is a British student radiographer who completed an elective placement in British Columbia. She wrote a great blog about her experience, be sure to check it out here: <http://canadianrtexperience.tumblr.com/>. She is also on Twitter at [@e_russell29](https://twitter.com/@e_russell29).



Join Us at the RTi3 Conference March 2016!



RTi3 is Canada’s premier radiation therapy conference, continuing to raise the bar for radiation therapist-led research. 2016 will mark the 12th Annual RTi3 Conference hosted in Toronto.

Over the past decade, RTi3 has continuously disseminated the latest evidence-based research in Radiation Therapy to inform and stimulate the clinical practice of its delegates. It is an excellent opportunity to be informed of the various relevant activities and events happening across the country. But most importantly, RTi3 has built a strong network within the community of practice developing relationships that last beyond the conference itself.

This year’s conference is set to be another exciting and richly diverse program, featuring:

- The “**National Innovation Snapshot**” which will showcase highly innovative projects from across the country.
- **Café Scientifique** is an event with various in-

teractive tables and small-group discussions whereby participants have the opportunity to rotate through different subject areas.

- **Transitioning to Careers Impacting Radiation Therapy Practice** is a themed discussion panel comprised of non-clinical colleagues who continue to impact clinical care and will provide insight into potential career pathways.
- And, additional **Themed Sessions** such as Research, Education, Treatment Planning, Outcomes/Toxicities, Patient and Supportive Care and more!

Join us at this year’s RTi3 Conference on March 4th and 5th, 2016. Don’t forget to check out the **Pre-Conference Workshop** on “Moving Towards Transformational Learning!”

Website: <http://www.rti3.com>

Follow the conference hashtag on Twitter! [#RTi3Conference](https://twitter.com/#RTi3Conference)



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All in the Family

Sometimes a profession is a family affair. There are families with generations of doctors, lawyers, teachers and nurses: medical radiation technology is also a family affair! In this issue, we speak with brother and sister-in-law MRTs in Ontario, Brian and Amanda Liszewski.

Can you both tell us briefly how you became interested in the profession and where you trained?

Brian: In my third year of my first undergraduate degree at the University of Windsor I took a course in cell transformation. As part of the course we took a tour of the newly renovated Windsor Regional Cancer Centre. I always had an interest in cancer and radiation, and the discovery of radiation therapy married these two quite nicely.

Amanda: I became interested in healthcare growing up watching medical drama programs. I enjoyed my science courses in high school and knew I wanted to work in that field. I decided to apply into the Medical Radiation Sciences collaborative degree/diploma program offered by McMaster University and Mohawk College. During my four years in this program, I trained at both Brantford General Hospital and at the Juravinski Hospital in Hamilton.

What are your current roles?

Brian: I am a bit of a jack-of-all-trades at the moment. At the Odette Cancer Centre at Sunnybrook Health Sciences Centre I currently hold three posts; three days a week I work as the Quality Assurance Coordinator for the Radiation Oncology Program; one day a week I work as a Research Radiation Therapist; and one day a week I work clinically, treating patients. Lastly, I also serve as one of the CAMRT representatives on the Canadian Partnership for Quality Radiotherapy (CPQR).

Amanda: I am a lead mammography technologist working at CMR Healthcare in Windsor. In this position my roles are: overseeing quality control, participating in meetings (general and QA) and training/hiring of staff. Outside of mammography, I work in general x-ray and participate in barium studies.

Brian, you do treatment, and Amanda, you are involved with diagnosis - do you ever compare notes about being on opposite sides of the profession when you meet up at family gatherings?

Brian: I've actually asked Amanda a ton of questions whenever I'm in the hospital getting an x-ray or looking at my own films, like "Why did they put my arm that way?" or "There's a shadow on the film here, is my leg broken?" kind of things. We tend to talk shop because some of our other

family members share professions, so what's good for the geese is good for the ganders.

Amanda, you recently completed your specialization in Mammography I and II through CAMRT – was it challenging to complete these courses while working?

Amanda: Honestly, it was not a challenge completing these courses while I was working. It was nice to apply on a daily basis what I was learning in these courses—if anything, it helped me become more successful.

You have also moved into management as lead mammography tech in your department - how has your role changed?

Amanda: Entering a lead position has given me more responsibility. I continue to do what I have done before, but now I oversee and make necessary changes to the department. This role challenges me on a daily basis and has expanded my knowledge in my profession.

Amanda, do you have any advice for those who are considering specialization and/or management roles?

Amanda: My advice for those considering specialization is to go for it! Doing this expands your skills and allows you to deepen your knowledge in your field. It opens up more opportunities and looks good on your résumé. My advice for those considering management roles is to know that it takes a lot of hard work and dedication. Entering a new position is never easy and it will take time to find your comfort zone. Mistakes will be made, but as long as you push through, you will be successful.

Brian, can you tell us a bit about more about your role in the CPQR and how it has affected your role as Quality Assurance Coordinator at Sunnybrook?

Brian: This role has been extremely rewarding in providing me with a pan-Canadian view on our practice. My largest contribution to the CPQR has been working with the development of the National System for Incident Reporting in Radiation Therapy (NSIR-RT). Recognizing and meeting the needs of different programs in Canada regardless of location, size, or resources has been formative to my own practice. In addition, an asset to the CPQR is our patient representatives who participate in all of our initiatives and provide key feedback on all we do. They have shaped the way I approach any proposal, ensuring they are always patient focused.

You are actively involved in research and have authorship in peer reviewed journals and books – how did you get involved in research



and what is your advice for those looking to start a project?

Brian: My first research project I became involved in was to answer a question I found that interested me from my daily practice. I sought out a research mentor and a student at the time, and together we worked to answer the question. That essentially got the ball rolling. I simply kept on doing just that, looking to solve issues I saw in our practice and sharing those findings. From that point I had spoken at various conferences, at which I was approached to write a few book chapters. My advice would be to keep asking questions, and if there is not an answer then you can be the one to figure it out, but don't be afraid to ask for help.

You also volunteer on education committees for the RTi3 and CARO-COMP conferences – why do you think it is important for MRTs to speak at these venues both within and outside our field?

Brian: No matter what you may be struggling with at your organization, even if you think it's insignificant, there are probably about five other centres scratching their heads trying to figure out the same problem. By sharing our experiences we can help one another, improve our practice, and ultimately our patients' experience.

Final Thoughts for each...

Brian: It's rather interesting that we both ended up in medical radiation technology. I was doing my clinical rotation as Amanda was deciding to go into the field. We actually did not have much influence on each other's choice on the profession but I think we do now encourage one another in our advancement in the field, which is a benefit of having someone within the family within the profession.

Amanda: It is nice having a fellow MRT in the family that I know I can go to for advice and support. Brian's success and involvement in his field has motivated me to become a better technologist.

CPD Announcements

PET/CT CERTIFICATE FOR NUCLEAR MEDICINE TECHNOLOGISTS

In January 2016, CAMRT will be launching the PET/CT Certificate Program. This program will be available to nuclear medicine technologists wishing to obtain a certificate that recognizes their knowledge, expertise and experience in PET/CT. The PET/CT certificate program will consist of both didactic and clinical components. The prerequisite to applying for registration into the program is the successful completion of the CT Imaging 1 course with a minimum exam mark of 75%. Other didactic requirements will include:

- PET Theory and Clinical Applications for PET
- CT Sectional Anatomy 1
- Sectional Anatomy 2 (Available 2016)

The program's clinical component, which may be started immediately after registration, includes the completion of a Summary of Clinical Competence and validated clinical experience in a PET/CT suite. Further program details and information will be posted on the CAMRT website as they become available.

A certificate program is intended to recognize proficiency in a specialty area of a discipline. As a result, this certificate program will be a new pathway for nuclear medicine technologists.

Registration for the existing CTIC -Nuclear Medicine program – will be discontinued as of Dec 31, 2015.

CHANGES TO THE CERTIFICATE IN INTERVENTIONAL RADIOLOGY PROGRAM

Effective January 2016, the eligibility requirements for enrolment into the CIR program will change.

Candidates wishing to register into the CIR program will now require the successful completion of both Interventional Radiology 1 and 2 courses with a minimum mark of 75% on each final exam. This is in addition to the required 1950 hours in a dedicated interventional radiology department within 3 years of the date of enrolment.

Questions? Please contact specialtycertificates@camrt.ca or visit: <http://www.camrt.ca/professional-development/certificate-programs/cir/>

SEEKING REPLACEMENT COMMITTEE MEMBER: DOSIMETRY CERTIFICATE (CDS)

There is currently one (1) vacancy on the Dosimetry Certificate Committee.

Interested Candidates must:

- Have a valid CMD designation and/or a CDS designation in progress
- Have completed CAMRT's Dosimetry 1, 2 and 3 courses
- Be currently working in Dosimetry and have a minimum of 3 years experience
- Be a full practice member of the CAMRT
- Be able to attend an annual 2-3 day meeting in Ottawa
- Be willing to actively participate in CDS project assessments and reviews
- Be willing to take on the Instructorship of CAMRT's Dosimetry 1 course during term on Committee
- Prior writing experience and strong writing skills

The term for this Committee membership is 3 years (2016-2018) and is renewable for another 3 year term.

This Certificate in Dosimetry is intended to provide a mechanism for therapists to demonstrate knowledge and competence in the field of Dosimetry, to promote standards of excellence within the clinical area and to identify those who have met a nationally recognized standard.

Please forward a current résumé, a covering letter outlining how you meet the above selection criteria and two references by **December 1, 2015**. For more information and/or submission of application, please contact Melanie Bérubé, Manager, Continuing Professional Development at mberube@camrt.ca or by fax to 613-234-1097.

CERTIFICATE PROGRAM CANDIDATES SUMMARY OF CLINICAL COMPETENCE RESUBMISSION FEE

Certificate program candidates must submit their completed Summary of Clinical Competence (SCC) to the CAMRT for review and approval by their respective Committee. **SCCs that are deemed incomplete by the Reviewer are now subject to a \$50 resubmission fee.**

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.



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CPD at Timmins and District Hospital



Submitted by Maurice Lamarche MRTR, MRTM-R, ARDMS, RVT, Diagnostic Imaging Technologist & Continuing Education Coordinator

Here we present a report from the Timmins and District Hospital (TADH) 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.

The Timmins and District Hospital (TADH) is a level C, fully accredited (Accreditation Canada) referral and teaching hospital serving the residents of the City of Timmins and the North Eastern Ontario District. TADH is dedicated to providing health care services that are consistent with the needs of our community and catchment area.

The motto our staff strives to abide by is “Continuing education is not an obligation. It is a professional responsibility.”

The hospital offers a full range of medical, surgical, critical care, maternity, newborn, pediatric, long-term care and mental health services as well extensive health education and district services. TADH houses 161 beds hospital-wide and has approximately 850 frontline staff and 70 physicians. The hospital is a leader in state-of-the-art telecommunications and diagnostic equipment connecting physicians and staff to medical practitioners and specialists throughout Canada.

TADH Diagnostic Imaging Department has always been a strong advocate for continuing medical education. Education rounds are organized on a regular basis. The frequency of these rounds depends on the specific modality's needs. They range from monthly to quarterly.

Radiologists, gynecologists and technologists prepare and present these rounds regularly. Occasionally, specialists are invited to present. Rounds are usually one hour in duration. A policy has been established whereby any technologist attending any conference or educational session must present to the staff the new knowledge acquired. The advantages for this policy are twofold. The technologist attending the educational activity will tend to be more attentive and take more notes because they will have to relay this information to their colleagues at a later date. The second advantage is the cost incurred is only from sending one or two technologists to the course /conference, but all technologists benefit from increased knowledge. This translates to a huge savings because travelling costs for a remote location like Timmins are expensive.

The Timmins and District Hospital Diagnostic Imaging Department is affiliated with twelve other hospitals. Some of these sites are as far as the James Bay coast. Since 2010, all remote sites are included for our rounds through the Ontario Telemedicine Network. Through this method, the Continuing Medical Education (CME) sessions are fully accessible to all sites. The district participants can ask questions and participate as if they are sitting in the same room as the presenters. These sessions provide the perfect method of

communication to ensure everyone follows the same protocols and is provided with the same continuing education opportunities. Through these continuing educational events, every technologist is allowed to grow professionally, regardless of their geographical location.

For each educational event, the educational coordinator applies to the Continuing Education Credit Approval Program (CECAP) for credit approval, or to Sonography Canada. This is a very simple process where the forms from the website are downloaded and filled out at least two weeks prior the event. All that is needed is the name of the event, the date, name and credentials of the presenter and the objectives of the event. Once the event has taken place, an attendance sheet and an evaluation form are filled out and a registered certificate is then issued for each participant.

These educational rounds have benefited the technologists, radiologists and, most importantly, the clients they serve. The technologists are not only better educated to provide the best professional care possible, but they are also more involved in continuing education. The motto our staff strives to abide by is “Continuing education is not an obligation. It is a professional responsibility.”

What is CECAP?

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

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

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

Announcements

7TH ANNUAL SPEAKER COMPETITION— ASRT RADIATION THERAPY CONFERENCE September 25-27, 2016, Boston, Massachusetts

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 2016 conference will take place in Boston 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 **Monday, January 4, 2016, at 5 pm EST**. Details regarding submission are posted on the <http://www.camrt.ca/mrt-profession/professional-recognition/speaker-competitions/>

CAMRT AWARDS PROGRAM — ESSAY AND EXHIBIT COMPETITION

The CAMRT invites submissions for the 2016 CAMRT Awards Program - Essay and Exhibit Competition. The competition is open to CAMRT members in good standing and students enrolled in accredited medical radiation technology education programs. The deadline for submission to both the essay and exhibit competition is **March 29, 2016**. For more information on the Awards Program, please go to <http://www.camrt.ca/mrt-profession/professional-recognition/competitive-awards/>. Entry forms can be submitted online. Should you have any queries, please contact Phyllis Williams at pwilliams@camrt.ca.

7TH CANADIAN WINTER SCHOOL ON QUALITY & SAFETY IN RADIATION ONCOLOGY

Have you been working on an interesting quality or safety project in your organization? Do you think it is an example that others might learn from? Consider writing it up and submitting it as an abstract for the therapist scholarship competition. **Deadline: 23 November, 2015 at 5 pm EST.**

Therapist scholarships: COMP will sponsor the cost of registration for two radiation therapists from a Canadian Radiation Therapy Centre. **Deadline for completed application: 13 November, 2015 at 5 pm EST.** For more information please visit: www.comp-ocpm.ca

The advertisement features a superhero woman in a green and blue suit with a white 'e' logo on her chest, pointing towards the top left. The background is yellow with a red border. The text 'clear image devices LLC' is at the top right, with 'ADVANCING MEDICAL IMAGING' below it. The main headline reads 'THE Most POWERFUL CR & DR Detector PROTECTION!' in large, bold, red letters with white outlines. Below this, it says 'up to 750 lbs'. A QR code is located to the left of the text. At the bottom, there is a white detector tray with a blue surface. A circular badge in the bottom left corner says 'Come See Us! RSNA North Hall B: 7900'. The 'MADE IN THE USA' logo is in the bottom right corner.

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Monday November 30, 2015

MSAS21 8:30 AM - 10:00 AM

Global Health *(An Interactive Session)*

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

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

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

C: Organizational Support for Global Imaging Needs

Jonathan Mazal, MS, RRA

MSAS22 10:30 AM - 12:00 PM

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

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

Jon Hernandez
Nicole Newsom, MHA
Philip Heckendorn

MSAS23 1:30 PM - 3:00 PM

Compassion Burnout *(An Interactive Session)*

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

MSAS24 3:30 PM - 5:00 PM

Hot Topics in MR Safety *(An Interactive Session)*

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

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

B: Performing MRI Exams on Patients with Implant Devices

William H. Faulkner JR, BS, RT

Tuesday December 1, 2015

MSAS31 8:30 AM - 10:00 AM

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

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

MSAS32 10:30 AM - 12:00 PM

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

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

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

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

Carlos L. Amato

MSAS33 1:30 PM - 3:00 PM

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

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

A: Dose Optimization in Pediatric Cardiology

Sonyia L. McFadden, MD

B: Learning from Errors and Near-Misses
Sarah Peters

MSAS34 3:30 PM - 5:00 PM

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

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

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

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

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

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

Registration Information

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

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

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

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- 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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- Society of Nuclear Medicine and Molecular Imaging Technologists Section (SNMMITS)



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- ◆ Senior rates offered
- ◆ Weekly CE sales & specials
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