



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

70 YEARS I ANS
1942-2012

CAMRT NEWS

2014

Volume 32; Issue 2



**A first in Canada:
Cégep de Sainte-Foy
gets a fully functional
linear accelerator!**

**Find out more inside this
issue!**

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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 editor@camrt.ca. See below for issue deadlines.

Submissions: Do you have a story idea or a topic you would like us to write about? We welcome your feedback and suggestions. Please email us at editor@camrt.ca.

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

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On the cover... OTIMROEPMQ President Danielle Boué, t.i.m., with Christine Plourde at Cégep de Sainte-Foy. For more information, see page 8.

DISCLAIMERS:

Opinion Pieces: The opinions expressed in the "Opinion Piece", "All in the Family", and "Day in the Life" sections of the newsletter are those of the author(s) and do not necessarily state or reflect the views of the CAMRT. The CAMRT and its employees do not express or imply any warranty or assume any legal liability or responsibility for the accuracy, completeness, or usefulness of any information in this section. Authors submitting material to this column are permitted to publish anonymously, if requested.

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President's Message



A Board that Works

Deborah Murley, RTR



Those of you who know me understand that I like to be well prepared for any new challenge, and so it won't surprise you to learn that I prepared for my presidency by studying the literature on not-for-profit management. It is substantial. After all, few of us as children dream that one day we will become a board member, and yet, many of us choose to follow the path to volunteer leadership as a way of giving back to our profession. Fortunately, there is a significant body of knowledge in this area, and among it, I found fascinating discussions on the topic of high-functioning boards, and what makes them tick. I'd like to reassure you that in my current role as the president and chair of the CAMRT Board of Directors, I have the privilege of presiding over a board that truly works – on several levels. By that I mean that it is highly functional, contributing appropriately to our task to set the vision and strategic direction for our association's operations, and providing oversight as stewards of the CAMRT financial resources. It also means that our thirteen directors work very hard, putting in countless hours and many days away from work and home, to fulfill the very important mandate with which members have entrusted us.

Working together over the past several years, CAMRT board members have, among other things:

- developed the mission, vision and values statements that guide our decision making;
- consulted broadly with stakeholders on preferred goals and objectives and then worked with staff to develop our strategic plan and evaluate its progress;
- contributed their expertise and strategic vision to the work of CAMRT committees;
- selected a new CEO;
- revised many dated policies and created new ones;
- undertaken education on effective governance;
- served as CAMRT ambassadors at international, national, and provincial conferences and local events;
- established a spirit of camaraderie and collegiality that makes our work enjoyable.

A major task for our board this year was the revision of the bylaws, to ensure that CAMRT is fully compliant with the new Canada Not for Profit Corporations Act, which came into law in October 2011. Recognizing that associations such as ours require time for member consultation and bylaw revision, the government

allowed us until October 2014 to file what are called Articles of Continuance and a set of by-laws that are compliant with the new Act bylaws. Both of these documents must be approved by a 2/3 majority vote of the CAMRT's membership at its next AGM in June 2014 in Edmonton. Together, these will replace the current letters patent and supplementary letters patent and essentially become the constitution of the association.

I invite those of you planning to attend the AGM to familiarize yourself with the planned changes and assist the board in our work to advance CAMRT accordingly. Once approved, the new bylaws will significantly change the way our board is formed, moving us from a process of appointment to one of election by the members. If the work I've described intrigues and excites you, please think about whether there is a place on our board for you in the future.

Our 2014 Board listing is published on page 3 of this magazine. Please join me in a virtual round of applause for this dedicated group of volunteers.

Advanced Practice in Medical Radiation Technology

The Canadian Association of Medical Radiation Technologists (CAMRT) firmly believes that there is a place for advanced MRT practice in Canada. As such, the CAMRT has been working diligently on a number of strategic initiatives to help move forward on the advanced practice front. After much investigation and hard work, CAMRT is proud to release its Advanced Practice Framework. We urge all members to take the time to look through the document and consider the definition and principles it sets forth.

Advanced Practice in Medical Radiation Technology



The Full Version and Executive Summary of the Advanced Practice Framework can be found by visiting:

<http://www.camrt.ca/abouttheprofession/advancedpractice/>

Why read the framework?

The Advanced Practice Framework is a major position statement on advanced practice. It considers how advances that have been made in MRT practice around the world, as well as similar strides in other healthcare professions, could be applied to Canadian MRTs.

Advanced practice is a potentially transformational force for the MRT profession. The development of advanced roles alongside existing practice has the potential to positively affect everyone in the profession by expanding professional horizons and elevating the standing of the profession. By sharing a common understanding of just what “advanced practice” means in the Canadian context, MRTs will be able to find a common language and a conceptual frame to move forward with advanced practice in Canada.

What does it discuss?

The Advanced Practice Framework is built around CAMRT’s definition of advanced practice in medical radiation technology. The other sections of the framework are in place to support this definition.

Setting up the definition, a background of advanced practice in the MRT and other healthcare professions is considered. The importance of designing roles with a focus on patient and system needs is evident from the key lessons drawn out

of these experiences and should provide insight to those initiating advanced practice roles in the future.

The sections that follow explain what aspects of practice fit within CAMRT’s vision for advanced practice in the profession. The incorporation of critical thinking within roles, the importance of increased autonomy, and the requirement for education are all discussed, among other themes, at some length.

The expectation may be that a framework document like this one would spell out a road map for the creation of advanced roles going forward. While there are some examples of roles for illustrative purposes, the document was designed to avoid such rigid declarations and instead focuses on the shared high-level principles of potential advanced roles. By keeping the discussion at a high level, it is hoped the vision of advanced MRT practice can provide a useful template for roles that can endure the continual evolution of MRT practice, and be applied across the diverse spectrum of MRT practice.

What’s next?

Now that we have a framework, it is CAMRT’s hope to begin working on initiatives that advance the profession in more practical ways. The first way in which CAMRT is getting this done is through its work on a certification process for advanced practice MRTs.

The Clinical Specialist Radiation Therapist (CSRT) initiative in Ontario represents a collection of advanced roles in cancer care. In collaboration with the developers of these roles, CAMRT is working towards the creation of a national certification process. Once piloted and completed, this process will provide an avenue to those working in advanced capacities in radiation therapy to seek certification. In time, this process will also form the basis for any future certification process in the medical imaging disciplines.

Beyond the work on certification, the CAMRT looks forward to supporting its members in advanced practice initiatives as a dedicated advocate and facilitator of discussion and action. As stated, there is a firm belief that there is a place for advanced MRT practice in Canada, and the CAMRT looks forward to moving together with MRTs in pursuit of this goal.

Feedback on the framework and its concepts is appreciated and can be directed to ctopham@camrt.ca.

Recognizing the Work of CAMRT Volunteers

The Exam Validation Committees for the CAMRT entry-to-practice certification met in Ottawa at the end of January 2014. These groups review the entire exam and set the passing score for the exam in each of our four disciplines: nuclear medicine, radiation therapy, radiological technology and magnetic resonance.

There is provincial/regional representation within each group, as well as representation from education and practice. They meet for a week to ensure the exam is reflective of current practice across the country. We would like to take this opportunity to recognize these volunteers for their hard work and contributions—thank you!!

If you are interested in being involved in exam development, please contact Elaine Dever at edevery@camrt.ca.



Greg MacLean, NS, Maria Bod, ON, Domenica Celli, BC, Yvonne Shewchuk, MB, Geneniève Laliberté, ASI Consultant, Lindsay Steele, PEI, Erin Campbell, ON, Lorry Macdonald, ON, Craig Briggs—Chair, AB Regrets on day of picture



Carrie Violot, AB, Daniel Lapkoff, MB, Julie Avery, NS, Dustin Shullick, ASI consultant, Kim Bernakevitch, SK, Lara Lachance, BC, Janet Maggio, ON, Lisa Betts - Chair, NB, Robert Kamen, ON



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Where is Medical Imaging Technology Heading?

Submitted by CAMRT CEO François Couillard

Every day we receive news about medical imaging innovations. How do we sort through the clutter? How do we identify which technology is here to stay? These are the types of questions we tried to answer during the two-day Future of Technology Advisory Council meeting that was held February 27-28 in Ottawa. The meeting was a resounding success that helped us uncover emerging technologies and trends that will have an impact on the MRT profession over the next 5-10 years.

The Future of Technology Advisory Council meeting... was a resounding success that helped us uncover emerging technologies and trends that will have an impact on the MRT profession over the next 5-10 years.

I would like to give you a glimpse at some of the revealed trends. First of all, let me explain the process: we brought together a group of MRTs from across the country with different technology backgrounds. Our Board President, Deborah Murley, staff Directors and I also participated. We invited selected stakeholders such as the President of the Canadian Association of Radiology (CAR) and the President of The Canadian Organization of Medical Physicists (COMP). During the first half of the meeting we interacted with industry representatives and experts from Siemens, Varian, Philips, the National Research Council and TRIUMF. The Council then discussed the impact on our profession of upcoming technological changes and made many suggestions to help us address the challenges of keeping up with our fast-changing environment.

A full report summarizing the work of the Council will be prepared by the CAMRT Director of Professional Practice, Mark Given, but in the meantime, here are some of the key findings:

- Device development efforts focus on improving diagnostics, patient comfort, and reducing the capital costs of new systems while allowing for more software updates to these systems instead of massive hardware upgrades.
- Hybrid imaging will continue to grow. This will remain a source of role confusion and poses challenges for MRTs to ensure they are properly educated to operate these hybrid devices.
- Equipment vendors are seeing major sales increases of imaging equipment outside traditional radiology departments (surgery, neurology...). Non-radiologists are purchasing imaging equipment in greater numbers. What is the role of MRTs outside traditional radiology clinics? How do we ensure they are at the table? How do they adapt our practices to the different specialty cultures? This creates opportunities and challenges for MRTs to play leadership roles outside radiology departments.
- Image-guided therapies are on the rise. We will see further integration of therapy and imaging.
- In the future, vendors will introduce lower cost, simpler equipment based on their knowledge of the most used features of top-of-the-line devices. They recognize the growing voice of MRTs in purchase decisions.
- Nuclear Medicine SPECT studies are here to stay but the Technetium-99m shortage situation has not been resolved yet. This will remain a key advocacy issue for the CAMRT.



Speaking with ELIIT faculty

...and where am I heading?

Over the next months, I will be attending a number of provincial organization conferences and stakeholder meetings. I invite members to take the opportunity to get answers to questions about CAMRT programs and services. In particular, I encourage you to share your thoughts about the future of the profession and how CAMRT can serve you in this time of rapid evolution of technology and practice when we meet. Find me at:

- CANM, Calgary, April 10-13
- BCAMRT, Coquitlam, April 25-26
- OAMRS, London, May 2-3
- OTIMROEPMQ, Montreal, May 22
- CAMRT with ACMDTT, Edmonton, May 29 - June 1

You can also follow me on Twitter at <https://twitter.com/couillardf>



A Linear Accelerator at Cégep de Sainte-Foy

Renée Breton, Professor and Coordinator of the Radiation-Onconology Department, Cégep de Sainte-Foy



For teaching purposes, last year the Cégep de Sainte-Foy installed a linear accelerator. Starting in autumn 2013, the radiation oncology program will be taught with the help of the latest generation VarianTrueBeam linear accelerator. Many program courses will be enriched and skills enhanced by the regular and frequent use of the accelerator. Thanks to a partnership with Université Laval, physics students will benefit from learning with this accelerator. Also, the radio-oncology department is equipped with a CT scanner, programmable lasers, an Eclipse planning system and an Aria data and image management system.

For any questions, you can contact Christine Plourde at: cplourde@cegep-ste-foy.qc.ca



OTIMROEPMQ President Danielle Boué, t.i.m., with Christine Plourde and Francois Couillard at Cégep de Sainte-Foy

2014 CAMRT Foundation

Attention all CAMRT members!!

The deadline for applications for Foundation grants is **May 1st**.

http://www.camrt.ca/english/about/camrt_members_grant_information.asp

Attention all training program Directors and Deans!!

The deadline for applications for Foundation's two scholarships, the William Doern -Leaders of Tomorrow Scholarship, is **May 1st**.

http://www.camrt.ca/english/about/camrt_student_training_scholarships.asp

New Board Member

The Foundation is pleased to announce **Vicki Sorhaindo, B.Sc., RTR** as the CAMRT Foundation Secretary. Vicki joined the CAMRT Foundation Board this January in replacement of **Sandra Iftody, RTT, CMD**. Please join us in welcoming Vicki to the Foundation, and wish Sandra all the best in pursuing her future endeavours.

Thanks Sandy for your 12 years of service to the CAMRT Foundation!

In addition, welcome to the new PMA liaisons:

- Nova Scotia: **Melissa Sponagle, RTNM, BHSc**
- Ontario: **Lynda Jackson, MRT(T), ACT**
- New Brunswick: **Adam Clarke, RTR, RTMR, BA, BHSc**
- Manitoba: **Jenna Bruderer, RTR, CTIC**
- Newfoundland: **Tammy Hillyard, RTR**

For a complete listing of the PMA liaisons refer to the Foundation webpage.

This year the CAMRT AGC is in Edmonton. In addition to the annual Roentgen Ramble and the popular raffle prior to the President's banquet, the Foundation will be hosting a fundraising evening immediately following the Welcome Reception at the Yellowhead Brewing Company. Come and enjoy an evening in support of the CAMRT Foundation and sample some local beer! It will be a fun evening of tasting local brew, reacquainting with old friends and meeting new ones!



Outgoing CAMRT Board member Sandra Iftody

Introducing CAMRT's Newest Fellow



Please join the CAMRT and its Fellowship Committee in congratulating **Melanie Hilke-wich, RTR, ACR, CTIC**! Fellowship represents the pinnacle of achievement within the CAMRT. Melanie will be conferred this prestigious award at the President's Banquet in Edmonton.

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 Melanie in the next issue of the CAMRT News.

Interested in pursuing Fellowship? Please visit the [CAMRT website](http://www.camrt.ca) for more information, or contact Melanie Berube at mberube@camrt.ca.



Canadian Association of
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CONTINUING PROFESSIONAL DEVELOPMENT

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Fall 2014 Registration Deadline: July 28, 2014

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The CAMRT's Continuing Professional Development department offers electronic-based courses and programs providing technologists and therapists the opportunity to obtain quality continuing professional development through convenient, self-directed learning that offers support from course instructors. Our offerings include:

FULL LENGTH COURSES

These courses are offered twice per calendar year: Fall and Winter. Each course has six assignments and a final exam. Topics include:

- Chest Image
- CT Imaging
- Dosimetry
- Education in the Clinical Environment
- Essential Concepts in Biology and Protection
- Fundamentals of Quality Management
- Health Care Ethics
- Human Factors in Patient Safety
- Imaging Breast Pathology
- Interventional Radiology
- Introduction to Pharmacology
- Leadership Skills
- Mammography
- Pediatric Imaging
- Pharmacology in Cancer Care
- Sectional Anatomy

NEW! Pet Theory & PET/CT Applications

QUICK SELF STUDIES

These are self-directed learning modules available **year round**. Each comprises a self-contained self-study module with a self-administered post quiz that you submit to the CAMRT for marking. QSS topics include:

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

** also available in french.*

NEW! Reflective Practice for MRTs

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

SPECIALTY CERTIFICATE PROGRAMS

Specialty Certificates are offered in:

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

Each specialty certificate program requires completion of relevant CAMRT courses and a clinical component. Specialty Certificate programs enable professionals to demonstrate competence within their fields.

Program handbooks are available for download at <http://www.camrt.ca/cpd/specialtycertificates/>.

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

IN DEVELOPMENT

Quick Self Studies:

- Applications of Medical Laboratory Tests in Nuclear Medicine Technology: Renal System
- CT Perfusion
- Gynecological Cancers: An Overview

Full Length courses:

- Project Management for Healthcare Professionals

Revisions:

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

[HTTP://WWW.CAMRT.CA/CPD/](http://www.camrt.ca/cpd/)



Professional Certificate Courses in Radiation Safety

The CAMRT, through its status as a Recognized Continuing Education Evaluation Mechanism (RCEEM), has established the Continuing Education Credit Approval Program (CECAP) to recognize, evaluate and approve continuing education activities that are relevant to the profession of medical radiation technology.

CECAP ensures the provision of high quality activities that contribute to the ongoing competence and personal or professional development of medical radiation technologists (MRTs) in Canada. The assigned credit through CECAP is recognized by many regulatory and provincial bodies to fulfill continuing education requirements, including mandatory requirements as set by the American Registry of Radiologic Technologists (ARRT).

We are pleased to share the following information about Professional Certificate Courses in Radiation Safety from the Radiation Safety Institute of Canada—offered both online and in person in Saskatoon and Toronto.

The Radiation Safety Institute of Canada is proud to offer CAMRT members our 2014 highly acclaimed [Professional Certificate Courses in Radiation Safety](#). **Benefits** of studying with RSIC:

- Earn **Continuing Education credits**
- Earn Industry and regulator recognized **certificate**
- Learn to comply with federal and provincial **regulations**
- Prepare for regulator's **inspection**
- Provide a **safe workplace**

[RADIATION SAFETY OFFICER](#)

(5-days)

Continuing Education Credits:

30.75 Category A Credits

This course is designed to equip you with the knowledge you need to successfully

execute your Radiation Safety Program, keep yourself and your colleagues safe when working with radioactive opened and sealed sources and comply with Canadian Nuclear Safety requirements. Training includes an in-depth review of such topics as: Workplace inspections and audits; Biological and health effects of radiation exposure; Radiation detection, instrumentation and calibration; Transportation of radioactive materials; Regulatory agencies and standard-setting organizations; Licensing of nuclear substances and radiation devices; Key sections of the Nuclear Safety and Control Act and Regulations.

Next course dates:

Toronto: National Education Centre Location April 7-11, 2014; May 26-30, 2014; September 22-26, 2014; November 24-28, 2014

Now available in the west at our **Saskatchewan** location! **Saskatoon:** National Laboratories Location, June 16-20, 2014

Course fee: **\$2,199 + tax**

[Read more](#)

[RADIATION SAFETY OFFICER](#)

[REFRESHER](#) (2-days)

Continuing Education Credits:

11.25 Category A Credits

The regulator recommends that active RSOs update their education every 3 years. Our two-day **Radiation Safety Officer Refresher (RSO-2)** training is designed for RSO -1 graduates to reinforce and revive the information learned in the RSO-1 course. Training includes an in-depth review of such topics as: Radiation quantities and units; Workplace radiation safety program: organization and administration; Employee training; Regulatory agencies and standardsetting organizations; Licensing of nuclear substances and radiation devices; Nuclear gauges and their applications; Operating procedures; Emergency management; Workplace inspections and audits; Transport of radioactive materials; Key sections of

Regulations under the Nuclear Safety and Control Act; Discussion workshop: Evaluating a Radiation Protection Program.

Next course dates:

Toronto: National Education Centre Location May 6-7, 2014; October 7-8, 2014.

Now available in the west at our **Saskatchewan** location! **Saskatoon:** National Laboratories Location March 4-5, 2014

Course fee: **\$895+ tax**

[Read more](#)

[X-RAY SAFETY OFFICER \(XSO\)](#)

(3-days)

Continuing Education Credits:

17.75 Category A Credits

The three-day course would help you take charge of your X-Ray safety program and comply with provincial and federal regulations. Some of the topics covered in the training include: Structure of matter; Understanding radiation; X-rays: radiation made by machine; Radiation quantities and units; Biological and health effects of exposure to X-rays; X-ray systems; X-ray imaging and safety survey; Scattering and attenuation of X-rays; Radiation detection, instrumentation and dosimetry; Radiation protection principles and practices; Hands-on exercises in the practical application of radiation protection principles; What the law requires: Key federal, provincial and territorial regulations on x-ray safety.

Next course dates:

Toronto: National Education Center Location: March 25-27, 2014; October 21-23, 2014

Course fee: **\$1,399 + tax**

[Read more](#)

[EMPLOYEE RADIATION SAFETY](#) [\(e-learning\)](#)

Continuing Education Credits:

2.0 Category A Credits

This is a 2 hour online training program designed to provide fundamental knowledge required to work safely with or in the vicinity of radiation sources and help you meet Canadian Nuclear Safety Commission's expected requirements. It is aimed at employees who work with or around nuclear substances and radiation devices. Some of the topics covered in the training include: What is radiation; How radiation interacts with matter; What are the possible health effects from exposure to radiation; How to protect yourself from radiation exposure in your workplace; Radiation protection regulations and regulatory bodies.

Course fee: **\$155** + tax per user (multi user discount policy offered)

[Read more](#)

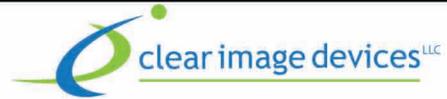


**Radiation Safety
Institute of Canada**
Institut de radioprotection du Canada

**A LONG HISTORY OF
EXCELLENCE IN EDUCATION**

Founded in 1980, the Radiation Safety Institute of Canada is an independent, national organization dedicated to promoting and advancing radiation safety in the workplace, in the environment and in the community. Our commitment to the principle of "good science in plain language"® underpins everything we do.

What makes the Radiation Safety Institute unique is our unwavering commitment to excellence in education. This is reflected in the quality of our instructors, who hold Master's Degrees in Physics and have over 10 years of teaching experience; the breadth of our curriculum and the career-long relationships we build with our graduates.



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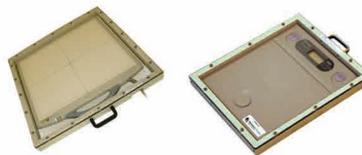
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Continuing Professional Development Highlights

NEW QUICK SELF STUDY

Reflective Practice for MRTs

Reflective Practice is part of being a healthcare professional; however, it is not always easy to achieve.

This new quick self-study will help the MRT develop new skills and encourage reflection in their daily practice. At the end of this Quick Self Study, the MRT will be able to:

- Define reflection and reflective practice
- Appreciate the benefits of engaging in reflective practice
- Use models and tools to assist in the process of reflective writing and activities
- Expand their critical thinking and problem solving skills through the use of reflection and suggest ways that this can be incorporated into their own practice and clinical environment.

Unlike other CAMRT QSS, the evaluation of this short course will be a combination of multiple choice questions as well as a brief written assignment that will test the knowledge and understanding of the theoretical concepts of reflection.

To register for this quick self-study, visit our website at <https://ww2.camrt.ca/cpd/index.php?page=profile>

COMING SOON MRT Week Webinar

Linking Patient and Practice—The MRT's Professional Choices

(Co-sponsored by CAMRT and BCAMRT)

The 2013 Medical Radiation Technology and Medical Radiation Sciences Week in Canada showcased the MRTs role as the essential link between patient care and advanced technology. Learn more about CAMRT initiatives and programs that are developed to help MRTs strive for a high standard of practice in medical radiation

technology. Consider the definition of professionalism and learn more about the concepts of reflective and evidence based best practices. This one hour presentation will showcase the recently launched CAMRT Best Practice Guidelines and their practical application in your daily interactions with patients and colleagues.

This CPD activity for both members and non-members has been approved for 1.0 Category A credit upon successful completion and submission of the associated post quiz.

AVAILABLE FALL 2014

PET Theory & PET/CT Applications (full length course)

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

OTHER COURSES IN DEVELOPMENT

FULL LENGTH

- Project Management for Health Care Professionals

QUICK SELF STUDIES

- CT Perfusion
- Applications of Medical Laboratory Tests in Nuclear Medicine Technology: Renal Systems
- Gynecological Cancers: An Overview

FULL LENGTH COURSES IN REVISION

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

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

OTHER NEWS IN CPD

CT Imaging Specialty Certificate Programs—RTR and RTT

A revised version of the CTIC Handbooks—Radiological Technology and Radiation Therapy are now available for download on the CAMRT website: <http://www.camrt.ca/cpd/specialtycertificates/ctic/>

The criteria for each of these CTIC programs remain the same. These revised versions are reformatted and provide more comprehensive information regarding the programs.

There is however one important change to note:

Summaries of Clinical Competence that are deemed incomplete will be subject to an administrative fee upon resubmission. Please review your Program Handbook carefully before submission of your SCC to ensure all requirements have been met.

For any additional information regarding the CTIC or other Specialty Programs, please contact specialtycertificates@camrt.ca.

CTIC Programs—It's Time for a Change!

With changes in technology and practice, and comments received from technologists and employers for a specialty certificate program that reflects current and future practice needs, a thorough review of the CTIC specialty certificate program was conducted in 2013. It is increasingly recognized that CT is crossing all disciplines as employers look to utilize resources for better patient outcomes and effective and efficient delivery of imaging and treatment services.

In addition to the revisions to the existing CT 1, 2, and 3 courses, it was decided to revise the existing programs for both nuclear medicine and radiation therapy so all components of these programs better reflect the needs in practice.

The current program called "CTIC—Radiological Technology" will remain as a specialty program for technologist who wish to practice in CT, however this will now be accessible to both radiological and nuclear medicine technologists. A short radiation physics module will be added to CT 1 to fill an identified knowledge gap for the nuclear medicine technologist. All revisions to this program will be complete by fall 2014. The name of this certificate will be the "CT Imaging Specialty Certificate".

The CTIC—Nuclear Medicine program is being completely revised. SPECT/CT is now, for the most part, routine practice in nuclear medicine. This revised specialty certificate program will focus on PET/CT. The components of the program will include the revised CT 1 course, a PET/CT course, a sectional anatomy requirement as well as a Summary of Clinical Competence in the practice of PET/CT. This specialty certificate will be referred to as the "PET/CT Specialty Certificate". The CAMRT expects to launch this program in winter 2015.

The CTIC—Radiation Therapy program requirements will also change to reflect practice in radiation therapy. New versions of the existing CT 2 and CT 3 courses are being developed with a greater focus on radiation therapy. Program requirements will include the revised CT 1



course and the new CT 2 and CT 3 courses for radiation therapy. The Summary of Clinical Competence will be reviewed and updated as required. This specialty certificate program will be referred to as "CT Imaging for Radiation Therapy". The launch date for the new program will be fall 2015.

The CAMRT and the CT Imaging Certificate Committee are striving to meet continuing professional development needs

and to align with current practice in the field of medical radiation technology. The CAMRT will be contacting those candidates currently enrolled in the radiation therapy and nuclear medicine programs to discuss the changes and options for moving forward given these upcoming changes to the programs. For further information or clarification please contact the Manager of CPD, Mélanie Bérubé at mberube@camrt.ca.

Further updates on these changes will be posted on the CAMRT website and through the newsletter, and e-blasts.



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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 husband-and-wife MRTs in Newfoundland, Loretta and Blair Metcalfe.



QUESTIONS FOR LORETTA

CAMRT: I'm going to start by asking: **Did you meet your husband on the job?**

LORETTA METCALFE: No, not exactly. We both grew up on Bell Island, a small iron ore mining community of approximately 16,000 people. We both knew each other from a distance but we really met at a dance during our last year of high school. We became friends when we both volunteered as captains at the local teen center for the Island's youth.

Blair and I started dating while at university. After completing the first year of an education degree we both wound up teaching at the same school for a year before deciding to pursue a career in medical radiography. So while we didn't meet on the job, we definitely influenced each other in our education and career choices. Best decision we ever made!

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

LM: Absolutely! Blair and I have found that we were able to share many experiences together. We not only worked at the same profession but also worked in the same imaging department. We both had a profound understanding of our careers. There was always that mutual delight in each other's accomplishments.

Just answering this question brings back so many wonderful memories of the early days. I remember the many nights on call; having to get up at three in the morning seemed so much more tolerable because Blair would come with me, start up the processor and develop the films while I imaged the patient. This was especially important on stormy winter nights. Of course I would do the same for him but maybe not quite as often. After our first child was born, we were both on our own as far as call went. I realize that not everyone would like to work with his or her spouse, but it was never an issue with us.

I believe strongly that being patient-focused improves the quality of care provided and helps form positive attitudes towards our profession.

Having that common background definitely gave us a lot to talk about, especially when we assumed instructor roles. Although we didn't necessarily always agree, Blair was a constant source of encouragement and his mentorship certainly got me through the rigors of the early days. There was that unspoken word, that mutual understanding. We did learn very quickly to try and leave work at work, however that didn't always pan out come accreditation time.

CAMRT: **You were a very popular Clinical Instructor (rad tech) at St. Clare's for many years—can you tell us what you love about education?**

LM: I like to think I established a good rapport with my students and I believe it is essential to create a positive learning environment for them. I love education because I believe it is powerful. It affords you the opportunity for independence, allows you to become a critical thinker and prepares you to work in the real world. At the end of the day this is what I wanted for my students. The most rewarding part of my job was when they acquired those skills and had that 'aha' moment when they would say, "Now I get it!" or "It's so easy now!"

CAMRT: **We know that you are very patient-focused—can you tell us a bit more about why this is so important to you?**

LM: I do believe I was very patient-focused and I was very lucky to have worked with a group of technologists who believed that this was not just a 'soft' skill. We work in a highly technical, fast paced and science-oriented field but we need to remember that health care is also a service industry. The ultimate responsibility of every technologist is to provide the safest and highest quality of care to his or her patient. I often used to joke with my students that the reason I was so concerned about their patient care skills was because I might one day be their patient. Patients will always remember and talk about how they were treated while they were in your care. I believe strongly that being patient-focused improves the quality of care provided and helps form positive attitudes towards our profession.

CAMRT: **You volunteered on the CAMRT board and the exam validation committee (as chair)- can you tell us what you have gained from your volunteer work in the profession over the years?**

LM: The very first thing that comes to mind is that I have been very fortunate to have met so many people and made so

many wonderful friends with whom I still keep in touch. I have garnered new professional contacts; most certainly have developed new skills and also learned how to use existing skills in new ways. For example, I can now write a much better test item. I can't say I always enjoyed the travel in the winter months but the Bellini's at Milestone's and the Gelato on Bank Street in Ottawa were wonderful.

It truly has been an extraordinary experience.

QUESTIONS FOR BLAIR:

CAMRT: You worked as a didactic Instructor also (also rad tech) at the College of the North Atlantic—what was your favorite part of the job?

BLAIR METCALFE: As a didactic instructor, there were quite a number of areas that I found were very gratifying. When new students arrived at the beginning of the program, it was always a joy to help them peel back the mysteries surrounding the nature and application of radiation and observe their reactions as their level of knowledge and understanding grew. It was great to be able to teach the theory with follow up reinforcement in a simulated lab environment. This provided valuable feedback on their strengths and weaknesses in a safe, controlled environment, where often their frustrations and mistakes were sorted out before they faced the challenge of real patients in the clinical sites. Students have a way of keeping you young at heart with their sense of humour and energy. While they learned from me, I too, learned and laughed with them. The absolute greatest reward for me though was being able to compare the skills, confidence and professionalism they acquired by the end of their program with the often timid, uncertain and insecure attitude they demonstrated at the beginning.

CAMRT: At what point in your career as an MRT did you turn to education?

BM: I guess I was always interested in education even before I became an MRT. When I finished high school I attended Memorial University of Newfoundland and after completing the first year of an education degree, I returned to my old school where I taught junior high for a

year. As a young 19 year old, I decided that I wanted to do more to help others in a different capacity so I researched career opportunities in Medical Radiography. It wasn't until I had graduated and had been working for 10 years at St. Clare's Mercy Hospital that the real opportunity for teaching again presented itself. Because St. Clare's was a teaching hospital, we always had radiography students on site. I found the opportunity to teach students very rewarding and so I applied for and was awarded the position of Clinical Instructor. In 1990, I became a didactic instructor with the Medical Radiography program at the College of the North Atlantic and held that position until my retirement in 2007.

Good educators are people who have a sincere interest in building the knowledge of others as they help them acquire new skills.

CAMRT: We heard that you have 5 children, are any of them involved in the profession?

BM: Yes, Loretta and I have 5 grown children - two daughters and three sons. Our fourth and fifth children were identical twin boys! That was quite a surprise. I remember how fast the news travelled in the X-ray department on the day of the famous ultrasound. None of our children are directly involved in the profession. Our sons, however, as physicians frequently request X-rays, but I don't think that counts.

CAMRT: Do you think your work in MRT steered them toward their current career paths?

BM: Well, it seems our children have always been surrounded by the health care profession either through injury or more pleasantly by relatives practicing within the field. As parents, Loretta and I never really actively tried to steer or influence their career decisions beyond encouraging them to reach their fullest potential

- to be as successful as they could while being sensitive to the needs of others along the way. Our oldest daughter is an Optometrist and our 2nd oldest daughter is a Marketing/Communications professional. We couldn't be more proud of all of them. Perhaps the many discussions about anatomy and radiographic imaging may have played some role in four of them becoming health care professionals. Of course we also can't forget the visits to the Radiography Department over the years to help complete science projects.

CAMRT: What advice would you give to someone in the profession who wants to build a career as an educator?

BM: Truly my best advice would be for them to recognize their own abilities and interests before making that decision. Good educators are people who have a sincere interest in building the knowledge of others as they help them acquire new skills. They must be patient, sensitive to the needs of others, understanding, innovative and able to maintain a sense of humour that does not compromise their professionalism. They should also pursue the appropriate credentials for a career in education and stay current in their knowledge and skills.

Representing the CAMRT at COMP: Improving Quality and Safety in Radiation Therapy

Submitted by Mona Udowicz, ACT, RTT, Tom Baker Cancer Centre, Alberta

It was a pleasure for me to be invited to speak at the 5th annual Canadian Winter School presented by the Canadian Organization of Medical Physics (COMP). The theme of the 2014 Winter School was Quality Matters. The conference took place in beautiful Quebec City and featured interdisciplinary presentations ranging in topic from error management, ethical decision making in health care, human factors, patient disclosure, process mapping, root cause analysis and many others. The conference offered interactive workshops and presentations, a format that was designed to engage participants and foster group discussions. With approximately 100 participants, the conference was well attended but was intimate enough to allow ample opportunity for networking and informal conversations to emerge and continue well after the conference ended.

On the personal side, I am keenly interested and passionately committed to improving quality and safety in radiation therapy. Quality and safety are essential components of our practice, and understanding the particular nuances that can impact the quality of our work is of particular interest to me. The radiation medicine team is comprised of physicists, oncologists and radiation therapists whose work is interdependent, however these teams are often aligned into professional silos that unintentionally create barriers that reduce opportunities for communication and collaboration. I was therefore very excited when invited to co-present with Dr. Derek Brown a medical physicist from the Tom Baker Cancer Centre, and Dr. Suzanne Evans, a radiation oncologist from Yale University, on developing an implementation framework for new technologies. The framework incorporated the specific needs of each professional group stressing implementation through the frame of collaboration. We developed

a framework that could be easily modified to suit the clinic or situation at hand. We shared examples of good and not so good clinical implementations to better illustrate the merits of utilizing a framework. The final section of the presentation focused on understanding change management, teamwork and the necessary leadership skills required to navigate the operational world.

Radiation therapists make clinical decisions based on imaging, evaluation of the dose distribution, and their knowledge of the disease and goals of care. Clinical variability consequently becomes inherent in what radiation therapists do.

I was also invited to speak about quality in radiation therapy from the radiation therapist perspective. This presentation was created following a recent quality improvement research project that focused on variability in clinical practice. Variability is often present even when agreed upon clinical practice guidelines or standard operating procedures are in place. The research sought to understand why variability persists, the factors affecting variability in clinical practice and how variability may or may not pose a risk to quality and safety in radiation therapy.

It can be argued that variability in clinical practice is an increasing phenomenon with the advent of image guided radiation therapy, cone beam CT and the increasing use of patient specific treatment guidelines. Designing best practice guidelines for radiation therapists work-

ing in the IGRT paradigm can be challenging for managers and leaders. Radiation therapists make clinical decisions based on imaging, evaluation of the dose distribution, and their knowledge of the disease and goals of care. Clinical variability consequently becomes inherent in what radiation therapists do. How can managers and educators respond to this paradigm shift in order to provide meaningful ways of supporting clinical decision-making on the treatment units? The use of policies and procedures as useful tools for guiding practice may not be flexible enough to provide the necessary decision making support required in a complex, variable environment. One potential solution to this issue could be the development and use of decision-making frameworks that support radiation therapists to make the best clinical decisions possible for daily practice. Much work is still to be done in this area and I look forward to continuing this pursuit.

Attending and participating in this conference was a valuable learning experience for me! I met many dedicated individuals from all disciplines in radiation therapy and some of these new relationships look as though they may develop into working multi-institutional collaborations. The focused theme of improving quality was a truly amazing experience. I would highly recommend this conference for radiation therapists... don't let the fact that this conference is organized by medical physics scare you away!



Report from RTi3 and ELIIT Research Academy

Submitted by Laura D'Alimonte, M.R.T.(T.), BSc., MSc., Brian Liszewski, M.R.T.(T.), BSc., Krista L. McGrath, MRT(T), H.BSc., BMRSc., Catherine L. Vanderwater M.R.T. (T.), BSc.

This past February marked the 10th anniversary of RTi3, Canada's premier radiation therapy conference held in Toronto, Ontario. This three-day event was jam packed with both national and international speakers that embodied and celebrated a decade of Inquiry, Inspiration and Innovation in Radiation Therapy!

RTi3:X kicked off with the inaugural pre-conference ELIIT Research Academy on Thursday, February 13, presented in collaboration with the Canadian Association of Medical Radiation Technologists (CAMRT) and the Journal of Medical Imaging and Radiation Sciences (JMIRS).

ELIIT stands for:

Explore all stages of the research process from idea to integration into practice

Learn the how to's of the research process

Inquire at all stages of your practice

Initiate research activities and scholarship

Transfer knowledge to your peers, colleagues and practice

The academy saw some 35 local and national delegates; including 8 MRTs, from across the country, who were the successful recipients of a CAMRT travel grant. Delegates were treated to a full day of informative presentations from a panel of esteemed international faculty. The content was thought-provoking, the discussion lively, and the panellists engaging and inspiring.

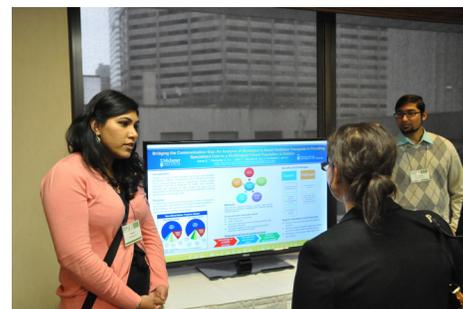
The program got underway with a few opening remarks from RTi3 Co-Chair and JMIRS Editor-in-Chief, Lisa Di Prospero. Next, Dr. Robert Adams, from the University of North Carolina, Department of Radiation Oncology, took to the podium with his in-depth discussion on the creation of knowledge and types of research. Dr. Hei-

di Probst, from Sheffield Hallam University, followed that up with a very succinct introduction on how to undertake a scientific literature review. Dr. Probst discussed the various search strategies which may be utilized to find the information you are looking for, how to form the appropriate research question for the answer you seek, and how to develop a proposal for a systematic review. Dr. Maryann Hardy, from the University of Bradford, then walked delegates through the steps in building a "foolproof" research proposal for guaranteed success. The morning concluded with back-to-back sessions with Dr. Geoff Currie, from Charles Sturt University. His first presentation on the topic of introductory research methodologies outlined how to ensure a representative sample population and ways to minimize bias when carrying out research endeavours. He also discussed the concepts of internal and external validity, causality, and the differences between experimental, quasi-experimental, and non-experimental research design. He concluded with an introduction to data analysis, and a brief discussion of descriptive statistical analysis for quantitative research.



The afternoon program started with another session with Dr. Currie, this time discussing inferential statistical analysis in quantitative research. From there, Drs. Probst, Adams, and Hardy shifted gears and launched into an interactive session on qualitative research. Delegates were split into groups and participated in an ad hoc qualitative study in a fun, murder mystery format. The didactic portion of the afternoon concluded with a session

on the dissemination of research with Lisa Di Prospero where she discussed the importance of dissemination and the how, where, and why of submitting your work.



Echoing Lisa's comments regarding knowledge dissemination; representatives from radiation therapy, radiation oncology, nuclear medicine and oncology administration shared innovations and investigations over the following two-day conference. The scope of the proffered paper sessions were broad and diverse and crossed the cancer care continuum from technical advances, toxicities and outcomes, symptom management, supportive care, education and quality management and care in radiation therapy. Three interactive workshops provided delegates the opportunity to further explore their knowledge in key areas of radiation practice including; The Canadian Partnership for Quality Radiotherapy and its impact on radiation departments; The Role of Knowledge Based Planning in the Canadian Radiation Therapy Department; and Sexual Health Issues in Gynecological Cancer Patients. Collectively these sessions furthered the RTi3 agenda of innovation, inspiration, and spurring continuing inquiry among our community.

One of the conference goals was to highlight innovation across the country by inviting radiation therapists nationwide to showcase an innovative idea or initiative from their centre. Whether it was a large-scale clinical research initiative, a unique staffing or preceptorship model, or a novel patient education resource, the goal was to showcase the breadth of

News from the *JMIRS*

work being done across the county. This year, fourteen Cancer Centres participated in our National Innovation Snapshot. Each individual was given three minutes to explain an identified gap in their practice, the innovation and its progress or outcomes. All participants represented their centres extremely well and there was an impressive variety of presentations outlining the current landscape of our profession. Going forward, we hope to continue to engage professionals across Canada in order to build long-term collaborative partnerships and to continue to build and expand our foundation of knowledge.



In addition to the diverse and engaging academic offerings throughout the two-day event, Friday evening marked the Inspire social event held at the University of Toronto Art Gallery. This was a fantastic and fun opportunity to mingle and network with our Canadian and international colleagues from around the world! In addition, the highly anticipated book project “Research for the Radiation Therapist: From Question to Culture” was launched during the event.



The presentations, workshops and invited guest speakers all contributed to a fantastic RTi3 2014 that inspired and motivated all who attended and we are looking forward to another great conference next

**Save the date:
RTi3 2015 March 6-7**

ARTICLE COLLECTION—HOW TO CONDUCT CLINICAL RESEARCH AND EVIDENCE BASED PRACTICE

Aligned with our mandate to engage and support clinician researchers, the journal is pleased to offer [this article collection](#) on the “how-to’s” of clinical research. In this compilation, the *JMIRS* offers valuable reference for those in every stage of research, from the beginner to the seasoned researcher who may want a refresher. The topics include all components of the research process from statistics, literature reviews, and research interviews as well as an overview of qualitative and quantitative methodologies. In addition to the “how-to”-type articles, we offer articles that provide guidance on overarching principles of evidence-based practice through to infrastructure. Questions? Ideas? Please contact the Managing Editor at editor@camrt.ca.

NEW FORMATS! CONSIDER SUBMITTING TO THE *JMIRS*

The *JMIRS* is pleased to announce several new formats—please see the “Author Instructions” section of the website (www.jmirs.org) for guidelines on how to create and submit:

- case studies
- editorials
- letters to the editor

We are also interested in **qualitative** papers, and are in the process of appointing an advisory member who specializes in qualitative research to oversee these submissions, which require a different peer review process.

WELCOMING A NEW PARTNER

The *JMIRS* is pleased to announce that we have partnered with the **Society of Radiographers in Malta** to act as their official society journal. Their members will receive online-only access to *JMIRS*, and we will add their society logo to the *JMIRS* homepage and masthead, acknowledging that we are their official journal. Other exciting partnerships are in the works and will be reported as they become formalized.

FREE ACCESS TO *JMIRS*, RADIOGRAPHY AND GO RAD

Remember, all CAMRT members have free access to all articles within the *JMIRS* when you log-in through the CAMRT website. You are also granted access to *Radiography*, the official journal of the UK-based Society of Radiographers. You can also access GO RAD online, the International Society of Radiology’s selection of current, practical, radiology literature at: <http://www.isradiology.org/gorad/>. This site provides a great deal of relevant information but also (and importantly) access to a number of other journals such as **Academic Radiology**, **Insights into Imaging** and many more.

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Opinion Column

Let's Talk About Sexuality: Overcoming Barriers to Discussing Sexuality with Cancer Patients

By: Romina Calisi MRT(T), Susan Boyko, MRT (T), B.A., M.Ed., R.T. (T.), A.C.T. (T.), C.M.D.

A diagnosis of cancer can have a strong impact on any individual. Patients must now cope with fear of the unknown, the burden of appointments and traveling for treatment, changes to daily routine, loss of income, the side effects of the disease and side effects of treatment. All of these issues, singly or in combination can contribute to changes in a patient's self-image, anxiety and distress. In order to cope with these changes, patients often look to their loved ones around them for support. Spouses and partners can often times be the best individual for support but many times a patient's relationship with their spouse or partner can be affected due to the changes in sexuality. Changes in sexuality are not confined to the treatment trajectory but can occur at the initial presence of the disease and continue post treatment. It is also important to note that changes to a patient's sexuality are not restricted to cancers of sexual or reproductive organs. In fact, the effects of treatment can cause sexual symptoms regardless of diagnosis. For example, fatigue, pain and disfigurement from surgery can occur as a result of any type of cancer but can cause a patient to feel sexually unattractive. Health professionals are often seen as a major source of information for patients who are trying to manage their side effects while they are on their cancer journey.

Even though patients may express the need to discuss sexuality with a health care professional, this need is not always met. After a chart review at the Northeast Cancer Centre indicated some of our patients had recorded concerns about sexuality on their self-histories that were not addressed by their Radiation Oncologist and Primary Nurse team, a team of Radiation Therapists and Primary Nurses decided to investigate why. The findings from the initial chart review were concerning as healthcare professionals are often seen as a major source of information for patients and their families. We conducted a qualitative study to identify any barriers that may prevent Radiation Oncologists

and Primary Nurses from discussing sexuality with radiation therapy patients.

Our results indicated that our health care professionals supported a holistic view of sexuality and addressing issues about sexuality was an important part of treatment. They told us that they were comfortable discussing sexuality with their patients and had enough privacy to do so. Participants also stated that they did not equate sexuality with only the younger patient and indicated that they had a good knowledge of available resources within the cancer centre.

By overcoming the barriers, patients' needs with regards to sexuality can be more routinely met allowing for patients to experience a better quality of life - the ultimate goal of radiation therapy from a patient-centered care perspective.

However, participants tended to interpret patients that do not ask questions about sexuality concerns as not having concerns, which could be an incorrect assumption. Participants stated that there was not enough time to discuss sexuality during appointments and indicated that there was some confusion as to whether it was only the Radiation Oncologist's or Primary Nurse's role to discuss sexuality. Some participants also felt that they had not received enough training to discuss sexuality with their patients. In summary, the above barriers may be preventing Radiation Oncologists and Primary Nurses from discussing sexuality with their patients.

In order to address the afore-mentioned barriers, we are suggesting a sexuality

workshop to encourage both disciplines to discuss sexuality and to provide them with the knowledge to initiate the sexuality discussion with patients. Oftentimes patients do not ask questions because they do not know what questions they should be asking or feel uncomfortable doing so. Therefore the topic of sexuality and cancer should be introduced with patient information materials and education so that patients are aware that it is a topic that can be discussed. A survey of cancer patients and partners is also suggested to demonstrate the sexuality information needs of our patients. Although all of the above mentioned actions will not help improve the timing of appointments, the knowledge and skills gained can provide the oncologist/nurse team with a constructive and orderly way to discuss sexuality, thereby potentially reducing the time needed to discuss sexuality.

Regardless of the manner in which the barriers are addressed, it is important to address patient and partner concerns about sexuality. Patients expressed the need to discuss sexuality and improvement needs to be made to support patients physically and mentally not only throughout treatment but post treatment as well. Addressing the above barriers will also allow health professionals to communicate more effectively with patients and as a result, may allow them to experience less burnout and greater job satisfaction. By overcoming the barriers, patients' needs with regards to sexuality can be more routinely met allowing for patients to experience a better quality of life - the ultimate goal of radiation therapy from a patient-centered care perspective.

A Day in the Life...

...of a Nuclear Medicine Technologist: the “Red Green” of MRTs!

submitted by Amy Morris, RTNM, BHSc

As every MRT can attest, a typical day at the hospital can be hard to describe given the varied nature of our disciplines. No one knows this better than the nuclear medicine technologist, who must adapt to the daily demands of a shifting schedule, a heavy in-patient load, and a wide range of patient conditions at a tertiary level 1 trauma centre. Throw in a temperamental imaging system, and you have the recipe for a challenging day requiring you to be on your toes!



spending hours at a time with a patient. We interact and develop a rapport with our patients, who often find themselves returning to us for follow-up time and time again. There is continual interaction and communication with our nuclear medicine radiologists, who provide guidance and support for all our procedures. Interprofessionalism is seen on a daily basis as we communicate with patient care units, other MRT disciplines, oncologists, and physicians alike to coordinate patient management.

Early mornings begin with producing our own radiopharmaceuticals for injection, including ensuring quality control standards are met prior to administration. With changing schedules and variable days, preparation of additional radiopharmaceuticals may be required at any moment in the day.

The livelihood of nuclear medicine is in our ability to demonstrate physiology. This requires us to have a wide arsenal of tools to image all parts of the body, from the brain to the genitourinary system, cardiovascular system, and skeletal system, to name just a few. Our goal is to acquire the best possible images for the diagnosis of disease; however, there can be many little hitches along the way. Recognizing patient condition and comfort is one of the most important parts of our profession, so we have become creative with our strategies, understanding there may be many ways to achieve our end goal.

As nuclear medicine technologists, we may very well call ourselves the “Red Green” of the MRT disciplines. What does this look like in everyday practice? You may stumble upon technologists holding the foot of a patient who requires assistance keeping still during a bone scan to attain diagnostic information concerning the presence of a skeletal fracture. Nuclear medicine technologists could also

be called upon to hold the hands of an elderly patient to keep his arms over his head for a three-dimensional image of his abdomen. We commonly use the adaptability of our gamma cameras to accommodate patients who cannot be transferred, or are unable to lie flat. Perhaps it is leaving a lung scan patient on her side and altering the angles of the camera to obtain true anterior-posterior images after the patient has inhaled radioactive gas for the diagnosis of pulmonary embolism. It is not uncommon to see us building small towers of pillows to accommodate the needs of all patients, whether it is an elevated foot, head, or torso.

As the Red Green of MRTs, we have also learned to adapt to all clinical situations, which includes the advancement of our discipline. We have become the “jack of all trades” with the introduction of SPECT/CT and PET/CT. Wearing many hats, nuclear medicine technologists now require education in computed tomography to operate our multi-disciplinary cameras. We find ourselves moving into new areas requiring additional skills and education, which is a challenge we are happily rising to.

Although our schedules and tests may vary from day-to-day, there are many constants within our profession. Throughout the day, patient care and comfort is the highest priority, and we find ourselves

Adaptation is crucial in our field to ensure the best patient outcomes while providing an excellent standard of care.

Each day is a new day in the nuclear medicine department. Adaptation is crucial in our field to ensure the best patient outcomes while providing an excellent standard of care. Although the progression remains the same— injection, scanning, and processing—the question becomes, what can this patient do? Creativity and thinking outside the box to obtain the clinical answer is one of the best skills we have, and as such we can call ourselves the Red Green of MRTs. Ask any technologists about a situation where they had to clinically adapt the methodology, camera position, or technique, or simply lend a helping hand, and they can provide you with an example. No matter what the situation, we will rise to the challenge, with our clinical “tool box” and the wide variety of hats we wear, proudly representing the MRT field.

Announcements

CONGRATULATIONS TO OUR SPEAKER CONTEST WINNERS!

The CAMRT is again working with the American Society of Radiologic Technologists (ASRT) to provide a speaker for ASRT's annual radiation therapy conference, as well as its sixth annual technologist-focused conference, which is called ASRT@RSNA, during the RSNA in Chicago.

The speakers were selected through a competitive process from among the CAMRT membership, and here are our winners!

2014 ASRT Radiation Therapy Conference September 14-16, 2014 San Francisco, California USA

Carol-Anne Davis, RTT, ACT, BSc, MSc
Queen Elizabeth II HSC, Victoria General Site, Halifax, Nova Scotia

For presentation entitled: *Investigating the impact of PET-CT vs CT-alone for high-risk volume selection in head & neck and lung patients undergoing radiotherapy.*

2014 ASRT@RSNA November 30—December 5, 2014 Chicago, Illinois USA

Karen Letourneau, RTR, ACR, CRGS, RDMS
Victoria General Hospital, Winnipeg, Manitoba

For presentation entitled, *Tuberous Sclerosis Complex (TSC) as it relates to diagnostic imaging*

More information about the Speaker Competitions is available online at <http://www.camrt.ca/aboutcamrt/camrt-wardsprogram/speakercompetitions/>

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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 or contact Phyllis Williams at pwilliams@camrt.ca.

CAMRT LEADERSHIP DEVELOPMENT INSTITUTE

Call for Applications

On September 25-27, 2014, the CAMRT will be hosting its fifth Leadership Development Institute.

This 3-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 **Monday, June 30, 2014, by 5 p.m.**

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

What previous LDI participants had to say:

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

"In short, my experience with the LDI was amazing and empowering. Never would I have thought I would have experienced something in over the course of a weekend in which

I left invigorated and motivated to take on challenges in my personal and work life. From this experience I also created a large network of colleagues, with whom I still keep in regular contact, and am able to discuss the many facets of things going on within our professions provincially and nationally."



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



"LDI gave me the tools to develop my leadership skills. I would highly recommend it to anyone in my field who is interested in expanding their role."



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