



Canadian Association of  
Medical Radiation Technologists  
Association canadienne des  
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# CAMRT news

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Volume 31; Issue 2



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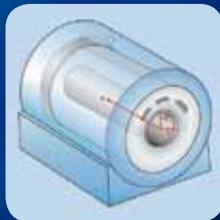
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Volume 31; Issue 2

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Announcements



From November 4th to 9th MRTs across Canada (and beyond) celebrated Medical Radiation Technologists' Week 2012. See page 9 for details.



**On the Cover...** "Our Wonderful CT Dept" by Colleen Kelly, Campbellford, Ontario.

## DISCLAIMERS:

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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

# President's Message

Amanda Bolderston, RTT, FCAMRT



One of the unexpected pleasures of my presidential office has been the number of invitations I've received to speak at professional conferences in Canada and abroad. I was very happy to be back in the UK for the Society and College of Radiographer's (SCoR) Annual Radiotherapy Conference in Brighton at the beginning of February. Brighton is a seaside town on Brighton's south coast, about an hour from London. It is a lively resort with some classic Victorian architecture, including its famous pier and Brighton Pavilion. I was made extremely welcome by the UK President, Jackie Hughes, as well as other colleagues and friends from SCoR. There were opportunities to socialize and network—for example, the gala dinner...and disco!

The three-day conference was a mix of academic, leadership and research presentations with a substantial poster component. There were also some excellent student talks. My presentation was about radiotherapy practice in Canada and it was very interesting to compare and contrast practice in the two countries. The United Kingdom has a population of about 62 million, compared to our 35 million—and there is a great demand for radiotherapy services. There are 50 NHS radiotherapy providers across 58 centres in England alone. There are also private providers.

However, some centres are struggling with outdated equipment because there hasn't been sustained national funding to support payment as they move to newer techniques. This is being addressed, and more funding is being introduced starting April 2013. The wait times have traditionally been long, but now all patients are treated within the government standard of 31 days. Even so, the wait times seem to be longer than those in Canada. They have done some focused work in the last few years on national benchmarking—and some of that information was presented at the conference.

The National Radiotherapy Implementation Group, established by the government to oversee implementation of world class radiotherapy, views intensity modulated ra-

diation therapy (IMRT) with image guided radiation therapy (IGRT) as the gold standard for patient care. However, access to IMRT for patients varies significantly in the UK, with an average of 10% of centres being able to offer it to the agreed levels (although this is very different from centre to centre). A national government fund is being used to drive standards to the recognized level of 24% inverse planned IMRT.

Further information about radiotherapy services in England can be found in this government report: <https://www.wps.dh.gov.uk/publications/files/2012/11/Radiotherapy-Services-in-England-2012.pdf>.



SCoR Chief Executive Officer Richard Evans and CAMRT President Amanda Bolderston.

Many patients (particularly qualifying pediatric patients with specific neurological cancers) are currently referred to the US and Europe for proton therapy treatment because there are no facilities in the UK. The government has recently pledged support for two proton centres in London and Manchester, which are planned to open in 2018. These centres are expected to work 50 weeks a year, and for 14 hours a day. This was interesting as (in my experience) proton treatments are not used routinely in Canada.

The professional education in the UK has been a degree as entry-to-practice standard for quite a few years—and research roles as well as advanced and consultant practice are quite common. There is also good access to local Masters programs (with a wide variety of clinically applicable subjects) compared to Canada, where many radiation therapists do non-Canadian masters degrees because of our widespread geogra-

phy and the limited number of programs available. In Canada, we do have pockets of research therapists, clinical specialist radiation therapists, and other specialty roles; but perhaps not consistently across the country, and not to the same degree as the UK.

Lessons learned for me included the understanding that having national radiotherapy standards, targets, and guidelines are a useful benchmark to examine issues of access and equity, and to identify deficits. In my role, I am not aware of any national metrics (which doesn't mean there aren't any!), but the UK therapists at the conference were very well informed what the expectations are in their country and what gaps they need to fill. On the positive side, in Canada, we don't seem to have the same general issues with obtaining needed equipment to upgrade our techniques (although managers may disagree with me!). Also—perhaps because we lag behind in our educational preparation—there seems to be many more career opportunities for radiation therapists that are non-clinical, such as research support in the UK...something for us to aspire to!

In summary, it was a very interesting, stimulating and useful few days—our practices have a lot of similarities, but there are certainly many areas where we can learn from each other. I was proud to "carry the Canadian flag" in Brighton and to represent CAMRT in keeping with our mission of international engagement.

Closer to home, a presidential privilege that I cherish is the opportunity to salute our volunteer work force. **National Volunteer Week is April 21 to 27**, and is the time to recognize the individual volunteers across Canada who dedicate themselves to improving their communities. This year's campaign focuses on how volunteers have a passion for getting involved, how they take action to support the causes and organizations that matter to them, and how they make an impact in our communities. The hundreds of CAMRT volunteers who plan conferences, write and validate certification examinations, contribute to our publications, develop best practices, advocate on behalf of our profession, and lead our strategic thinking are indeed passionate, and their actions clearly have an impact on our professional community. Let's all take time during this week to thank these special people.

*Amanda*

# An Interview with François Couillard



François Couillard was named the new CEO effective February 2013. Prior to accepting the position with CAMRT, François served as President of Strategies & Direction Consultants, a company he established in 2010. His career has encompassed 25 years of achievements in healthcare, including nine years at MDS Nordion focused specifically in imaging and radiation therapy. He offers a breadth of experience leading large and complex non-profit organizations, having served as Chief Operating Officer of both the Canadian Red Cross and VON Canada. This is complemented by extensive marketing experience in the healthcare field in Canada and Europe, and in advising clients on communication and strategic positioning challenges in his consultation practice. François is a Certified Management Consultant, and holds an MBA in Marketing, International Business from McGill University. He also holds a Bachelor of Engineering (Chemical Engineering) from the Université de Sherbrooke.

To introduce François to our members, we invited him to answer a few questions about his interests in and outside CAMRT.

**CAMRT: What intrigued you about the opportunity to become CAMRT's new CEO?**

**FRANÇOIS COUILLARD:** I thought that heading up a large professional organization in a field I was familiar with (medical imaging and therapy), would be exciting. The profession is ever-changing from a technology perspective, and the concept of multiple disciplines coming together presents interesting opportunities.

**CAMRT: As a consultant, your practice focused on advising clients on their strategic positioning challenges. What is your advice to CAMRT in this area?**

**FC:** An excellent question. From what I can see, CAMRT is already well positioned as a respected professional organization with its key stakeholders. It would be premature for me to suggest how CAMRT should position itself, but there is probably an opportunity to increase recognition of

the profession beyond its close stakeholders to include the general public and important policy makers.

**CAMRT: You've had a varied career, working as an independent consultant as well as a senior executive in both corporate and non-government organizations. What are some of the most interesting challenges you've faced in each of these environments?**

**FC:** I recently oversaw the operations of two of Canada's largest non-profits, the CRC and VON Canada. At VON we faced not only severe financial duress, but we also undertook a massive technology-based transformation. The scope of this change initiative was just massive, involving 52 sites across the country and 5,000 staff. It was one of the most complex projects I've been involved with.

The Red Cross is a fascinating organization. I had the good fortune of being involved in many international projects, including the distribution of millions of malaria bed nets in Madagascar, the reconstruction efforts after the 2006 tsunami in Indonesia, and projects in Sri Lanka and the Maldives.



Both of these organizations had complex governance structures involving representatives from localities and provinces across our country. It made me understand just how great a role volunteers could play in the functioning of an organization.

As for my corporate experience, I was involved in the development, production, and commercialization of isotopes used for diagnostic and therapeutic uses at Nordion for 9 years. This was a truly international organization, and it gave me a really good understanding of the global dynamics of the imaging industry. During my stay in Belgium, where I was Managing

Director for Nordion's European business unit, I also served as secretary/treasurer for AIPES, the imaging industry's European association. I made great contacts, and during my tenure in Belgium we began distributing FDG, a PET isotope, and became the country's largest supplier.

I was also invited by Canada's Prime Minister to sit on the Advisory Council on National Security. This Privy Council Committee brought together a dozen of very interesting people from across the country and we met quarterly to discuss important security concerns. In the four years I was a member, I learned a lot about the way our government works.

**CAMRT: What are your priorities for your first year on the job?**

**FC:** My first priority is to get to know the organization, and the issues and opportunities it is facing. My plan is to talk to as many stakeholders and members as I can, and then identify how we can deliver even more value to our members. I'd love to hear ideas and suggestions from our members on how we can better meet their needs.

**CAMRT: What, if anything, has surprised you most in your first weeks at CAMRT?**

**FC:** I'm not so much surprised as I am pleased to have my sense of what kind of organization CAMRT is confirmed. I am very impressed by the respect other stakeholders have for the organization. CAMRT has done a great job in engaging with other organizations, and is perceived as a very responsive partner. It was immediately clear that the organization runs very smoothly and that staff is competent, dedicated, and enjoys working at CAMRT. A very positive discovery is the very effective collaborative culture that allows us to work with over 300 volunteers in an atmosphere of mutual respect.

**CAMRT: Who is François Couillard when he is not at work? Can you tell us a bit about your life outside the office?**

**FC:** I am married, with an 18-year-old son. Living in Ottawa means I can enjoy a very active lifestyle, so you will often find me cycling, hiking, and cross-country and backcountry skiing in winter. A coffee aficionado, I roast my own beans. I like to volunteer, and am currently vice-chair of Ottawa's largest immigrant organization, Ottawa Community Immigrant Services Organization (OCISO). I find it interesting to stay active in many other organizations and networks, many of them international. I'm also an avid reader.

**CAMRT:** So what is on your nightstand as bedtime reading?

**FC:** I'm currently reading *The Three Musketeers* by Alexandre Dumas — very entertaining!

**CAMRT:** I understand you are a published author as well. Can you tell us more about that?

**FC:** I wrote a small booklet when I was working as a consultant, *The Promise of Social Innovation-Enterprises as a Source of Social Good*. It is about to be published in print in Europe and in an e-book format. I don't think it will win the Pulitzer Prize, but I had fun doing the research and I learned a lot about the tedious editing process. The book discusses an emerging corporate ethic that broadens the role of business beyond maximization of shareholder value to include the creation of social value. It examines how enterprises can foster social innovation, partner with non-profits and public authorities, and help identify and scale-up innovation.



MP Peter Stoffer, MP Carolyn Bennett, François Couillard, and MP Mike Wallace, at a CSAE Parliament Hill Breakfast event in Ottawa on March 28th.

## CAMRT Leadership Development Institute Call for Applications

On September 14-16, 2013, the CAMRT will be hosting its fourth **Leadership Development Institute**.

This three-day event is designed to engage CAMRT members who have demonstrated, at an early stage in their careers, leadership potential and a commitment to advancement of the medical imaging or radiation therapy professions. This program's objective is to develop a new, vibrant and motivated volunteer base to draw on for future leadership needs of the CAMRT and their provincial partners, and at the same time, to provide young leaders with enhanced skills that will further their professional progress. A maximum of 10 participants will be accepted from this call for applications. CAMRT will also cover participants' travel and accommodation expenses.

Participants in the program will:

- learn effective leadership and communication skills;
- learn about their own personal strengths and challenges as leaders and how to adapt their style to work effectively in different group or committee settings;
- learn how to effectively facilitate different types of meetings; and
- gain a clear understanding of the operations of the CAMRT, their provincial partners and regulation within the profession.

For more information on eligibility and application, please visit CAMRT online at:  
<http://www.camrt.ca/abouttheprofession/camrtleadershipdevelopmentinstitute/>

The application deadline is **Sunday, June 30, 2013, by 5 p.m.**

The Leadership Development Institute is offered in English only at the present time.



# New! CAMRT Professional Development Guide

As a professional association, CAMRT strongly advocates and supports life-long learning. Therefore, in the spirit of professional credibility, accountability, and enhancing professional image in this dynamic healthcare environment, CAMRT created a guidelines document, "Continuing Competence through Professional Development: A Guide for Program and Professional Portfolio Development."

As the title suggests, it is a guide only, and should not be perceived as an enforceable continuing professional development program by the CAMRT.

The purpose of this document is twofold. **First, it provides guidelines to facilitate the creation of a professional development program promoting continuing competence for medical radiation technologists (MRTs).** Following research, analysis of data collected from surveys, presentations from organizations with existing programs, and revisions and review of many drafts, the document was created to provide recommendations on program structure, categories/activities, record maintenance and auditing. This document is designed to assist provincial associations that currently have no professional development program. It can also be used as a reference by those that have established professional development programs. The guidelines contained in this document can be used in whole or in part as deemed feasible.

**The second purpose of this document is to assist the individual MRT in the development of a professional portfolio.** A professional portfolio is a record of activities that validates professional development, work experience and other related activities. It is unique to the individual and is a dynamic document that should be maintained throughout the individual's career. In this regard, CAMRT is providing a repository for the purpose of logging professional development activities. This can be accessed through the "My Continuing Professional Development" section of the members' only section of the CAMRT website under "My Activities." This is a new member service that will allow members to record all of their professional development activities in one place.

The document was developed by a workgroup with provincial and discipline representation, lead by a facilitator and the CAMRT Director of Education.

The document is available in both official languages and can be found at <http://www.camrt.ca/cpd/>.



Back: Brian Martell, NS, Sandra Upton, ON, Jacqueline Middleton, AB, Lynn Foss, NB, Bashir Jalloh, SK, Nishala Goolcharan, MB.

Front: Janet Scherer, ON facilitator, Karen Yendley, BC, Tanya MacKay, PEI.

Regrets: Christa Coombs, NL, Linda Ialenti, QC.



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# All in the Family



Sometimes a profession is a family affair. There are families with generations of doctors, lawyers, teachers, nurses, and others. Medical radiation technology is also a family affair, and we are bringing you a few examples from across Canada. In this issue, we interviewed a husband-wife team from Nova Scotia, Cindy Murphy and Joe Popovitch.

*Cindy Murphy is an adjunct lecturer at the School of Health Sciences (Radiological Technology) at Dalhousie University. Joe Popovitch is business line manager, Interventional X-ray Imaging at Philips Healthcare Canada.*

**CAMRT:** What inspired each of you to pursue a career in medical radiation technology?

**CINDY MURPHY:** Both of us wanted to have careers, and be in a helping profession... that is, to do something to help people. Neither of us was interested in nursing; we wanted a specialized health career.

**CAMRT:** How did you meet?

**CM:** We met at a CAMRT conference in Newfoundland in 1989, at a lobster supper in the St John's curling club; Jan Musselman, RTR, introduced us. At the time we were both clinical instructors in radiological technology, although I was new in the role and Joe had several years experience. We spent a lot of time discussing teaching, our programs, and became friends. The next year the conference was in Saskatchewan; we had our first official date, but did not keep in touch. The following year the conference was in Nova Scotia (my home province), and we officially became "an item." Joe was living in Manitoba, so we had a long-distance relationship, but in

order for our relationship to progress one of us had to move. About this time there was an opening for a supervisor in Diagnostic Imaging at the Halifax Infirmary; Joe applied for the job and got it. He moved to Halifax in January 1993.

Coincidentally, when we got married in Vancouver in June 1998, the CAMRT conference was in Vancouver. Following our wedding and Alaska cruise honeymoon we attended the conference for a couple days before returning home. We still attend conferences together whenever we can and enjoy reuniting with friends and meeting new ones.

**CAMRT:** Did being from the same profession help you develop a rapport as you were dating and has it helped as a married couple?

**CM:** Yes, being involved in the same profession does give us insights into each other's professional life. This was especially helpful in 1996 when Joe joined Philips Medical Systems. While still involved in radiological technology (although now in a corporate role instead of a medical one) it was a vastly different world and required extensive travel.

**We try to contribute, stay in touch with the grassroots of the profession, and be ambassadors.**

Being in the same profession but in different roles has also allowed us to support each other in practical ways...for example, Joe is a tremendous resource for me and my colleagues at the School of Health Sciences at Dalhousie University. He has done guest lecturing, provided expertise and resources, and sponsored some events. He has also supported and shared his expertise on some of my related work –reviewing/editing/authoring for textbooks. I, in turn, provide support and am able to give input on Joe's latest hobby and sideline—Presentation Design. He has a blog ([www.refusetobeboring.com](http://www.refusetobeboring.com)), and readily shares his expertise with me, and my students and colleagues. He has also had opportunities within Philips to consult on (marketing)

presentation design, and is invited to the ISRRT board meeting next April in Albuquerque. Joe has also designed logos, presentations and posters for several non-profit groups.

**CAMRT:** What's your dinnertime conversation like?

**CM:** Dinnertime conversation (when Joe is in Halifax, and not travelling—ha ha!) focuses on a mix of professional topics, as well as home/personal ones. We use this time to plan our (busy) schedules, and next day events. We share our home with several rescue cats in various stages of recovery, so a portion of our time is always spent on their progress report. We share a passion for helping those who cannot speak for themselves and are both active on boards of non-profit cat-rescue groups.

**CAMRT:** Are you an anomaly amongst your colleagues and friends in that you're married and have had the same career?

**CM:** Yes, among our friends we are unique in the fact that we share the same career. People do seem to find our story interesting, especially people who are not involved in our professions.

**CAMRT:** Do you have other family members who are MRTs?

**CM:** I have an aunt who was a radiological technologist. She did plant the seed; it was through her that I saw what an excellent career this is.

**CAMRT:** Have you learned things from your profession that helps you in your personal lives (individually and together)?

**CM:** We have both learned a lot (personally and professionally) through our professions and the opportunities it has provided. There is a practical side to being involved in health care—as we age and our families have health issues it helps to navigate the complex healthcare environment.

There has also been an opportunity for personal and professional growth. We have both been able to travel—especially Joe. Through his work with Philips he has visited many countries; some highlights include Fiji, Malaysia, Singapore, and many European countries. He has even attained million-mile status with Air Canada! I in turn have been involved in two European faculty exchanges, attended numerous conferences, and have joined Joe on a few of his travels. Having said this, we do enjoy quiet time at our cottage, just outside of Chester, NS. We have both been on committees and volunteered with the CAMRT and NSAMRT—these experiences have

contributed to personal and professional growth. We have also made good friends that are an important part of our life.

**CAMRT: How do you encourage others to enter or consider entering the profession?**

**CM:** We both encourage others to enter the profession, but also explain that you get out what you put in. There is opportunity for career growth and career enrichment, and that it is to take initiative and get involved.

When Joe joined Philips his mentor Don Elcheshen, RTR, told him that wherever his career takes him, to never forget how it all started—a general duty radiological technologist. Those are wise words that apply to both of us. We try to contribute, stay in touch with the grassroots of the profession, and be ambassadors.



The 2012 MRT Week celebrations were by far one of the most successful celebrations to date. From November 4-10, 2012, over 500 celebrations were held at hospitals and clinics from coast-to-coast, as well as internationally in California and Qatar. Throughout MRT Week, medical radiation technologists were recognized by their colleagues and the general public for the unique and vital role that they play in the Canadian healthcare system. Here are a few items to take note of:

**MRT Week celebrated on Parliament Hill**

Dr. Colin Carrie, Parliamentary Secretary to Health Minister Aglukkaq, offered a warm welcome to the CAMRT delegation on World Radiography Day (November 8). Pat Davidson, MP, Sarnia-Lambton, a former x-ray technologist who has been a staunch advocate for the profession on the Hill, was also able to attend and extend good wishes for success with our annual celebration of the profession. CAMRT staff directors Elaine Dever, Mark Given, and Leacy O'Callaghan-O'Brien were joined by Andre Patry, RTT, from the Ottawa Cancer Centre, and Danielle Cardinal, a student in the medical radiation technology program at Algonquin College.

Dr. Carrie, a chiropractor, demonstrated a great deal of knowledge about the profession of medical radiation technology. He congratulated CAMRT on how it is advancing strategic objectives that address not just current concerns but the future of the profession, and engaged in an interesting discussion with the group on topics ranging from health human resources, interdisciplinary

practice, and appropriateness, to name a few. He also indicated his interest in furthering the discussion and working with us on future initiatives; we assured him we will be back.



Elaine Dever, CAMRT Director of Education, Andre Patry, RTT, Mark Given, CAMRT Director of Professional Practice, Dr. Colin Carrie, MP Pat Davidson, Leacy O'Callaghan-O'Brien, CAMRT Director of Advocacy, Communications & Events

**Recognition**

His Excellency, the Right Honourable David Johnson, Governor General of Canada, sent official greetings recognizing the vital care that medical radiation technologists provide and the important role of fostering the health and well-being of Canadians.

**Media**

On November 7, the Chronicle-Journal (Thunder Bay, ON) recognized the medical radiation technologists at the Thunder Bay Regional Health Sciences Centre and the crucial role they play in the diagnosis and treatment of patients.

**Events**

**Heather Watson, Ottawa, ON:** We had another great MRT week at the Queensway Carleton Hospital in Ottawa. We started Monday with our annual "Send a Smile." For 25 cents, one can send a thank you/cheery/silly note to anyone in the hospital. This year, over 300 smiles were sent around the hospital from our department. We also raffled off gift cards. On Wednesday we all participated in the DI Olympics. Events like wheelchair racing, enema bag toss, bunny the baby, bowling for barium, and passing for pee (hockey shots into a bed pan), were some of the events. Thursday we had picture guessing games that involved images as well as obscure pictures from around the dept. We tapped off the week with our managers and radiologists giving us a pizza lunch. After work we celebrated the end of the week with a TGIF at The Big Rig Brewing Pub! All the money raised this week went to the Ottawa Foodbank.

**Crystal Wilson, OAMRS, Queen's Bush Section Chair:** Our hospital celebrated MRT Week with a cake and coffee break for the whole hospital. We set up a display board and sign in the cafeteria and in our patient waiting room. We gave out promotional items to employees and patients.

**Wade Phibbs, Stratford General Hospital:** One of our fine technologists organized making t-shirts...as you can see from the photo, they look like a rib cage...on the back it said HAPPY MRT WEEK-WE CAN SEE THROUGH YOU... We had a coffee break and lots of food goodies. Lots of fun! Thanks for the great handouts!

**Amanda Bolderston, BCCA:** The BC Cancer Agency produced a special edition of their Stepping Up newsletter, its one year anniversary, to recognize and promote MRT Week.

**Irene O'Brien, College of the North Atlantic Qatar:** College of the North Atlantic Qatar celebrated MRT Week for the 4th

consecutive year in a big way in 2012. Four separate events were held around the city, and CNAQ faculty and students turned out to show the flag at each one. Students and faculty alike took part in presentations at Aspetar Orthopedic and Sports Medicine Hospital, Hamad Medical Center, and CNAQ's School of Health Sciences. The Filipino Radiographers' Association in Qatar was launched as well, holding an inaugural day-long symposium. All events were well attended by radiologists, technical staff, and students, all with a keen interest in sharing innovation and best practice within the profession. Again this year, many thanks to CAMRT for its continued support for its overseas members who undertake to celebrate both the organization and the professions represented by it.

**Stacey Noppen:** Love the posters, note pads, pens and lanyards this year! All great handouts for the community to show that MRTs are present. One suggestion is that the lanyards have breakaway locks on them so they are usable in patient care.

**NOTE:** the CAMRT would like to apologize for the lanyards, which were unusable in many institutions across Canada. We do appreciate the feedback we received, and have taken your comments and concerns into consideration for future MRT Weeks.



MRTs at Stratford General Hospital sporting their MRT Week t-shirts



Dal Students' Poster Presentation - Cindy Murphy



Serving up a free lunch at Prince Rupert Regional Hospital. Our Fearless Imaging Team. - Loretta Robinson



MRTs at Listowel Memorial Hospital celebrate MRT Week 2012 - Crystal Wilson



MRTs at Richmond Hospital -Lisa Hepburn



MRTs in Edmonton -Suzanne Dennis



The College of the North Atlantic Qatar celebrates MRT Week



Dalhousie X-Ray & NuMed students sharing their passion and enthusiasm with the Public at St Michael's Hospital. - Amanda Johnston

## MRT Week 2013 November 3-9

It's never too early to start planning your **MRT Week 2013** celebrations. Visit the CAMRT website to learn more about MRT Week, and be inspired by past celebrations.

See <http://www.camrt.ca/abouttheprofession/mrtweekincanada/> for more information.

# Join Us in Colourful Newfoundland!



On May 22-25, 2013, the CAMRT Annual General Conference will take place in beautiful St. John's, Newfoundland and Labrador. What a great opportunity to mix business and pleasure in one of Canada's most interesting provinces.

Two concurrent pre-conference workshops on Wednesday, May 22 set the stage for the education-packed conference to follow. You can choose to attend the leadership/management workshop or the education workshop.



**André Picard**, one of Canada's top health and public policy observers and commentators, and award winning health reporter for the *Globe and Mail*, will open the conference on Thursday, May 23. He will be sharing his perspectives on Canada's health care system and the role of the MRT.

This year's Welch Memorial Lecture will be presented by **Irene O'Brien RT(R), AC(R), BVocEd., MDE**, Dean of the School of Health Sciences at the College of the North Atlantic in Qatar. Throughout her career, she has been recognized as a dedicated educator and clinician. In addition, she has been active at the provincial, national and international levels in a variety of professional associations and committees.



**Terri Fauber Ed.D., RT (R) (M)** is the recipient of the International Speakers Exchange Award, which provides a speaking opportunity at the

CAMRT conference to an outstanding member of the American Society of Radiologic Technologists. Terri is an Associate Professor and Radiography Program Director of Radiation Sciences at Virginia Commonwealth University in Richmond. Don't miss her presentation on x-ray field size and patient dose.

In addition to several thought-provoking multidisciplinary lectures, there will be sessions offered in the following education streams: radiological technology, radiation therapy, nuclear medicine, magnetic resonance, interventional radiology, mammography, and computerized tomography.

The very dedicated and hardworking host committee chaired by **Christa Coombs** (Cardiac Cath Lab) and **Arlene Collins** (CT/interventional radiography), both from St. John's Health Science Centre, have worked diligently to ensure a rich and diverse education program. The committee is comprised of **Stephanie Pearson** (general radiography), **Melissa Mahon** (nuclear medicine), and **Nicole Jenkins** (MRI), all from St. John's Health Science Centre; as well as **Sheila Crawford** and **Heather Unsworth** in radiation therapy at the H. Bliss Murphy Cancer Center, **Darlene Vallis Deir** (mammography) at St. Clare's Mercy Hospital, and finally, **Shawn Thomas**, Director of Imaging at Eastern Health.

The Exhibit Hall will showcase leading innovative technologies and practices that affect your profession. As well, there will be poster presentations highlighting various aspects of the MRT profession. And of course, we will be taking advantage of the wonderful Newfoundland hospitality during the many social events: the CAMRT Foundation George Street Pub Crawl, the host committee's Scoof and a Scuff Kitchen Party, and the closing reception (with the CAMRT Foundation raffle), followed by the Presidents dinner and dance.

For more information please visit <http://www.camrt.ca/conferences/>.

## Congratulations to CAMRT's Newest Fellow

Please join the CAMRT and its Fellowship Committee in congratulating **Caitlin Gillan, RTT**, whose Research Project "Changing Stress while Stressing Change: The role of interprofessional education (IPE) in mediating stress in the introduction of a transformative technology" has been accepted by the Fellowship Committee.

Caitlin will present her research at the CAMRT's 2013 AGC in St. John's, Newfoundland. This provides an opportunity for a panel of experts to discuss her research findings. Fellowship represents the pinnacle of achievement within the CAMRT. Caitlin will be conferred this prestigious award at the President's Banquet in Newfoundland.

A Fellow of the CAMRT is a highly regarded professional who has consistently demonstrated advanced competence, personal commitment and contribution to the growth of their profession and association above and beyond the normal scope of practice.

Be sure to look for our interview with Caitlin in the next issue of the *CAMRT News*.

## Interested in pursuing Fellowship?

Please visit the CAMRT website for more information, or contact  
**Melanie Berube** at  
[mberube@camrt.ca](mailto:mberube@camrt.ca).



# An Interview with Dave Wilson

CAMRT would like to apologize for printing the wrong photo alongside our Dave Wilson profile in the print version of this newsletter (Vol 31 Issue 2) - the Dave Wilson we pictured is Manager, Imaging Services, at the Royal Victoria Regional Health Centre in Barrie, Ontario. Our sincere apologies to both Dave Wilsons for this error, and for any confusion this may have caused. The picture below is correct.



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.

Since 2010, Dave Wilson has been the Senior Director, Business Development (Health & Life Sciences) at Hitachi Data Systems. He is responsible for the strategic direction, tactical execution and daily oversight of all HLS business development activities. Prior to this, he worked his way up to Vice President at Agfa HealthCare Inc, Canada.

Dave started his career in medical radiation technology at the Royal Victoria Hospital in 1992, as a nuclear medicine and magnetic resonance technologist. During this time he served on the Board of Directors at the CAMRT, and as President of the OAMRT. After almost seven years in the profession, he responded to a job advertisement for an applications trainer in the Canadian Journal of Medical Radiation Technology—and the rest is history! Here, Dave answers a few of our questions about his career path and his opinions on the future of the profession.

## CAMRT: Why did you become an MRT?

**DAVE WILSON:** I wanted to work in healthcare in some way. Med school was too long and I happened to be in the library at university one day and saw a pamphlet for nuclear medicine. This looked interesting, and as I learned more, I decided that this was what I wanted to do. It had the right amount of interaction with people, technical components, and the length of course was just right.

## CAMRT: How/why did you migrate from

### being an MRT into your subsequent roles?

**DW:** I saw an ad in the CAMRT Journal and my wife convinced me to apply. I moved from being a NM/MR technologist into an applications trainer because I thought it would be cool to travel and carry a cell phone. Was I wrong! And also because I had shown an interest in PACS while in the hospital, before our hospital had actually purchased it. I was thinking I might like to be the PACS administrator at the time and was looking into some education on the topic. This was hard to find as it was very early days.

### CAMRT: What skills learned in your initial profession have you applied in your career overall?

**DW:** I applied my knowledge as an MR/NM tech to my initial role as an applications trainer. It gave me a unique perspective as this was an uncommon combination at the time. It also allowed me to better understand what radiologists were looking for from the software we built, and to speak their language. Knowing how to hang a T1 vs T2 image enabled me to bond better with the rads I worked with.

### I attribute much of my success to those early days of professional association involvement.

But my experience on the Board of Directors and as President of OAMRT really gave me skills that I still apply today. Strategic planning, marketing, budgeting, and managing people all started with my time on the Board of Directors and has helped me. I attribute much of my success to those early days of professional association involvement.

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

**DW:** It's different every day (which was also the same in the hospital). I meet interesting people from around the world and still get to work in healthcare. I believe that the solutions we develop today help improve patient care, and this is rewarding. I'm also still technology focused, and so that brings a different perspective as well. You could be developing software for games that con-

tribute to the couch potato mentality kids of today have or you can contribute to better patient care. I prefer the latter.

### CAMRT: What advice do you have for other MRTs considering transitioning into roles beyond conventional MRT practice?

**DW:** You can take your knowledge gained from working in the hospital and turn it into almost anything. Sales marketing, product management, training—it all can be achieved based on the skills and knowledge you have from being an MRT and working in the field. There is a shortage of clinically trained people today—it's much easier to learn the technology side than it is to learn the clinical side so take advantage. One additional thing though—success takes time and the corporate world is no different. Hard work, taking the initiative and patience will reward you with success in the long run.

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

**DW:** Keeping up with technology—yes, I'm very technology focused. I remember as a tech we were still printing film and one of our systems was Unix based. Only our chief tech knew how to write commands to archive data. Things have gotten much simpler, but still technology evolves. I think we must continue to educate ourselves and stay abreast of the latest technologies and methodologies. Continuing education will ensure we stay relevant and important as part of the allied healthcare team.

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

**DW:** I think MRTs will become more technical as computers and methodologies evolve. Postprocessing will become routine for most exams and necessary as volumes grow. There will be more digital “paperwork” involved and I think that MRTs will play a more important role in the diagnosis of patients.

## 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 Day in the Life

Submitted by Stephanie Berkelaar, RTT and Sarah Anstice, RTT



Radiation therapy is the use of high energy x-rays to treat malignant (or less commonly non-malignant) disease. A radiation therapist (RT) is a health care professional who plans and/or delivers radiation therapy treatment. But what exactly does an RT do? To illustrate the diverse roles that an RT plays, this article will follow a fictitious patient, Mr. Smith, through his journey to his first day of treatment.

Mr. Smith has recently been diagnosed with early-stage head and neck cancer following a complex work-up of diagnostic tests, including biopsy and history. He has been referred to a radiation oncologist who has recommended a seven-week course of radical radiation therapy, which begins with a planning CT scan in the radiation therapy department. Before a CT scan is performed, Mr. Smith must have a customized immobilization mask made to insure safe and accurate treatment. Reproducibility of his setup is paramount; therefore, an RT working in the mould room (specializing in patient immobilization) takes great care to produce a well-fitting mask. This is achieved by heating a sheet of perforated plastic in hot water and forming it over Mr. Smith's face and neck. The mask cools and conforms to Mr. Smith's contour.

Once Mr. Smith's mask has been made, he is taken to the CT scanner where a team of RTs place treatment alignment marks on his mask to localize the area of treatment. The acquired CT scan generates images that allow for customized treatment planning by the radiation oncologist and RTs specialized in computerized treatment planning (dosimetrists). The resultant treatment plan is then put through a rigorous quality assurance (QA) protocol. Mr. Smith can now start his seven-week course of radiation treatments.

It is Mr. Smith's first day of radiation treatment. Unknown to Mr. Smith, an RT has

already completed a series of QA checks to insure proper operation of the linear accelerator. After arriving at the treatment unit, an RT provides Mr. Smith with information regarding his daily treatments, as well as the localized side effects he is likely to experience over the coming weeks. A baseline assessment of his overall condition is performed to compare with future weekly assessments. Once Mr. Smith has given his consent to continue, he is taken into the treatment room and placed in the same position that he was when he came for his CT scan. The immobilization mask is placed on Mr. Smith's head and neck, secured in place, and checked for gross movement. Considering the critical structures in the head and neck region, i.e., spinal cord, it is imperative that the mask fits as snugly as possible without causing discomfort to the patient. A pair of therapists align the patient for treatment using a wall-mounted laser system and exit the room to begin the imaging procedure prior to treatment delivery. Mr. Smith has to lie still but continue to breathe normally, and is reminded that the RTs are observing him at all times on a camera system.

At the control panel, outside of the treatment room, the therapists begin by verifying the patient's position and treatment area by taking a pair of orthogonal KV images and comparing these to reference images created from the patient's treatment plan. After careful analysis, millimeter adjustments are made and the patient adjusted remotely.

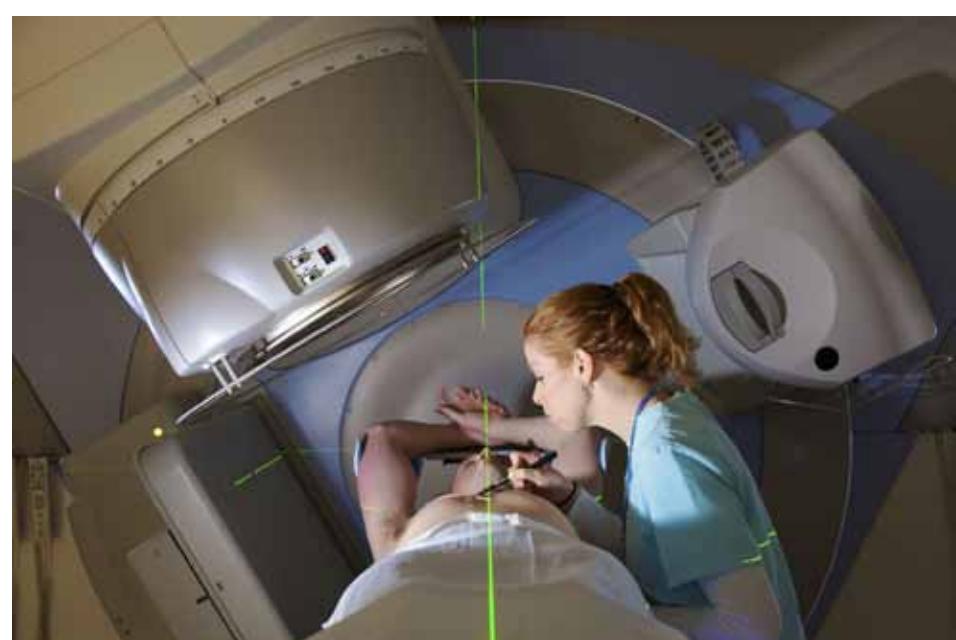
Over the next 8-10 minutes, the linear accelerator is remotely operated by the RT to a series of predetermined treatment angles, where radiation is delivered for seconds. Recent technologies allow some patients to receive a comparable treatment in a matter of a minute during a single revolution of the accelerator.

Once Mr. Smith's treatment is complete, he is released from his mask. The treatments are painless, but radiation has a cumulative effect; meaning any side effects from the treatment will occur a couple of weeks into the treatment course, and may continue even after his radiation treatments are complete. The daily interactions between Mr. Smith and the team of RTs provide careful monitoring of his condition and allow for appropriate measures in pain control, nutritional support, and emotional well-being.

**Despite the technical nature of an RT's job, there is a large component that is patient-focused, and it requires a collaborative effort.**

Over the course of Mr. Smith's seven-week treatment he will meet several RTs who will form a unique bond with him through daily interactions, assessment, and support. Despite the technical nature of an RT's job, there is a large component that is patient-focused, and it requires a collaborative effort with radiation oncologists, nurses, counsellors, physicists, and RTs to ensure patients get through the treatments with the support they need.

*photos courtesy of the Image of Care graphics toolkit*



# Educator Profile: Euclid Seeram

A faculty member at the British Columbia Institute of Technology (BCIT), Dr. Seeram teaches in the Medical Radiology Diploma Program and is also program head and faculty member for the Bachelor of Technology Degree Program in Medical Imaging. We interviewed Euclid to learn more about his recent educational accomplishment of achieving a PhD, and the benefits of pursuing a path of lifelong learning.

**CAMRT: What made you decide to pursue a PhD?**

**EUCLID SEERAM:** I have always considered lifelong learning an essential characteristic of being a teacher. Since medical imaging is moving into the degree arena—and Bachelor, Masters, and Doctoral degrees are common-

place in countries outside Canada—it appears that this may be a trend in Canada as well. Already we see Bachelor degrees in Eastern Canada. To teach in a Bachelors degree program for example, a minimum requirement would be that one has a Masters Degree. To teach in a Masters degree program, the minimum requirement would be a PhD degree. Furthermore, I saw this as a challenge: set myself a goal to accomplish a PhD degree, work hard, and look forward to a tangible outcome at the end of such rigorous studies.

**CAMRT: Can you tell us more about your PhD topic?**

**ES:** My PhD focused on radiation dose and image quality in digital imaging systems. The title of my PhD is “Optimization of the Exposure Indicator of a Computed Radiographic Imaging System as a Radiation Dose Management Strategy.” This is a topical subject, since all of radiology is now in the digital imaging domain. Additionally, the concern of increasing dose to the population from medical imaging procedures is addressed in this work, with the goal of reducing the dose to patients in digital radiographic imaging.

**CAMRT: What are the benefits of pursuing a PhD?**

**ES:** The benefits are related to improving one’s understanding of these complex digital imaging modalities. When you become the expert on a particular topic, I believe it demonstrates to students that their teacher is well-versed in the subject matter and can respond to questions in an efficient and effective manner.

Furthermore, this PhD allows me to apply for other jobs in other institutions, where a PhD is required for active participation, especially in research. As a result of obtaining my PhD, I have appointments with the University of Sydney in Australia, where I am now a part of the Medical Image Optimization and Perception Group; and with Monash University in Australia, where I have been appointed Adjunct Associate Professor. I have also been given the opportunity to write modules in CT physics for the CT Master’s degree program at Charles Sturt University in Australia.

I believe that as educators, we should always consider lifelong learning, especially in the subject matter in which we teach.

Another benefit I see is that the PhD has provided me with more knowledge on digital imaging modalities that is an essential requirement for writing textbooks on that subject matter. Now I more equipped to improve my Digital Radiography textbook through a second edition. In addition, this higher level of education allows me to be an effective author of more papers on digital radiography. I will have four papers from my PhD dissertation that I will be submitting to medical imaging journals in an effort to share my research results with the medical imaging technology community. Already I am scheduled to present a paper at the Society of Imaging Informatics in Medicine (SIIM) conference in Dallas, Texas, in June 2013. I look forward to the challenge of presenting to another audience, which will also include technologists.

**CAMRT: Did you find it difficult to balance your home life, work responsibilities, AND school?**

**ES:** Well, this was easy for me, since I love to study and learn. I did this PhD in an area that I teach, and so it was fun to learn more and more. For example I learned quite a bit on dosimetry, image quality assessment, statistical analysis, and of course, more on the exposure indicator in digital radiography systems. It was also fun conducting the experiments and working with my colleagues who helped me with the image quality assessment. I am grateful to all of them for their participation in this study. In addition, I would also like to acknowledge the help of 100 technologists in British Columbia, who participated in one phase of the study as well.

As long as you consider doing this a fun experience, home life can only contribute to your success, especially if you have a supportive other half. My charming wife Trish supported me throughout the process, and it was even more exciting that she could contribute to the conversation about this dissertation topic. Our son David, a wise and caring individual, encouraged me throughout the process and kept on asking me, “How is that PhD coming along, Dad?” and “It would be nice to get it completed eh?” He also actually wanted to know details of the experiments. Furthermore I must thank Dave for building me a website which I used for the image quality assessment phase of this study.

Of course there were anxieties, such as writing up progress reports all along the journey, and meeting deadlines, but I considered these a part of what is required for this level of education. I always enjoyed a glass of Shiraz when I felt anxious, and it is amazing how anxieties are relieved after two glasses!

I believe that as educators, we should always consider lifelong learning, especially in the subject matter in which we teach. The result of this activity is that we are in a much better position to contribute more effectively to the growth of our profession and community.



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Tracerco Source Reclamation Training

A close-up photograph of a red handheld leak detector. The device has a rectangular shape with a textured surface. A black strap is attached to the top edge. In the background, there is a white surface with printed text and logos, including 'SC INTERNATIONAL' and 'Leak Testing Calibration Instrumentation'.



# JOURNAL OF MEDICAL IMAGING AND RADIATION SCIENCES

## Current Issue of JMIRS

Volume 44, Issue 1 is available online. This is a special edition focused on radiation therapy and it includes abstracts from the RTi3 Conference in Toronto. Remember to log-in through CAMRT's Members Only site to obtain access to all published content.

## Call for Papers

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

## Interested in Peer Review?

Whether you are an experienced reviewer or new to the process, please consider lending your time and knowledge to contribute to the dissemination of research that helps medical radiation technologists advance quality and innovation in patient care.

We are pleased to provide letters to your employer recognizing your contribution; and, starting in 2011, we have introduced peer review awards honoring our top reviewers at the CAMRT conference.

## We Want to Hear from You!

CAMRT members are encouraged to respond to articles in the JMIRS with Letters to the Editor. Do you agree with the latest article on reported errors? Have something to say about performing manual monitor unit calculations? Please send all comments to editor@camrt.ca.

## New! Open Access now available

Beginning January 2013, authors have the option to pay a fee to make their article open access via Elsevier's sponsored article option. This new "hybrid" type of journal publishes both subscription articles and open access articles, giving authors a choice of publication models.

## Earn CPD Credits!

Directed Readings published in past issues of the JMIRS are no longer eligible for Category A credits; however, if you complete the quiz and receive 75% or more, you will receive two CAMRT CPD credits! These past readings are available in the CME section of the journal website ([www.jmirs.org](http://www.jmirs.org)).

Topics include:

- Computed Tomography: Physical Principles and Recent Technical Advances

- An Introduction to Patient Safety
- Radiation Safety Program: Principles and Regulations
- Writing an Effective Literature Review
- ...and many more!

## JMIRS Welcomes New Board Members

Associate Editor, Nuclear Medicine **Geoff Currie**, BPharm, MMedRadSc (NucMed), MAppMngt(Hlth), MBA, PhD, Clinical Professor, Australian School of Advanced Medicine, Macquarie University, Australia

Associate Editor, Radiological Technology **Curtise Kin Cheung NG**, PhD, BSc (Hons), Senior Lecturer, Discipline of Medical Imaging, Department of Imaging and Applied Physics, Curtin University, Perth, WA, Australia

Associate Editor, Magnetic Resonance **Sonja Boiteaux**, MSRS, RT(R)(MR), MRI Education Coordinator, Diagnostic Imaging Program, The University of Texas M. D. Anderson Cancer Center, Houston, Texas, USA

## GO RAD Link

The JMIRS selects one open access article per issue to be linked with GO RAD, a new global outreach program developed by the International Society of Radiology. The purpose of this online listing is to advance radiology education throughout a global radiology community by aggregating current, practical, radiology literature with content targeted and dedicated to developing nations and underserved populations. You can access GO RAD at <http://www.isradiology.org/gorad/>.

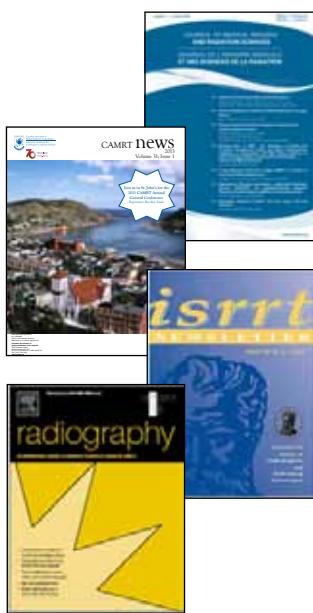
## Did you know....?

Members of the CAMRT have access to four informative professional publications and newsletters in print and/or electronic format. These publications are an exclusive privilege of your membership with the CAMRT.

Keep up to date on recent research, new technology and techniques with the International, cutting edge, peer-reviewed, Journal of Medical Imaging and Radiation Sciences (JMIRS). Or Radiography, the professional journal of the Society and College of Radiographers with educational material on all aspects of radiographic imaging and radiation therapy. Find association and professional news in the CAMRT newsletter published four times per year. Discover worldwide news from member countries and articles of international interest to the profession from the International Society of Radiographers and Radiological Technologists (ISRRT) newsletter. Perhaps you are looking for a journal with an International flare.

These publications and so much more are available to you, as member. Simply login to the CAMRT Members Area of the website <https://ww2.camrt.ca/authentication/> and visit "My Publications".

For more information on any of the services offered to members, please contact membership services at 1-800-463-1097 ext. 223 or by email: [sWilliams@camrt.ca](mailto:sWilliams@camrt.ca).



# Hire Me! (Part 2)

by Tammy McCausland

In the last issue of CAMRT News, we provided some information on networking and online job searching. Here we provide some useful guidance on résumés, cover letters and on the importance of staying connected as you build your personal network.

## 1. Your Résumé—Check, double check and check again!

No, you're not vying for a job as an editor, but the importance of having a professional résumé that is error-free cannot be emphasized enough. The care you take with this, the initial presentation in many cases, may leave an impression about the care and attention to detail you will give to your job. Also, remember that the first person to view your application may be an HR staffer who isn't an MRT, so the information you present needs to be clear.

**Make it look professional:** Make good use of white space, keep it to two pages, and make sure the font is not too small (for example, 10 pt for sans serif fonts and 12 pt for serif fonts).

**Focus on accomplishments:** When crafting your résumé, think: Action + Result. Use powerful verbs to describe the action taken and the measurable or beneficial outcome that resulted. Four to seven bullets per position is recommended, and only include what's relevant. If you've been published, include those, too.

**Things to include:** These days most résumés include a Profile or Summary at the top that outlines your hard skills (specific functional experience), your soft skills (strengths, experience and personal attributes) and impact (your overall contribution to an organization). Include your education credentials (but leave off that you graduated from high school), and your work experience (your clinical rotations). You don't need a career objective or to mention references. If someone is interested in hiring you, they will ask for references.

**Let someone review your résumé:** Once you feel your résumé is ready, have it reviewed by someone's opinion you trust. Ask that person to do a proofread to check for errors and also to see if what you have written makes sense. Double check it yourself, too. Some simple tricks to check for errors include changing the font, printing

out and reviewing a hard copy, and reading the text aloud.

## 2. Do I Need a Cover Letter?

There's no consensus on the importance or necessity of a cover letter, but it's generally recommended. As with the résumé, make sure your cover letter has no mistakes—errors reflect badly on you.

**Market yourself:** In your cover letter you want to state your interest and express what value you can bring to the prospective employer. Don't simply restate what's on your résumé; demonstrate how you have the skills and experience to do the job. Spend time writing a custom cover letter, especially if it's for a job you really want. It can make the difference between getting a call or not.

**Address it to a person:** Find out the name of the hiring manager or the HR manager (call or look online). Try to avoid the generic "To Whom It May Concern," "Dear Sir/Madam," "Dear Hiring Manager," "etc."

**Do some research:** If you're still unsure about how to write a letter, ask fellow MRTs for a sample. You can also visit the library or your local bookstore and spend some time looking through recently published books on the subject. Explore online resources, too.

## 3. Stay Connected!

Networking takes time and can seem like hard work, and it may not result in a job initially. However, the relationships you create now may benefit you throughout your career. Once you land a job, keep in touch with your network contacts. It can be something as simple as sending an email once or twice a year just to say hello. You may tap into your network to help you find your next job. If you start now, it will be easier next time! And you can pay it forward by being a source of information, a contact or even a mentor, for others.

**Looking for a Great Job?  
Try the CAMRT Online Job Bank!**

The Online Job Bank is an excellent job-searching tool. It is a valuable resource for members searching for employment in hospitals, clinics and associations, nationally and internationally. CAMRT members as well as non-members can post jobs on the Job Bank. Log on today—your dream job is waiting!

For more information, please visit  
[www.camrt.ca](http://www.camrt.ca) or contact  
Phyllis Williams at  
[pwilliams@camrt.ca](mailto:pwilliams@camrt.ca).



# Buyer Beware!

by Caitlin Gillan, RTT, BSc, MEd

I am one of many CAMRT full-practice member technologists who has an insurance plan through my place of employment; in my case, through my labour union. For many of us, our employer or union provides professional liability insurance (PLI) or legal expense coverage under the hospital's umbrella policy or union's insurance plan. However, recently I learned that there is one shortcoming of my coverage—and that of most other employer or union policies, in fact—that could leave me unprotected against a potential claim made against me.

The PLI coverage that the CAMRT and our provincial associations have negotiated on members' behalf protects us as individuals rather than as employees. This is a very important distinction because it means we are protected when a claim is made regardless of when the incident in question took place and, most importantly, regardless of where we were working at the time. Claims

can be made as far down the road as two years from the time the incident took place, and in some cases even beyond two years when new evidence comes forward. To provide this "claims made" basis protection, an employer would have to purchase a retroactive policy date, which in most cases is excessively costly and unaffordable for the employer. While my employer and union provide me many important benefits, the additional benefit of the PLI protection offered by CAMRT's policy allows me to be confident that I will be protected wherever my career takes me and whenever I need it.

I am also aware that there are some less expensive policies available to me but I have done my homework and know they aren't providing all the protection I need. Some don't even cover for legal expenses to represent me in front of a disciplinary hearing with my province's regulatory body—the College of Medical Radiation Technologists of Ontario (CMRTO). Evidence

shows that more than 50% of claims made are with the College!

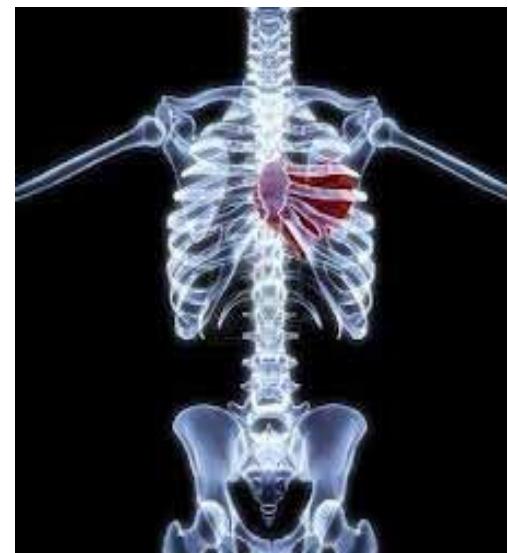
Of course, there are many, many other benefits of membership in the CAMRT and our provincial associations. I would encourage you to visit the CAMRT's website (<http://www.camrt.ca/membership/>) to learn more, both about their PLI policy and the benefits of membership, or to call them at 1-800-463-9729. The annual dues we pay now may be a small price to pay in comparison to a potentially devastating claim against us in the future. Please get informed and make sure you are protected.

# Feel the Love!

On Valentine's Day, we asked you on Facebook, Twitter and LinkedIn, "What do you love most about being an MRT?" Here are some of the responses we received:

- **Denis Poulin** to be part of a highly recognized professional organization.
- **Dorothy Schan** My patients and how they are all different and sometimes a different challenge.
- **Julie Lemoine** Working in the heart cathlab is always Valentine's day...
- **Zinta Radovskis Akkerman** People—it's all about the people who come to us as patients!
- **Michael Gabriel** It's the challenge of unexpected cases and situations you have to deal every time you go to work to save lives.
- **Stephanie Holowka** I love always learning and seeing various pathologies. I also love working with my patients and their families!
- **Elizabeth Lorico Ella** When you give all the best service to the patient, and have good camaraderie with all the staff.
- **Nancy Beauchemin** I love being the first MRT(T) in our Radiation Therapy Department that patients meet! I am completely aware that their confidence in what we do is strongly influenced by my interactions with them! Best job ever!
- **AlexandBlake Smith** Hearing stories from young and old, and being able to change someone's day around.

You can still share your thoughts and feelings on being an MRT by visiting the CAMRT Facebook Page (<https://www.facebook.com/CAMRTactrm>), tweet us @CAMRT\_AC TRM, or by sending an email to [connect@camrt.ca](mailto:connect@camrt.ca).



## Talk about the right insurance for CAMRT members



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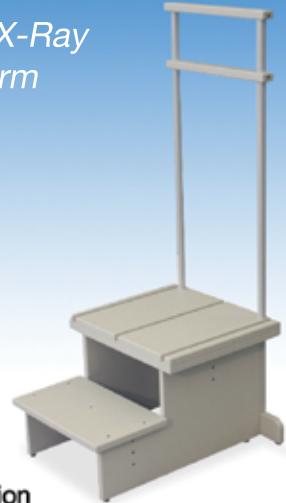
Home and auto insurance is available through Johnson Inc., a licensed insurance intermediary. Policies are primarily underwritten by Unifund Assurance Company (Unifund). Unifund and Johnson Inc. share common ownership. Auto insurance is not available in BC, SK and MB. An alternate plan is available in QC. Eligibility requirements, limitations and exclusions may apply. The Critical Illness Survivor Plan is underwritten by Western Life Assurance Company and administered by Johnson Inc. Eligibility requirements, limitations and exclusions may apply. CAT.03.2013

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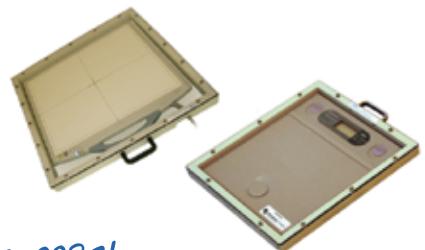


### Pedia-Poser

Child Immobilization  
C-Spine, Chest,  
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# Cross-Country Check-Up



## BCAMRT

### Annual General Conference

April 26-27, 2013 Executive Plaza Hotel, 405 North Road, Coquitlam  
The program is almost complete and online registration is now available.

### Upcoming Webinars

We have scheduled webinars for the first quarter of 2013 and are excited to be planning more throughout the year. These webinars are provided free of charge to BCAMRT members and provide CME credits applicable for the BCAMRT CEPP and well as CME requirements in regulated provinces and the AART. Non-members may attend at a cost of \$25.



## OTIMROEPMQ

After several years of discussion, medical electrophysiology technologists are finally regulated in Quebec and are authorized to perform 13 restricted activities.

More than 550 technologists joined the Order last fall, raising its membership to a record high of 6,200 members. To reflect this important addition to the membership, the Order was renamed : Ordre des technologues en imagerie médicale, en radio-oncologie et en électrophysiologie médicale du Québec (OTIMROEPMQ).

The Order adopted a new examination process as well as new Competency Profiles for entry-to-practice that will be applied to the Order's June 2014 exam session. A new professional standard for members practicing in diagnostic ultrasonography (ultrasound exams are done by MRTs in Quebec) came into force last September. Members that meet the standard's components and are certified by the Order are entitled to discharge patients without the review of a specialist.

We launched a campaign to reassure women that they did not need a thyroid shielding during a mammography examination. A website ([mammothyroide.ca](http://mammothyroide.ca)), a hotline, a poster and a PDF were made available for mammography clinics and departments across the province.

For MRT Week, buttons stating in French « I am a Medical Imaging Technologist » or « I am a Radiation Oncology Technologist » were distributed to all the members.

The almost 50-year-old association magazine underwent a major review and now has a new look and offers more content about the practice of the profession than ever before.

Finally, more than 450 technologists participated at the last conference held in the beautiful area of Charlevoix in May.



## OAMRS

Date	Location	Topic
May 22, 2013	St. John's, NL	MSK Ultrasound: Assessment of the Shoulder
May 22, 2013	St. John's, NL	Fundamentals of Digital Imaging: Modern Physics in Simple Terms
May 30, 2013	Gatineau-Ottawa, QC	MSK Ultrasound: Assessment of the Elbow, Wrist and Hand
June 8, 2013	Sudbury, ON	Working through the Chaos: Trauma Imaging in the ER
June 15, 2013	Calgary, AB	Digital Mammography—Advanced Technology & Clinical Application
June 15, 2013	Calgary, AB	MSK Ultrasound: Assessment of the Shoulder

Other program topics being considered for fall 2013 include Forensic Imaging, Digital Imaging Quality Control and Bone Mineral Densitometry.

Please visit [www.mcecor.com](http://www.mcecor.com) (Course Index, Health Sciences) for updates to the 2013 schedule as they become available including topics, delivery dates and locations. Flyers and brochures with further details, as well as online registration is also available there.

Inquiries can be directed to:

Greg Toffner, MRT(R), RTR, BSc      Elizabeth Roediger, MSc  
Ontario Association of Medical      Mohawk College Enterprise  
Radiation Sciences      P: 905.577.5886  
P: 1.800.387.4674 x115      E: eroediger@mcecor.com  
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- Digital Imaging (PACS)
- Mammography
- Venipuncture and Intravenous Contrast Injection

Go to [www.medicalimaginged.ca](http://www.medicalimaginged.ca) for more information.

# Interventional Radiology News

## CAMRT's first Certificate in Interventional Radiology Recipient



Lisa Weatherill, RTR, CIR, CAMRT member and interventional radiology technologist at the Civic Hospital in Ottawa (ON), is the CAMRT's first Certificate in Interventional Radiology (CIR) recipient.

Lisa graduated from Mohawk College in 1991 and pursued her interest in interventional radiology to broaden her expertise in medical imaging. She studied cardiovascular physiology, worked in the operating room, the emergency room, the electrophysiology lab, the cardiac cath lab, and was a CPR instructor for 10 years. After 12 years of varied work experience, Lisa was given the opportunity to work in the interventional radiology suite, where she worked with an incredibly knowledgeable and skilled team of technologists and physicians.

Lisa acknowledges that interventional radiology has rapidly evolved over the years and is in continuously adapting to change. In reference to the CAMRT's new Specialty Certificate Program in Interventional Radiology, Lisa states that "the recognition provided by the CIR challenges interventional technologists across Canada to achieve and maintain a certain standard of excellence in this dynamic specialty and acknowledges the additional training and unique skill set required by technologists to deliver the highest level of care in Interventional Radiology."

Outside of work, Lisa is a published author of a children's book which she wrote for her five-year-old daughter.

For more information on the Specialty Certificate in Interventional Radiology (CIR) please visit our website or contact specialty-certificates@camrt.ca.

## Interventional Radiology Series

Interventional Radiology 1 and 2 provide medical radiation technologists with a comprehensive understanding of the IR setting, which offers multidisciplinary, interprofessional teamwork opportunities with expertise in patient care, radiation safety, imaging technologies and IR procedures. The objective of this series is to position the MRT to become an active and invaluable participant in the ever-changing field of IR. The two courses comprise the didactic component required to obtain the IR specialty certificate.



Philips is a proud sponsor of CAMRT's Interventional Radiology series.

## Interventional Radiology 1 40 Credit Hours—Category A Credit

Interventional Radiology 1 is designed to enhance knowledge of anatomy and pathology, imaging systems used in IR suites, radiation safety, infection control, patient management, the role of the technologist in IR and a look at the accessory equipment used in interventional suites.

*The final examination for this course is available online only.*

**Textbook:** Snopek, Albert M., Fundamentals of Special Radiographic Procedures, Elsevier Health Sciences, 5th Edition, 2006 (\$81.95).

## Interventional Radiology 2 40 Credit Hours—Category A Credit

Interventional Radiology 2 consists of six chapters detailing procedures performed in the interventional setting. As well as a description of the procedures, the course will integrate the knowledge of accessory equipment, patient care, and imaging technologies introduced in Interventional Radiology I. The topics covered will include vascular and non-vascular interventions in general and specific chapters focusing on neurological, cardiac and pediatric procedures.

*The final examination for this course is available online only.*

**Textbook:** Kessel, David AND Iain Robertson, Interventional Radiology: A Survival Guide, Elsevier Limited, 3rd Edition, 2011 (\$75.95).

# Announcements

## 2013 Salary Scale Analysis Now Available

Salary scale information was assembled for reference by practicing medical imaging and radiation technologists and therapists (MRTs), and students preparing to enter the field in Canada. The publication is a collection of provincial wage scales gathered from unions and outside bargaining units' collective agreements. Every attempt has been made to outline wage scales with respect to the following four disciplines: Radiological Technologists, Radiation Therapists, Nuclear Medicine Technologists and Magnetic Resonance Technologists; however, in several collective agreements no distinction is made between disciplines. Supplementary information includes overtime premiums and an appendix addressing average spending on goods and services across the country.

To view the 2013 Salary Scale Analysis, please look under the "Professional Practice" section of the CAMRT website.

## Coming Fall 2013

## Essential Concepts in Radiation Biology and Protection

This replaces the previous course called Radiobiology: the Effects of Radiation on Life

This revised and updated course discusses the major components of radiation interaction with the human body. Beginning with a review of basic interaction with matter, this course explores the cellular and whole body response to radiation dose. In addition, the essentials of radiation protection are examined for both patient and medical radiation technologist. A self-contained module, this course will allow the student to research current web-based articles in order to complete their assignments and enhance prior learning. This approach will broaden student perspective on this very important topic, and reinforce the concepts and methodology used in patient protection.

The final examination for this course will be delivered online only.

There is no textbook required for this course.

Category A Credit: TBD

# RESEARCH GRANT PROGRAM

## OF THE CANADIAN ASSOCIATION OF MEDICAL RADIATION TECHNOLOGISTS

The Canadian Association of Medical Radiation Technologists (CAMRT) annually awards a research grant of up to \$5,000 for original research related to the medical radiation sciences. Applications are now being accepted for the 2013 grant. The 2013 grant recipient will be announced at the Annual General Conference (AGC) of the CAMRT.

The deadline for applications is April 5, 2014. Applications must be completed in accordance with the Guidelines and Policies for Submission of Grant Applications and forwarded to the CAMRT office, Ste 1000, 85 Albert Street, Ottawa, Ontario, K1P 6A4, and Attention: Manager of Publications, on or before the deadline date. An electronic copy must be submitted along with a printed application. Applications may also be forwarded by email to: [editorialoffice@camrt.ca](mailto:editorialoffice@camrt.ca).

### Guidelines and Policies for Submission of Grant Applications

#### Applicant Eligibility

Applications must be submitted by the principal investigator.

The Applicant must meet one of the following conditions:

1. be certified by the Canadian Association of Medical Radiation Technologists or equivalent, or
2. be enrolled in a Canadian based education program accredited by the CMA.
  - The Principal Investigator must be a CAMRT member in good standing for the current year and for the duration of the project funded by this grant.
  - Collaborators may be non-members of the CAMRT, but must not be agents of any commercial entity.
  - Previous research grant awardees are eligible to apply.
  - Recipients may not have concurrent CAMRT research grants.
  - Recipients are limited to the submission of one application as principal investigator per year.
  - Applications will be considered for projects that have applied for or received funding from another source.

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up to \$5,000 for  
original research  
related to the  
medical radiation  
sciences.

#### Proposal Eligibility

1. Preference will be given to proposals that are clearly aligned with the strategic directions of CAMRT and, once developed, with the CAMRT research agenda.
2. Proposals for research related to radiation therapy, dosimetry or medical imaging (including radiography, nuclear medicine, MRI, sonography and advanced specialties) are eligible for research awards.
3. Proposals related to education and administration in the field will also be considered.

#### Limitation

Members of the research grant committee are not eligible to apply for a grant during their term on the committee.



Canadian Association of  
Medical Radiation Technologists  
Association canadienne des  
technologies en radiation médicale

For more information, visit:

<http://www.camrt.ca/aboutcamrt/thecamrtawardsprogram/researchgrantprogram/>



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◆ Bone Densitometry Topics

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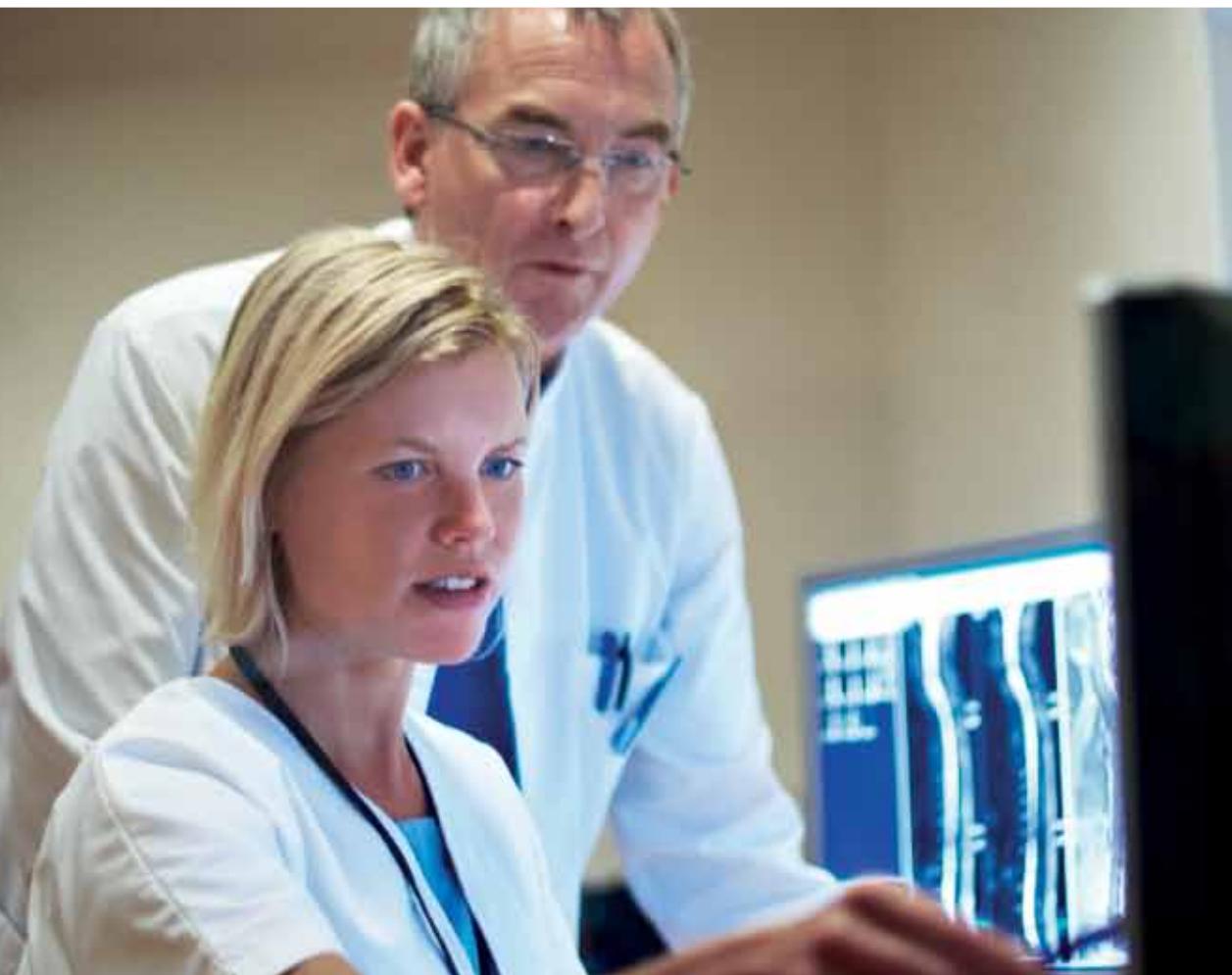
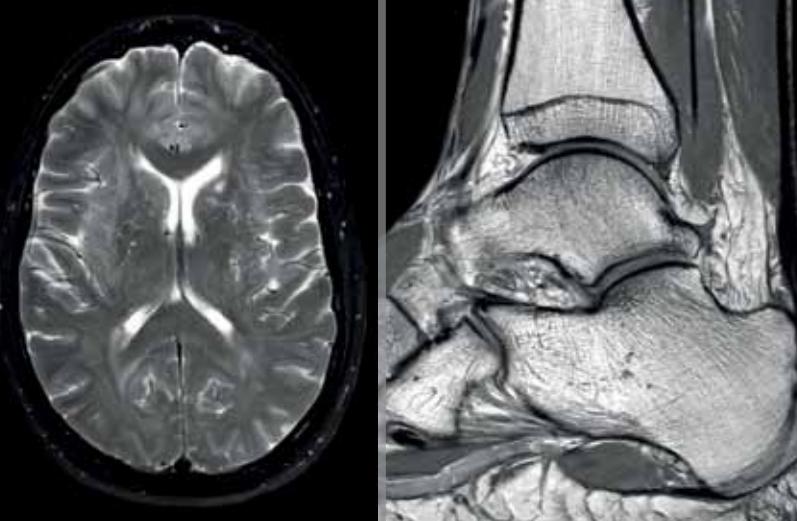
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