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

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

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

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

In This Issue

Volume 31; Issue 3

On the Cover... Mayor Dennis O'Keefe welcomes CAMRT conference attendees to St. John's for the 2013 CAMRT AGC, courtesy of Matthew Emberton, ME Photography (http://www.mattembertonphotography.com/)

President's Message

Amanda Bolderston, RTT, FCAMRT

When I became president of CAMRT, I was provided with a formal, and quite daunting, list of the things I MUST do:

1. Preside at all meetings of the Board of Directors and the general membership of the association, with proper regard for the bylaws of the association and parliamentary procedure.
2. Ensure that all association business is properly managed by the persons responsible.
3. Ensure that the association is represented at meetings of other organizations.
4. Call board meetings as required.
5. Prepare at least two presidential messages each year for distribution to the membership.
6. Present a report on the activities of the board to the membership at the annual meeting of the association.
7. Assist the Chief Executive Officer in the preparation of the agenda for the board and general membership meetings.

As I am coming to the end of my term, these responsibilities seem a little less daunting—but what is missing from the list above is a list of presidential privileges. One of the most enjoyable of these is the opportunity to preside over the public recognition of the achievements and extraordinary accomplishments of CAMRT members at the annual president's banquet and awards ceremony. At this event, we celebrate academic excellence, and exceptional research and writing. We also honour our gifted educators, mentors and the stewards of our profession, recognizing both early achievement and lifetime accomplishments. You will find a complete report on our award presentations on page 11 of this issue. These distinguished members are the role models of our profession; people who make a significant difference in the lives of their patients, students, staff and colleagues from other healthcare professions. They are our profession's brand, personified; the very image of care.

Of all the awards—the most personally meaningful is the President's Award—an opportunity to pay tribute to an individual or organization that has made a difference in your own career and supported the president in his or her role. Past presidents have given this award to family and partners (who put up with a lot while their significant other is swanning around wearing a chain!), work colleagues who shoulder extra responsibilities, or to the people, groups or organizations who have inspired them. I picked the latter—and was very happy to present the award to Donna Lewis, someone who has made a significant difference to her profession—and incidentally, who has been a friend and mentor for more years than I care to count. It was Donna who persuaded me that professional volunteerism was a two-way street—that you often get back a lot more than you put in. Her commitment to patient care, not to mention her exceptional technical skills, are an inspiration. Most of all, over the last couple of years as I took on the role of president, she has been my sounding board, a source of great support and advice, and a very valued friend.

Only the president can choose the winner of this special award, but every member has the opportunity to contribute to the CAMRT awards process. You may not know this year's winners, but you most likely know someone who is equally deserving of a nomination, or who needs your encouragement to submit an essay or poster to the competitive awards program. I encourage you to review the awards program criteria on the CAMRT website, and to take the relatively small amount of time it takes to prepare a nomination for a deserving candidate. In doing so, you will not only pay personal tribute to a valued colleague but also contribute to brand championship at the highest level. Please think about it.

Amanda

2014 Board of Directors

The new Board of Directors were announced at the annual conference in Newfoundland. These individuals are instrumental in developing policies and in the continuing implementation of the strategic plan. Changes are effective as of January 1, 2014.

President
Deborah Murley, RTR

Immediate Past President
Amanda Bolderston, RTT, FCAMRT

British Columbia
Meena Amlani, RTR

Alberta
Wendy Martin-Gutjahr, RTR

Saskatchewan
Karen Davis, RTT

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Ontario
Robin Hesler, RTR

Québec
Micheline Jette, t.e.m.n.

New Brunswick
Julie Cyr, RTR

Nova Scotia
Karren Fader, RTNM

Prince Edward Island
Gailyne MacPherson, RTR, ACR

Newfoundland & Labrador
Dorothy Bennett, RTR

Member-at-Large
Kimberley Krueger, RTMR

CAMRT President Amanda Boldertson presents the President's Medal to Donna Lewis

Early Impressions and Focus

François Couillard, CEO

I would like to share what I have learned about the CAMRT and where I believe we need to focus the efforts of the organization.

Since I joined the CAMRT in early February, I spoke to all of our major stakeholders and attended meetings of many provincial MRT organizations, the Society of Nuclear Medicine and Molecular Imaging (SNMMI), the Canadian Association of Radiologists (CAR) and the American Society of Radiologic Technologists (ASRT). This is what I found:

First of all, the CAMRT is very well respected. It has dedicated and talented staff and volunteers, and great programs and services. I tell those who ask me about my first impressions that I find the MRT sub-culture very collaborative. This is reflected by the many requests we get from provincial, national and international organizations to collaborate on projects of common interest.

We have strengths in many areas: certification (entry into practice exams); continuous professional development (CPD); creating guidelines for the profession; and bringing together the perspectives of the various MRT specialties from all parts of the country. In recent years, we have become an important and visible advocate for the profession with campaigns such as Imaging Team Day, the Image of Care, MRT week and our collaboration with like-minded organizations such as CAR and the Health Action Lobby (HEAL). We are also helping advance the profession with the *Journal of Medical Imaging and Radiation Sciences* and our acclaimed Leadership Development Institute for young professionals.

My role is to translate the vision of the board, as expressed in our strategic plan, into concrete actions. The challenge is to align the limited CAMRT resources (staff and volunteers) behind a set of common objectives. This involves making difficult choices—we have limited resources and they have to be focused to deliver results. Over the next year, in addition to the baseline work required to run the regular operations at the CAMRT and continuously improve our programs, we will be tackling the following challenges:

- Addressing the findings of our membership survey: how can we deliver more value to our members at reasonable cost?
- Revising the framework that guides our relationship with the various provincial organizations: with more and more provincial associations morphing into self-regulated professional colleges, there is a need to clarify roles and responsibilities and find ways to avoid duplication of resources.
- Defining MRT advanced practice.
- Completing the roll-out of our Best Practice Guidelines (BPGs).
- Creating a mechanism to anticipate technology changes that will affect our profession.
- Enhancing the recognition and influence of MRTs with the general public, our healthcare partners and public authorities.
- Generating more non-dues revenues for the association.

This is a busy agenda for a small staff of 20. We will rely, as in the past, on engaged members to help us. Do you have any ideas or suggestions, or would you like to volunteer? We need your input. I look forward to hearing your thoughts via:

- e-mail (**connect@camrt.ca**);
- Twitter (**@couillardf**); or
- our **Facebook page**.

CAMRT CEO François Couillard enjoys his first CAMRT Annual General Conference in St. John's, Newfoundland and Labrador.

2013 Annual General Conference

The warm and welcoming hospitality of beautiful St. John's, Newfoundland set the perfect tone for this year's annual general conference. In late May 2013, over 400 delegates attended the annual education program and exhibition.

On May 22nd, just prior to the conference, two one-day preconference workshops were held—one focussing on education and the other on leadership and management.

The conference officially opened with a reception in the exhibit hall where CAMRT and NLAMRT presidents Amanda Bolderston and Nicole Jenkins welcomed delegates and assisted host committee co-chairs Christa Coombs and Arlene Collins in the ribbon cutting ceremony. While strolling amongst the exhibits and poster board presentations, delegates were afforded the opportunity to meet new friends and reconnect with past acquaintances.

The next morning, after local musicians led the group in an energizing round of "I's the B'y", André Picard, public health reporter for the Globe and Mail, gave an opening presentation on the future of Canada's healthcare system (an excerpt of his speech is reprinted in this newsletter on page 13). This was followed over the next three days by a variety of plenary and discipline specific sessions delivered by experts in their field.

CAMRT introduced a new format on the closing day of the conference. A heartwarming and inspiring session entitled "When those who give care need care" was presented by Debbie Maloney, a member of the MRT profession, who shared her experiences as a patient dealing with a life-threatening illness. This was followed by a panel discussion focussing on a specific case where members of each MRT discipline gave their perspectives and discussed the importance of interdisciplinary collaboration.

And of course, it wouldn't be a successful conference without the social interaction provided through various activities hosted by the CAMRT Foundation, CAMRT, and the conference host committee. Wonderful Newfoundland food and music ensured a good time was had by all!

CAMRT would like to thank all of the exhibitors and sponsors that contributed to the success of this year's conference through their generous donations and excellent, informational exhibits. Without their continued support, this conference would not be possible. This year's medal sponsors were: Platinum: Varian Medical Systems; Silver: Philips Healthcare, Toshiba Canada; Bronze: BMS, Covidien, Elekta, Siemens. Thanks also to Edmonton Tourism for their contributions to the conference.

The tradition continues with the 72nd CAMRT Annual General Conference in Edmonton, Alberta, May 29–June 1, 2014. The host committee, led by Kathy Hilsenteger and Dacia Richmond, extends a warm invitation to enjoy the western hospitality of the Alberta College of Medical Diagnostic and Therapeutic Technologists.

RECORD OF ATTENDANCE CONTINUING EDUCATION CREDITS

Delegates who were scanned in and out of sessions at the CAMRT's 71st annual general conference can now obtain their Record of Attendance on the secured section of the CAMRT's website by logging in at **https://ww2.camrt.ca/cpd** with their CAMRT number and password. Click on "View record of attendance." This provides an accurate record of each delegate's attendance at the educational sessions. Delegates who do not know their CAMRT number and/or password, visit **https://ww2.camrt.ca/cpd**, then click on "retrieve your CAMRT Number by email."

NEW in 2013: SPEAKER CREDIT
Upon request, the CAMRT can issue credit for Lecture Preparation and Presentation for individuals who prepare and present at the CAMRT's 2013 Annual General Conference. Some exceptions may apply. Please contact Mélanie Bérubé at **mberube@camrt.ca** for more information.

If you have any questions or concerns about your record of attendance, please do not hesitate to contact the CAMRT at **cpd@camrt.ca**.

2013 Welch Memorial Lecturer Irene O'Brien and CAMRT President Amanda Boldertson

Caitlin Gillan: CAMRT's Newest Fellowship Recipient

Fellowship is the pinnacle of achievement within the CAMRT, an honour bestowed upon select MRTs. To become a fellow of the CAMRT (FCAMRT), an individual must have consistently demonstrated advanced competence, personal commitment and contribution to the growth of the profession and the association beyond the normal scope of practice. This year, **Caitlin Gillan, RTT**, was awarded the CAMRT Fellowship at the annual conference where she also presented her Fellowship project, "There's no "I" in IGRT: the role of interprofessional education in the collaborative integration of transformative technology." We sat down with her to find out a little more about the process of becoming a Fellow and achieving the FCAMRT designation.

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

CAITLIN GILLAN: I'm not sure that I have anything too fascinating to report here.... I live in Toronto, where I was born and grew up, and I work as a radiation therapist and educator at the Princess Margaret Cancer Centre. I am the Project Manager for the Accelerated Education Program at the Princess Margaret, and the Associate Director, Curriculum, for the Master in Health Sciences in Medical Radiation Sciences at the University of Toronto.

I actually wanted to be a veterinarian from the time I was in grade school, and I went to the University of Guelph to pursue that interest. When I decided after my undergraduate degree that veterinary medicine wasn't for me (who am I kidding—the decision was made for me by the admissions committee!), I struggled for a few months with no true idea what I wanted to do with my life. It was a family friend who directed me towards the Michener Institute, where I found the Medical Radiation Sciences Program that ran jointly with the University of Toronto. Radiation therapy appealed to me because of the distinct focus on a single area of medicine and the direct impact that a radiation therapist could have within the healthcare team in cancer treatment.

CAMRT: Why did you decide to pursue a Fellowship?

CG: I was lucky enough to attend my first CAMRT annual general conference in Calgary in 2006, when I was a radiation therapy student. There, I saw Amanda Bolderston and Carol Gillies awarded their Fellowships—my curiosity was sparked! I thought it represented an interesting challenge to be well-rounded within my professional environment, and a platform on which to advocate for continued advancement of medical radiation technology.

CAMRT: Can you describe the process you went through to obtain your Fellowship?

CG: For anyone who is truly engaged in their profession on a few different levels, a Fellowship is really just dotting some "i"s and crossing some "t"s. In all honesty, a lot of the initial efforts were in managing the paperwork to verify my engagement in different areas—research, volunteerism, mentorship, etc. Having a moderately-maintained professional portfolio to catalogue documentation of all aspects of my career was a bonus in this step! Once this had all been verified, I needed to submit a project for review by the Fellowship committee. My project reflected an area of interest for me that I thought would benefit the profession and contribute beyond the scope of my Fellowship. I then presented this work to an audience at the AGC in St John's, and was questioned by an expert panel about the content and value of my work. And that was it!

CAMRT: How long did it take?

CG: From the point at which I initially registered for the Fellowship program to the time at which I was awarded my Fellowship in St John's, I believe the formal process took about two years. That said, the various elements that I included towards the necessary 'credits' within the program reflected contributions made since I began practicing as an MRT in 2008. I would not consider a Fellowship to be a project that one takes on within a given timeframe—it is more of a background process that culminates in a formal presentation and award whenever the candidate naturally establishes a well-rounded portfolio.

CAMRT: What advice would you offer others interested in becoming Fellows?

CG: My advice would be that an MRT interested in becoming a fellow should pursue it as recognition of a desire to be engaged and to contribute to the profession, not as an end unto itself. The greatest advantage of a Fellowship, in my view, is the provision of a platform to make further contributions. I'd also suggest that a potential candidate contact the Fellowship committee and responsible CAMRT staff member early in the process to ensure all the criteria are clear. This will facilitate open communication further down the line—the Fellowship is a collaborative process between the candidate and the CAMRT.

continued on page 9 ▶

A Conversation with Denis Poulin, CAMRT Life Member

At the CAMRT conference in May, **Denis Poulin, RTR** was presented with the CAMRT's Life Membership award. This award is the highest form of recognition by one's peers and is designed to honour a member of the CAMRT whose professional activities have promoted the medical radiation technology (MRT) profession nationally or internationally, whose leadership serves to motivate others to become involved in professional activities, and who has been involved in raising the profile of the CAMRT.

Below is an excerpt from CAMRT President Amanda Bolderston's speech at the conference, introducing Denis' many achievements, followed by an interview with Denis himself.

"Denis has had an illustrious career as an educator of technologists and sonographers–locally, provincially, nationally, internationally–from the day he entered the profession in 1969. He has made extraordinary contributions to his–and our–profession. His advocacy on quality control and quality assurance as it applies to patient and worker radiation had a lasting impact, as an advisor to the Ontario Minister of Health with respect to the Healing Arts Radiation Protection Act in Ontario, and the integration of curriculum on radiation protection education into CAMRT AGC programs. He is generous with his time, and expertise. He is so deeply committed to the support of international development that he once personally paid the country annual membership fees for the Cote d'Ivoire so that the technologists in that country could continue to benefit from ISRRT services.

Over the course of his career, he has served as a key advisor on both formal learning programs and continuing professional education. A conference organizer extraordinaire, he has been instrumental in building bridges with other professions, notably sonographers, by encouraging and organizing joint conferences. He is beloved by his former students from the Michener Institute's radiography/ultrasound technology program, and has reveled in the opportunity to reconnect with many of them this week. This is not the first honour he has received...not surprisingly. A select few among the very long list of awards I could mention are the Michener Alumni Award of Distinction; Life Membership in the Ontario Association of Medical Radiation Sciences and the Canadian Association of Medical Technology Foundation; the CAMRT Welch Lecturer; and the Mary F. Cameron Lecturer.

He is a lifelong supporter of our profession, a proud champion–he exemplifies our profession's brand, he is the very image of care."

CAMRT: Congratulations on your achievement, Denis! Were you surprised by this award?

DENIS POULIN: I was very touched when I received a call from our President informing me that the Board of Directors was honouring me at this meeting. What a privilege and honour to have been elected to Life Membership of the Canadian Association of Medical Radiation Technologists. When I was President of the CAMRT, I had the pleasure of presenting Life Membership to members of this association and I always wondered how those individuals felt in being recognized. Now I know, and I felt very humbled to accept this tribute.

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

DP: When I was first elected to the Board of Directors of the CAMRT in 1979, there was a conflict between the CAMRT and the Quebec Provincial Association (OTRQ) over examinations and registration of graduates. I believed that we should be working together and I proposed to the Board of Directors that an ad-hoc committee be set up with two individuals from the CAMRT and the OTRQ. The committee met a number of times and a report was prepared with a number of recommendations. This report was presented at the AGM in 1980 and the first national referendum of the membership was held following this meeting. Our recommendations were accepted. Today the OTRQ and the CAMRT have an excellent relationship and I am very pleased with how things have turned out. From 1979 to 1980 I served as an advisor to the Ontario Minister of Health with respect to the Healing Arts Radiation Protection Act (HARP) in Ontario. The Minister of Health accepted our recommendation to set up regulatory bodies (colleges) and the College of Medical Radiation Technologists of Ontario (CMRTO) was established. During my employment at The Michener Institute for Applied Health Sciences, I was asked to coordinate fundraising for student scholarships, and in a two-month period I was able to raise almost $500,000.

CAMRT: How has your involvement as an educator shaped your career?

DP: I always say that things happen for a reason. In 1972 I was employed at St. Michael's Hospital as a supervisor of the Heart Lab, and I had offered a number of post-graduate courses in cardiology. At that time, the Toronto Institute of Medical Technology (presently The Michener Institute) was being established and the radiography program for the Toronto area was organised. I applied for a position and I was hired as a faculty member in the ra-

diology department. Over the years I have found that teaching is a very rewarding career and there is great pride in seeing your former students doing so well in the profession. As an educator, I know that lifelong learning and helping students never ends. It gives me great pleasure to still hear from my former students.

CAMRT: Can you tell us more about your interest in international development?

DP: Serving on the ISRRT council was such a great experience. We are so fortunate to live in Canada and we should never assume that everyone in the world has what we have. My first international meeting was in Madrid in 1973, and I met a number of individuals from around the world who wanted to learn and who needed textbooks. I believe that it is important for us to share our knowledge and our resources to help other technologists, therapists, and sonographers who are less fortunate than us. I coordinated sending textbooks to underdeveloped countries for teaching students in our profession. Over the years, I have given lectures at various meetings around the world. In 1999, the CAMRT asked me if I would teach ultrasound (in French) to technologists in the Cote D'Ivoire. I accepted this challenge, and in the year 2000 I taught students from twenty-one French-speaking countries in Africa. What an amazing and rewarding experience this was! I also taught ultrasound online to students in the Caribbean from 2000-2004. Last year I reconnected with some of my students at the ISRRT/CAMRT joint meeting in Toronto. Serving on the ISRRT council was such a great experience.

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

DP: When I graduated as a technologist from St. Michael's School of Radiography in the 60s, the association increased their fees from $15 to $25 a year. Like some technologists, I complained and went to see the person in charge of our department, Sister Eucheria (later known as Sister Rita Smith) and said to her, "What is the society doing for me?" Sister Eucheria looked at me and said "Denis, if you want to know what the society is doing for you, you get involved and find out for yourself." I left her office and I thought she had a good point, so I did get involved in the Toronto section of the Ontario Association of Medical Radiation Sciences. The association became my other life, and I learned that:

- The CAMRT is a highly respected organization
- We are so lucky to have such highly committed members of the CAMRT for the betterment of the profession
- Over the years the association has set high professional standards
- As far as I am concerned, the best people in the world belong to our profession. I believe in this so much that I married one!
- Over the years I have made numerous friends around the world with whom I still keep in touch, and thank goodness for Facebook.
- I have always felt so proud of my profession and I have such great memories of the places I have been to and the people I have met.

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

DP: I am so proud to see some of my former students involved in the profession. Get involved and find out for yourself what our profession is all about. You will not be sorry with the rewards it has to offer.

CAMRT: What's next for you?

My wife, Caroline, and I have retired and we enjoy spending time with our grandson Aaron, keeping in touch with friends, and travelling the world. We have had our challenges with our health, and now we take advantage of every day we have. My professional organization still asks me for my expertise in various areas such as serving as parliamentarian at the AGM, a responsibility that I enjoy.

CAMRT: Final thoughts...

DP: Receiving this honour has given me the opportunity to review my life and feel the pride of my many accomplishments. The Michener Institute gave me the opportunity to be involved in my professional association and, as a result, I was able to travel not only within the province of Ontario, but to other parts of Canada and the world.

I would like to thank my close friends who made a point of attending the President's Banquet for the presentation of my Life Membership Award. I would also like to thank my wife Caroline for her understanding, support, and love.

I would also like to thank our president, Amanda Bolderston, the Board of Directors for this honour, and Robin Hesler for nominating me.

Caitlin Gillan... *cont'd from page 7*

CAMRT: What does it mean to you, to be named a Fellow?

CG: I am extremely proud to be the newest Fellow of the CAMRT, and I see it as being welcomed into a deeper level of engagement within my professional association—now I just hope that I can continue to earn my keep!

CAMRT: Do you consider yourself a role model for the profession?

CG: That's a tricky question... Perhaps I can be a role model for someone who wishes to pursue the career path within the profession that I've chosen to pursue—education and research, primarily—but this certainly isn't for everyone, and there are far better role models than me for those more drawn to areas of the profession, such as direct clinical practice. I think we are all lucky to be in a profession where so many people are so passionate about the contributions they make to their field, and it is that passion that should be modelled, in whatever form it takes!

CAMRT: What are your reasons for volunteering with the profession?

CG: I think many people would argue it is because I am incapable of saying "no".... a common pathology amongst MRTs! I was lucky enough to be offered a few key opportunities as an MRT student and new graduate, and those opportunities snowballed from there. I would also argue that we have no right to complain about things that are not ideal within our work environment or professional association unless we are willing to contribute to a solution. It is our own responsibility to push our profession forward!

CAMRT: What is ahead for you?

CG: Who knows.... but it will involve (shameless plugs ahead!) curricular innovation with the Master's program (**www.UofT.me/MHScMRS**) and the Accelerated Education Program (**www.aepeducation.ca**), and continued involvement with the Canadian Partnership for Quality Radiotherapy (CPQR, **www.cpqr.ca**) that is doing some amazing work in promoting and furthering national quality initiatives in radiation therapy.

CAMRT Foundation Update

Submitted by Darlene Courtney,RTT, President, CAMRT Foundation

A huge thank you goes out to all those who supported the Foundation at the AGC in St. John's. Our fundraising events included our pub crawl along George Street (with over 160 participants!), the Roentgen Ramble, and the raffle held prior to the President's Banquet. The final tally on how much we raised was not available yet, but the initial counts are pointing to a huge success! With the support of these events we were able to provide financial assistance to help our members reach their educational goals.

This year we are pleased to announce the following 2013 grant and scholarship recipients:

- **Kimberly Gadbois**, Alberta
  Masters of Education in Health Sciences
- **Lyndon Morley**, Ontario
  Masters of Science in Project Management
- **Jill Sutherland**, Manitoba
  Masters of Health Studies
- **Michael Velec**, Ontario
  PhD Medical Radiation Sciences
- **Karren Fader**, Nova Scotia
  Masters of Health Informatics
- **Renee Gentes**, Manitoba
  Bachelor Human Sciences
- **Jacqueline Middleton**, Alberta
  Masters Education Health Sciences
- **Kerrie Pilon**, Saskatchewan
  Bachelor of Applied Science-Medical Imaging Conversion Program
- **Ada Bunko**, Saskatchewan
  Master Radiation Therapy
- **Melissa Spongale**, Nova Scotia
  Masters of Education in Studies of Lifelong Learning Program
- **Janelle Duquette**, Alberta
  Masters of Science in Radiotherapy and Oncology
- **Laura Grose**, Alberta
  Masters of Arts in Professional Communications
- **Amanda Jacques**, Alberta
  Masters of Arts in Professional Communications
- **Bashir Jalloh**, Saskatchewan
  Masters of Public Health
- **Katherine Jensen**, Alberta
  Foundations of Health Service Research, and Qualitative Health
- **Para Kouhestani**, British Columbia
  Certificate in Modern Management
- **Winnie Li**, Ontario
  Masters of Science

The recipient of the 2013 **William Doern–Leader of Tomorrow Scholarship** is **Bryndel Fell**. Bryndel is currently completing his Medical Radiography Technology Diploma at the New Caledonia College. He has volunteered at the Kelowna Hospice Society, Okanogan Hospice Society, and is currently the Regional Director of the BC Kidney Foundation, all while he maintains a 4.2 GPA.

Congratulations to all our grant and scholarship recipients. The total amount of grants and scholarship awarded this year was over $25,000.

Affinity Programs
Our affiliation with Johnson Inc. Insurance and BMO MasterCard continues to be profitable, and we have again received over $16,000 from these affinity programs.

Please remember that anytime a member obtains a no obligation quote on home or auto insurance from Johnson, the Foundation receives $20. Log onto **www.johnson.ca** and go to "get a quote" and enter CAMRT Foundation as the sponsorship program, or call 1-800-563-0677.

If you already have a BMO MasterCard, please consider adding the CAMRT affinity. This can be done at no cost. If you are looking to get a new card, why not get the CAMRT MasterCard. Cardholders can still collect Air Miles and hold the WestJet affinity at the same time. The Foundation receives a percentage of the net sales charged to the CAMRT MasterCard.

About the Foundation

The CAMRT Foundation exists to support its members and the advancement of the profession. As such, the Foundation:

- Promotes pride in the profession and within our ranks.
- Helps members keep abreast of new and emerging technologies.
- Advocates lifelong learning.
- Promotes excellence in patient care.

The CAMRT Foundation was incorporated under the Canada Corporations Act as a charitable organization on January 29, 1987. While it is a separate entity from CAMRT, the Foundation complements and enhances the educational activities of the professional association and its members.

For more information, visit: **http://www.camrt.ca/aboutcamrt/camrt-foundation/**.

Call 1-800-263-2263 or log onto **www.bmo.com/mosaik.camrt**.

Please consider supporting the Foundation with these two simple programs!

Foundation Vacancy
For this upcoming year, the Executive Secretary position is open on the CAMRT Foundation. If you are interested please email the Foundation at **foundation@camrt.ca** and further details can be sent to you.

Please follow the CAMRT Foundation on our new **Facebook page**, and enjoy your summer!

Foundation President Darlene Courtney and Foundation Treasurer Keri Smith flank Fiona Mitchell and Loretta Robinson at the AGC in St. John`s

2013 Awards Presentation

NAME OF AWARD	NAME OF RECIPIENT	SPONSOR
Essay Competition		
L.J. Cartwright Student Award—WINNER	Leann Ban **Essay Title:** *The Impact of In Vivo EPID Dosimetry on IMRT Treatment Delivery Workflow: Acceptability and Usability from a Stakeholder Perspective.*	CAMRT
L.J. Cartwright Student Award—CERTIFICATE OF MERIT	Kellen Koo **Essay Title:** *Determining the Most Effective Bolus to be Used During Chest Wall Radiotherapy Post-Mastectomy: Dosimetric Comparison of Different Bolus Types and the Treatment Planning software Virtual Bolus Option.*	CAMRT
E.I. Hood Award—WINNER	Angela Turner **Essay Title:** *Creating Our Own Knowledge: The Development of Professional Knowledge in Radiation Therapy.*	CAMRT
Dr. Petrie Memorial Award—WINNER	Jennifer Lynn Taylor **Essay Title:** *The Diagnostic Application of Radiolabelled Folate in the Detection of Folate-Receptor Positive Tumors.*	CAMRT
Sister Mary Arthur "Sharing the Light" Award—WINNER	Kristy Marie Stanley **Essay Title:** *Impacts of Preparatory Educational Interventions for Radiotherapy Patients on Anxiety, Distress and Self Efficacy: An Integrative Review.*	CAMRT
Sister Mary Arthur "Sharing the Light" Award—CERTIFICATE OF MERIT	Rachel Graham **Essay Title:** *Evaluating the Effectiveness of Feeding Tubes in the Maintenance of Weight During Concurrent Treatment for Head and Neck Cancer - A Retrospective Chart Review.*	CAMRT
Sister Mary Arthur "Sharing the Light" Award—CERTIFICATE OF MERIT	Timothy Bodnarchuk and Allison Gantefoer **Essay Title:** *Screening for Distress in the Radiation Therapy Department: Distress Incidence by Gender, Age, Treatment Intent and Ethnicity.*	CAMRT
Bayer MR Award—WINNER	John Gushie **Essay Title:** *Spatial Pre-Saturation Pulses in Magnetic Resonance Imaging for Scanner Operators.*	Bayer
Exhibit Competition		
Dr. Marshall Mallett Student Award—WINNER	Rukhayya Noorkhan and Kulsoom Shah **Exhibit Title:** *Trauma Radiography (PowerPoint)*	CAMRT Foundation
Dr. Marshall Mallett Student Award—CERTIFICATE OF MERIT	Alexandru Mihai Nicolae **Exhibit Title:** *PTV Margin Determination for Single-Faction Stereotactic Body Radiation Therapy (SBRT) Boost for Intermediate-Risk Adenocarcinoma of the Prostate. (PowerPoint)*	CAMRT Foundation
Dr. Marshall Mallett Student Award—CERTIFICATE OF MERIT	Leann Ban **Exhibit Title:** *Integrating In Vivo EPID Dosimetry into IMRT Treatment Delivery for Head and Neck Cancer Patients: The Role of Radiation Therapists in Protocol Development. (Poster)*	CAMRT Foundation
Dr. Marshall Mallett Student Award—CERTIFICATE OF MERIT	Jee Hae Rebekah Shin **Exhibit Title:** *Partial Breast Irradiation in Early Breast Carcinoma: Does Primary Tumour Location Affect Overall Cosmetic Outcome for Low Dose Rate Permanent Seed Implantation Patients. (Poster)*	CAMRT Foundation
Philips Award—WINNER	Elizabeth Lorusso **Exhibit Title:** *Integrating Human Patient Simulation as an Innovative Approach to MRI Education. (Poster)*	Philips Healthcare
Philips Award—CERTIFICATE OF MERIT	Emilia Timotin **Exhibit Title:** *High Dose Rate Brachytherapy. (Video)*	Philips Healthcare
George Reason Memorial Award—WINNER	Laurel Marchinkow **Exhibit Title:** *Radiation Protection for the Radiologist and Patient During Vertebroplasty Procedures. (PowerPoint)*	Bracco Imaging Canada

NAME OF AWARD	NAME OF RECIPIENT	SPONSOR
Awards of Excellence – Highest Mark in 2012 Certification Examinations		
Radiological Technology	Andria Czyrko, RTR **Program:** *Mohawk-McMaster Institute for Applied Health Sciences*	CAMRT
Radiation Therapy	Ian Sun, RTT **Program:** *British Columbia Institute of Technology*	CAMRT
Nuclear Medicine	Linda Sarju, RTNM **Program:** *Joint Michener Institute/University of Toronto Program*	CAMRT
Magnetic Resonance	Heather Benenati, RTR, RTMR **Program:** *Michener Institute*	CAMRT
Honorary Awards		
Life Member Award	Denis Poulin, RTR	CAMRT
Dr. Marshall Mallett Lamp of Knowledge Award	Alison Mitchell, RTT	CAMRT
Award for Early Professional Achievement	Grace Lee, RTT	CAMRT
Steward of the Profession Award	Robert Britz, RTR, ACR, CTIC	CAMRT
2013 Welch Lecturer	Irene O'Brien, RTR, ACR	CAMRT
2014 Welch Lecturer Announcement	Del Leibel, RTT, ACT, CTIC	CAMRT
Fellowship		
Presentation of Fellowship medal and certificate	Caitlin Gillan, RTT	CAMRT
Board Awards		
Presentations to outgoing board members	Kelly Nystedt, RTT Brenda Badiuk, RTNM Carol-Anne Davis, RTT, ACT Patricia Munro, RTNM	CAMRT
President's Medal	Donna Lewis, RTT	CAMRT
Journal of Medical Imaging and Radiation Sciences Awards		
Reviewer of the Year	Sheri Lomas, ACT, RTT	JMIRS
Outstanding Reviewer—Nuclear Medicine	Dr. Anthony Hodsman	JMIRS
Outstanding Reviewer—Magnetic Resonance Imaging	Dr. Mark Alexiuk	JMIRS
Outstanding Reviewer—Radiation Therapy	Lyndon Morley, RTT	JMIRS
Outstanding Reviewer—Radiological Technology	Jenny Soo, ACT, RTT	JMIRS
Research Grant	Tessa Larsen, Mina Yaver, Ann Foo, Credit Valley Hospital *Evaluation of new Bowel and Bladder Preparation Guidelines for Radical Prostate and Prostate Bed patients receiving Radiation Therapy: A Pilot study at Peel Region Cancer Center (PRCC)*	CAMRT / JMIRS

Are you an Image of Care Brand Champion?

SHARE YOUR STORY

Telling us how you live the Image of Care brand will inspire others to get involved.

Walk the talk at brand presentations

"NOD" with patients

Drive their brand

What do brand champions do?

Just over two years ago, CAMRT and the provincial organizations launched the Image of Care campaign, designed to identify Canada's medical radiation technologists as the very image of care, providing an essential link between patients and their health care.

In a recent survey of CAMRT members, we learned that hundreds see themselves as brand champions, and that championship takes many forms. Above are a few ideas.

Here are a few more:

- Hosting a presentation about the brand campaign at conferences or staff development events
- Using the Image of Care graphics to create email signatures that link to the **imageofcare.ca** website
- Wearing the brand on their heart or their sleeve, by creating t-shirts or lanyards with the Image of Care designs
- Creating advertisements promoting the profession, in local publications
- YOUR OWN IDEA here

Send us your branding success story, with photos if possible, and we'll buy you a coffee!

All of the stories will be entered in our Image of Care brand champion challenge. The top 20 entries, as selected by our rebranding committee members, will receive a $25 Tim Horton's gift card. The Champion of the year will be featured on the cover of the CAMRT News, and will receive their choice of a complimentary registration to the 2014 CAMRT conference in Edmonton OR a $300 gift card for the retailer of their choice.

Entry deadline:
Friday, November 8, 2013
WORLD RADIOGRAPHY DAY

EMAIL to: info@imageofcare.ca

Mail to :
Brand Champion Challenge
c/o Canadian Association of Medical Radiation Technologists
85 Albert Street, Suite/bureau 1000
Ottawa, ON K1P 6A4

The Brand Champion of the Year, and the top ten stories, will be announced on December 15, 2013.

The Future of Medicare: Diagnosis and Prescription

Below is a condensed version of André Picard's presentation at the CAMRT conference, *The Future of Medicare: Diagnosis and Prescription.*

You may be asking yourselves: Why is a journalist speaking to a group of medical radiation technologists? What can he possibly teach us? I want to talk about the health delivery more generally to share my perspective on the strong and weak point of our publicly-funded health system and some insight on where the Medicare is going – or should be going. In a world of hyper-specialists, people work in silos. Not many people think about how the pieces of the puzzle fit together – or how they should fit together. That's what I try to do. And that's the point-of-view I'm going to speak from today – in the hope that it will help you understand where you fit and how your role in the health system may be changing.

While we like to think of Medicare as this all-encompassing program that ensures all Canadians are cared for from cradle to grave, that is mythology, not reality. We don't have a cohesive national health system in Canada. We have 14 provincial and federal health delivery programs for hospital and physician care, more than 40 provincial and federal drug insurance programs, and a handful of other programs that deliver things like homecare.

There are large and growing gaps in Medicare. The lack of universal drug coverage is, without a doubt, the most gaping hole of all. In fact, there are two dominant policy issues in healthcare today: drug policy and primary care. More importantly, there fundamental changes taking root in the philosophy of delivering care: Patients or consumers or whatever you want to call them are becoming much more powerful. And the health system itself is becoming more business-like. Practically, what we're seeing is more patient-centered care and more emphasis on appropriateness and quality of care. These are issues that I think are particularly relevant to your profession. In recent years, for example, I've written a lot about the appropriateness of imaging for children and how that affects their cancer risk later in life. These are profound changes and they're going to affect every health worker, yourselves included.

In Canada last year, we spent $207-billion on healthcare services. That's 11.6 per cent of Gross Domestic Product. Put another way, one in every eight dollars spent in the Canadian economy goes to health. It's important to recognize that healthcare is labour-intensive. There are 1.1 million workers in the health system in Canada. That includes 260,000 nurses, 76,000 doctors and 12,000 medical radiation technologists. About two in every three healthcare dollars go to wages. There's one giant slice called labour and much smaller pieces for drugs, equipment and infrastructure. So, if we want to cut health spending significantly – which everyone says they want to do - there's only one real way to do it: reduce labour costs. But I've never heard anyone say they want fewer health workers. In fact, despite all the talk of shortages and belt-tightening, the reality is that in recent years we've been hiring a lot more health workers, and we've been paying them a lot more (especially doctors).

These new workers may or may not be needed. But what we should be doing before adding bodies is ensuring we are getting value for money. The way to do so is to make sure everyone works to their full scope of practice and to ensure the care they are providing is appropriate. The greatest inefficiency in the Canadian system is that we have many workers doing jobs for which they are overqualified and, conversely, not doing the work they are qualified for because it's being done by more expensive workers. Health professionals spend too much time doing menial tasks because we under-invest in secretarial and support staff.

Scope of practice is changing, but very slowly. I'm sure every one of you could name ten things that doctors are doing that could and should be done by others, including radiation technologists. But turf protection too often trumps efficiency. To get the proper division of labour we need people not only to work to full scope of practice but to work in teams. In an era where patients are increasingly complex, interdisciplinary care must be the norm. But teamwork is something that has to be learned and incentivized. Our healthcare system is not structured to encourage co-operation. On the contrary: We have a system that consists of numerous silos and very little co-operation. The unfortunate result of this for patients is a lack of continuity of care.

Hospitals need to change. But most of you work in hospitals. How is that going to affect your work? I think there's no question that services like imaging are going to move increasingly to stand-alone clinics – both private and public. I want to caution that the word "private" is scary because it's often misunderstood and misused. Let's talk about spending first. About 70 per cent of health spending in Canada is public—meaning we pay it with our taxes. Public spending was $145-billion in 2011. That means private spending was $62-billion. Roughly $26-billion of that was paid out by private insurers and $36-billion out-of-pocket. There is often is miscon-

ception that our health system is socialist, that it's all "free." In reality we have a mixed system—70/30 public/private.

There's another aspect to private-public discussion and that is delivery. Again, in Canada, we assume that our public system is all publicly-owned. But that's not the case at all. The vast majority of care—roughly 70 per cent—is actually delivered by private contractors. That includes doctors – most of whom are independent contractors paid on a fee-for-service basis —and hospitals, most of which are not-for-profits that sign contracts with provincial ministries of health, and of course pharmacists and drug suppliers, almost all of whom are private suppliers.

The central problem we have in Canadian health care is not that we have private providers or private funding; it's that we don't have a sense of purpose. Despite the fact that we spend more than $200-billion on healthcare, we don't really have any goals. The closest thing we have to a vision statement is a campaign slogan from Tommy Douglas. He said: "No one should lose their farm to pay for essential healthcare." We don't all live on farms anymore and medicine is very different than in the 1950s—although I saw an x-ray machine at a hospital the other day that was at least that old. The point to retain from that Tommy Douglas quote is that Medicare was never meant to cover everything for everyone all the time. It's supposed to cover the essentials. For me, that's the key public policy question we need to tackle to reform the health system: what's essential and what's not? Put another way: What should be in the Medicare basket of services and covered by public insurance and what should be excluded and covered by private insurance? The care we get should depend on necessity, not on where it is provided.

In your daily work, it is absurd that some patients need to pay for their MRIs out-of-pocket and some don't. Currently, 22 million Canadians have some private health insurance. When I quote that number, people are often shocked; there is a widespread perception that it is illegal to sell private health insurance in Canada. That's not true. What is illegal —in five provinces—is to sell insurance for "medically necessary" care, i.e. physician and hospital care. It used to be illegal in Quebec but the law was struck down in the Chaoulli case. There are similar cases in Ontario, B.C. and Alberta and those laws will be struck down. In this new environment it will be especially important to define what's covered by Medicare and what's not.

What public insurance should pay for is what works—interventions that are curative, that extend life, relieve pain. They also need to provide more benefit than harm AND be cost-effective. It's all about appropriateness. In your field, for example, there is a complete re-think going on about screening mammography. We have focused too much on theoretical benefits and not enough on real harms. Same goes with imaging tests: If they are overused there is a real risk of harm, especially with children.

Time is running out so what's my take-home message? It's that we have a pretty good health system, but it's not as good as it can and should be. We all have an important role in making it better, especially those of you on the front lines. I said at the outset there are two dominant policy issues in healthcare today: primary care and drugs. But the other over-arching issue is appropriateness and quality. What I really like about CAMRT is your emphasis on excellence, on quality. I also love the brand: The image of care. Medicare has not paid enough attention to its image, to its raison d'etre. There's a lot to fix, but we need to start ensuring all the care we deliver is appropriate and excellent. I think you, as profession, have a vision of how to improve patient care, with quality as a starting point. It's the kind of vision that we need to embrace more broadly to drag Medicare, kicking and screaming if need be, into the 21st century.

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

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

All in the Family

Sometimes a profession is a family affair. There are families with generations of doctors, lawyers, teachers, nurses, and others. Medical radiation technology is also a family affair, and we are pleased to continue this column with mother-and-daughter MRTs Loretta and Anna Robinson from British Columbia. Loretta Robinson, RTR, RDMS, is currently serving as President of the BCAMRT, and works at the Prince Rupert Regional Hospital. Her daughter, Anna Robinson, RTR, works at the Royal Inland Hospital in British Columbia.

CAMRT: We'll start with a few questions for you, Loretta: What inspired you to pursue a career in medical radiation technology?

LORETTA ROBINSON: As an eight-year-old child, in respiratory distress, I was taken to Montreal General Hospital at two a.m. A nice man took my chest x-ray and asked me if I wanted to see my 'picture.' I was hooked! As a teenager in the 1970's, many of my friends delayed their postsecondary education to 'discover themselves.' My path never wavered, and I entered the MRT program at the age of 18 in London, Ontario. (I'll get to retire before most of them!)

CAMRT: How do people react when they learn that you and your daughter are in the same field?

LR: I always get a kick out of people saying that Anna 'is following in her mother's footsteps!' Anna has never been a follower. She is a leader, educator, and a great listener. If you know Anna, she is focused, analytical, brilliant, and the kindest soul. We are lucky to have her in our profession.

CAMRT: What do you enjoy most about being an MRT?

LR: I love working with patients of all ages, and finding a way to put them at ease while I complete the study. The Latin inscription, *Scientia et Mores*, on the CAMRT logo is a perfect description of our practice. We mix science and technology while understanding the patients' rights and attending to their care and needs.

CAMRT: What motivated you to become President of BCAMRT?

LR: Being president gave me a solid platform to address our members and sell the NOD concept. Technologists often feel that we sit on the sidelines when health care issues are addressed, due to the lack of public awareness about our profession. It is in our power to educate the public with the simple, but effective use of the NOD.

I live in Prince Rupert, a two-day drive to Vancouver! I wanted BCAMRT members to recognize that the obstacles of our geography no longer restrict ability to sit on the board or volunteer. Internet and teleconferences diminish the distance, and anyone willing to spend some quality volunteer time will find great rewards in working for our profession.

CAMRT: And Anna, how did your mom being an MRT influence your thinking and career planning as you were growing up?

ANNA ROBINSON: My mother played a major role in my decision to become an MRT, but surprisingly, I don't think she ever told me or tried to convince me to follow in her footsteps. I grew up in the x-ray department. Whether I was six years old, spinning on the work chairs while my mom was in on a call-back; or 12 years old and a tech would let me process a film (in a dark room!); or I was 16, just granted my driver's license and picking her up from work, I always saw the joy on the technologists' faces. They worked as a team with a sense of pride–and sometimes mischief! I wanted to become a part of the MRT team.

CAMRT: What do you enjoy most about being an MRT?

AR: I enjoy almost every aspect, but the patient care is what I enjoy the most. For the quick time we are with them, I love being able to put a smile on their faces. And the other part I love about being an MRT is that if I need a change, I can go from x-ray to CT to MRI, etc. I love that the learning never stops.

CAMRT: Do you have plans to follow in your mom's footsteps with regard to volunteering?

AR: Yes. I actually started the moment I graduated from medical radiography. I have been on the planning committee for the BCAMRT AGC, and I recently became a member of the BCAMRT Board of Directors for the Education Committee. The best part about volunteering is that it can be a simple quick task or a long term pledge: you as the volunteer can chose what your level of commitment is.

CAMRT: Do you think being an MRT will become "a family affair;" that is, will you encourage your offspring to pursue a career as an MRT, too?

AR: I haven't thought that far ahead yet, but if they would like to pursue a career in the medical field, I would definitely help them in any way I can. And I would be thrilled if they chose the MRT profession.

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

LR: We have always had a close relationship. My background certainly helped when Anna was going through the rigors of MRT training. I was able to encourage and understand the pressures of the program.

AR: HAHA...we are both talkers. We try to limit our professional talk when in mixed company.

CAMRT: Are you an anomaly amongst your colleagues and friends in that you're a mother and daughter in the same profession?

LR: Not at all. We know of other imaging friends who have children in the same field. We think if you are happy with your work, your children might see this as a possible career choice also.

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

LR: We have learned to celebrate the generational differences instead of criticizing them. We have learned that when we are having a 'down' day at work, or difficulty with a particular patient, we only need to remember that luckily we are on the 'giving' side of health care, instead of the 'receiving' side.

CAMRT: What advice, respectively, do you have for other MRTs or people considering the profession?

LR: Our advice to both groups is to prepare to be lifelong learners. Your training yesterday and today will need upgrading by tomorrow! Face your challenges with a sense of humour and determination.

continued on page 18 ▶

A Day in the Life

Submitted by Liz Lorusso MRT (MR), (R), B Appl. Sc

What is a day like when I am working in MRI? Well, it really depends on where I am scheduled. I work at three different sites: two acute care facilities, and one outpatient health center. To-date, most centers that offer MRI imaging are hospital-based.

We all know MRI machines are very expensive. In Canada we have fewer magnets per capita than most other industrialized nations, so as MR technologists, we are asked to do more with less. Efficiency is very important, because we never want to see the magnet empty. Throughout my 25 years in health care many things have changed; however, this paradigm exists in all the centers I have had the privilege to work in. Strategies are always being implemented to maximize patient flow, and MRI vendors are always driving technological advances to enable rapid diagnosis of many pathological processes.

We pride ourselves on excellent patient care skills. We know that long waitlists exist, and are respectful of the need to help as many patients as we can. Although patients recognize the importance of MRI for providing tissue-specific information without the use of ionizing radiation, many of them have been through prior diagnostics and they are understandably anxious about their health. The equipment is also a bit intimidating. Proper patient education makes it easier for people to endure a long and noisy scan.

Of paramount importance to all MRI technologists is safety. Because the MR's magnetic field is thousands of times stronger than the earth's magnetic field, we must screen each patient (and sometimes their family) for the presence of any metal in or on their body every time they arrive. Many patients have multiple interventions that require documentation review to ensure compatibility of the make /model of various stents, valves, implants, etc. Additionally, our role is to ensure the safety of all interdisciplinary members of the health care team who arrive to MR supporting our more medically fragile patients. Unlike other modalities, the magnet is always on. This means there is always the potential for items to turn into projectiles (such as clipboards, paper clips, scissors, oxygen tanks, wheel chairs, IV poles, etc.)

When I go to work at one of my three sister sites (the acute care facility specializes as the neuro , transplant, and cardiac center as well as dealing with sports medicine patients) we often start in the early hours of the morning with pre-operative imaging. Prepping these patients (often accompanied by their entire family) as always ensures no contraindication to the magnetic field. Attention to any claustrophobia issues are also addressed at this time. I often stay with them, as some patients will get their head shaved so we can apply fiducial markers to their scalp before we place them in the magnet. There, they will endure about 20 minutes of loud knocking sounds while I program and collect the image acquisition data. I will then export our images to the operating room, where the surgeons map out the optimal surgical pathways for minimal insult to adjacent tissues during their intervention. These (and all) patients I try to approach with extreme tenderness and professionalism, as they and their families find themselves in very difficult circumstances that few of us ever want to imagine.

Next, we may try to image some hearts. Many of this patient population have lost family members suddenly with an undiagnosed heart condition, and sometimes we can image the whole family looking for a cause. Or possibly we could be scanning a patient whose kidney function is compromised, not permitting an injection of contrast in the CT scanner (faster and more accessible). This situation may lead to an MRI scan in order to exploit soft tissue characterization or evaluate flow without the use of contrast material. These scans take a lot longer (about 45 minutes) so patient comfort is essential—otherwise they cannot lie still that long. Typically, we have MS patients booked for a monthly scan. These patients may be on specific drug therapy, so the follow-up images require precision and accuracy of within a few of millimeters from the prior scans to allow the radiologist to assess the progression of the disease. Some patients require functional brain imaging, where we can ask the patient to perform a task (like finger tapping) while scanning. We can then map out the areas of the brain that are active during various tasks.

However, if my shift takes me to the site where pediatrics, gynecology, trauma or oncology patients are cared for, I can find myself imaging a fetus (or two). Maybe an MR SIM study is booked next, where oncological patients are imaged with the assistance of the radiation therapist. These images will be fused at the cancer clinic to facilitate optimal treatment planning. Perhaps my next patient requires that I liaise with the nurse and anesthesia team to arrange a scan on a neonate or small child who requires sedation. Often we are asked to "fit in" a scan for a patient who has been the victim of trauma or abuse, and then our entire schedule must be set aside for the time being. There is never a dull moment and the patients (and their families) count on us to do our best to ensure their safety, obtain quality images, and ensure their comfort by providing them with pillows, blankets, headphones or earplugs, etc. We are only caring for them for a short time, but it is a very important time.

What if my work takes me to the outpatient center? Well these are the patients that really need high quality imaging, because they are still undiagnosed and/or their insurance benefits are dependent on the results of our scans. At this end of the health illness continuum, many patients have very different needs, but are very important just the same. They are often emotionally, physically, and financially spent - parking is not cheap, and the hospital is unfamiliar. An example of patients here could be those for breast MRI; often these patients feel well, but have a disease that can kill them. Additionally, we will see many people who are compromised due to age or disability, but who are living in the community. Every effort is made to help them have a positive experience while executing tasks at hand with kindness, compassion, and exquisite precision.

I hope I have provided you a glimpse of what any given day can be like in MR—next time I will tell you about the nights, evenings or weekends! The day never ends in MRI, nor do the vast array of scanning protocols.

Education News: Thompson Rivers University

THOMPSON RIVERS UNIVERSITY
OPEN LEARNING

Turning your Passion into Opportunity

Changing workplace demands, career management, family commitments, time constraints and the attainment of life balance are just some of the elements that define the life and challenges of busy health care professionals today. According to Health Canada, the changing health needs of Canadians as well as advances in treatment and technology will give rise to increasingly complex systems of care that will require, among other things, the development of health system leaders who are able to effectively function within an interdisciplinary collaborative environment. "Role boundaries for radiographers are changing and expanding," argues Cynthia Cowling. "Factors such as skill shortages, cost containment, need for quality improvement, technological innovation, new medical interventions, (and) health sector reform are driving these role changes everywhere." (Cynthia Cowling, *Radiography* Dec 2008)

TRU Opportunity

The call for flexibility and responsiveness in the attainment of quality post-secondary education was answered in 1978 when the Open Learning Division of Thompson Rivers University (TRU-OL) was first established as the Open Learning Institute.

TRU-OL has helped thousands of students achieve their personal and professional goals through flexible learning options that allow learners to grow their formal education and broaden their career choices without having to put their life on hold.

Flexibility is an integral part of TRU-OL's strategy for success. TRU-OL offers its programs through online and distance education, with most courses being self-paced and available through continuous enrollment. In addition, TRU-OL's open admission mandate reduces many of the traditional barriers students face at traditional post-secondary institutions. For individual learners, this means they can begin their education of choice at a time and in a manner that suits their particular needs and lifestyles. Moreover, TRU-OL recognizes that learners can acquire valuable knowledge in the experiences and skills gathered from previous education or life and work experience. This recognition in the form of program credit means degree completion is an achievable goal.

Your Opportunity

In collaboration with the Canadian Association of Medical Radiation Technologists (CAMRT), TRU-OL offers medical radiation technologists the opportunity to take control of their future and move ahead in their careers by applying their professional development training towards either a Certificate in Management Studies, Bachelor of General Studies or a Bachelor of Health Science credential. The Bachelor of Health Science program, in particular, is designed for health care professionals interested in completing their education and directing their careers by enhancing their entry to practice diploma through general education, health care and elective coursework. The elective requirements allow health care professionals to develop personal and meaningful concentrations, which may potentially lead to job advancement or post-graduate studies.

The current partnership between TRU-OL and CAMRT allows medical radiation professionals who have completed CAMRT's **Fundamentals of Quality Management** course to receive three academic credits towards the Certificate in Management Studies or the Bachelor of Health Science. If they have completed the **Health Care Ethics for Radiation Sciences Professionals** course after January 1, 2013, they are also eligible to receive an additional three academic credits towards the Bachelor of Health Science program[1]. In addition, graduates of CAMRT's **Human Factors in Patient Safety** course are eligible for three more academic credits towards the Bachelor of Health Science or the Bachelor of General Studies. Visit www.tru.ca/distance/partnerships/partners/transfer/c/camrt.html for more information about these opportunities.

TRU-OL is proud of its partnership with CAMRT and applauds its vision and commitment towards the continual professional development of medical radiation professionals across Canada. In addition, TRU-OL has formed a number of relationships with regional colleges in recognition of the foundational training medical radiation technologists have attained. Achievement of these entry-level diplomas can also be applied towards the Bachelor of General Studies and Bachelor of Health Science programs.

Pre-qualified medical radiation technology programs include:

- Red River College's Medical Radiologic Technology Diploma, which receives 69 preapproved credits
- Algonquin College's Medical Radiation Technology Advanced Diploma, which receives 84 preapproved credits
- Fanshawe College's Medical Radiation Technology Advanced Diploma, which receives 84 preapproved credits
- NAIT's Medical Radiological Technology Diploma, which receives 69 preapproved credits
- SAIT's Medical Radiological Technology Diploma, which receives 69 preapproved credits

There has never been a better time for students to turn their passion into professional opportunity through the value TRU-OL applies to their knowledge.

[1] Graduates of the Health Care Ethics course through CAMRT prior to January 2013 are eligible for 2 academic credits towards the Bachelor of Health Science or the Certificate of Management Studies.

All in the Family... *cont'd from page 16*

CAMRT: What do you see as the greatest challenges ahead for your profession?

LR: In B.C., MRTs are not currently regulated. Without a professional college, we are unable to maintain standards expected of our profession. Health care dollars are declining, and as a profession we will be pushed to increase our 'productivity' without well-defined training guidelines and documentation. A regulatory college would address the issues of competency and allow the MRT to work within their scope of practice.

If you know a family that should be profiled, please contact us at **editor@camrt.ca**.

JOURNAL OF MEDICAL IMAGING AND RADIATION SCIENCES

New Editor-in-Chief

The Editorial Board is pleased to announce that **Lisa Di Prospero, BSc(Hons), MSc, MRT(T)** has been selected as the new Editor-in-Chief, effective July 1, 2013. Lisa is the Manager, Education and Research, Radiation Therapy, at the Odette Cancer Centre at Sunnybrook in Toronto. As a founding member of the editorial board (and current associate editor), Lisa has a strong knowledge of the journal's operations and history and, because of her research and teaching background, she has a familiarity with the multiple disciplines within medical radiation technology that will allow her to properly assess manuscripts. She also has extensive experience chairing boards and working with volunteers.

On behalf of the editorial board and the CAMRT, we offer our sincere thanks to **John French, ACT, CMS, FCAMRT, CHE**, who served as editor-in-chief since 2005. Under his chairmanship, the journal signed with the scientific publisher Elsevier, changed its name (formerly the *Canadian Journal of Medical Radiation Technology*), and has seen an impressive increase in submissions, peer reviewers, readership, and board members from all over the world.

New Board Member

Welcome to our newest Associate Editor, Radiation Therapy, **Heidi Probst, PhD, MA, BSc(Hons), DCR(T), FETC**. Heidi is a senior lecturer in radiotherapy and oncology, and research team leader at Sheffield Hallam University (SHU) in the United Kingdom. Heidi is well known and respected throughout the international community for her body of research.

Current Issue

Volume 44, Issue 2 is available online. This issue features a Directed Reading by Bonnie Bristow, "Smoking Cessation Basics: An Essential Component of Radiation Therapy Clinical Practice." Remember to log-in through CAMRT's Members Only site to obtain access to all content. If you complete the online quiz and receive 75% or more, you will automatically receive two Category A credits.

Call for Papers

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

We Want to Hear from You!

CAMRT members are encouraged to respond to articles in the *JMIRS* with Letters to the Editor. Ideally, letters should elevate or add to the level of discussion, and/or provide an interesting perspective to an issue. Please send all comments to **editor@camrt.ca**.

New Features

As of April 2013, we are offering a new interactive service called "Audioslides" in which authors can create a five-minute presentation about their work that will be shown next to the online (HTML) article on ScienceDirect. Also, with Elsevier's recent acquisition of Medeley, an innovative research management and social collaboration tool, research teams are able to "organize, share and discover" their work. In addition to Medeley, the *JMIRS* is now listed on the following databases: EMBASE, Scopus, CINAHL, Science Direct, ORCID, GO RAD, Index Copernicus, and HINARI.

Canadian Partnership for Quality Radiotherapy

Submitted by Caitlin Gillan MRT(T) BSc MEd FCAMRT

Giving you tools to support the delivery of safe radiation treatment

Safety and quality in radiation therapy are everyone's business. Since 2010, the Canadian Partnership for Quality Radiotherapy (CPQR) has been working on the development of tools to support radiation treatment program quality and safety, and indicators to measure quality and safety on a national scale. As partners in CPQR, CAMRT members have helped support these initiatives through their involvement within the CPQR governance and by contributing their knowledge and expertise during stakeholder consultation periods.

If you haven't heard of CPQR, read ahead–find out what we're doing and how we can all contribute to a radiation treatment program that is both safe and of the highest quality.

Guidelines and Indicators for Programmatic Quality

A key success of the first 2 years was the development of quality indicators to help guide radiation treatment programs. "Quality Assurance Guidance for Canadian Radiation Treatment Centres" (available at **www.cpqr.ca**) outlines key organizational structures and processes required to assure high quality and safe radiation treatment, together with key quality indicators for programmatic assessment. Many of you across the country are likely involved in implementing and measuring these indicators. A second iteration of this document will be published this fall and reflects extensive community consultation. Key indicators will be integrated into a national accreditation program for radiation treatment to encourage centre-based improvements and motivate utilization across the country.

Technical Quality Control

CPQR is updating old CAPCA standards in an effort to provide direction for assuring optimal performance of radiation treatment equipment and software. A structured process was developed in close consultation with our partners at the Canadian Organization for Medical Physics (COMP) that incorporates expert review, community consultation, validation, and revision in a real-world clinical environment.

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What you need to know about AMPs

Submitted by Stephanie Koval BASc, RTNM, Assistant Radiation Safety Coordinator

Administrative Monetary Penalty (AMP)

There will be another reason to get a little anxious the next time an inspector from the Canadian Nuclear Safety Commission (CNSC) arrives in your department. On July 3rd, 2013, amendments to the Nuclear Safety and Control Act (NSCA) came into force which enabled the creation of an Administrative Monetary Penalties (AMPs) system to better obtain compliance with safety and security measures and protect the public and the environment. The AMP system will allow for the enforcement of requirements using an administrative process as an alternative to prosecuting offences through the courts (*Canada Gazette*, Vol. 147).

Huh?

An AMP is basically a fine that is used to address violations of the NSCA or other legally binding instruments established under the authority of the NSCA, such as regulations and licences. An AMP system provides the CNSC with an additional tool to ensure compliance. CNSC already has a number of tools that are used to ensure compliance such as orders, revocation of a licence and prosecution. Prosecution is a lengthy process and tends to be costly for all parties. An AMP system is relatively inexpensive to administer within an existing compliance program, and it normally results in more timely and effective enforcement than prosecution (Discussion Paper for Public Consultation: DIS-12-05 Administrative Monetary Penalties).

AMPs for individuals start at $300 and can be as much as $25,000. Corporations (including hospitals) may be fined anywhere from $1,000 to $100,000. This is per occurrence. The cost of the fine depends on the category type of non-compliance as well as any previous violations. The category type is indicative of the severity of the non-compliance. A licensee with no previous violations should expect to be issued the lowest amount for that category. However, if previous violations have occurred a higher amount will likely be levied. For example, failure of a worker to properly use equipment, devices, facilities, and clothing is a category B, which starts at $300 for an individual with a maximum amount of $10,000. If you prefer to draw your doses without gloves, or wear a lab coat while wearing flip flops, you could face a $300 fine. If they happen to catch you doing the same thing on a subsequent inspection you'll likely be looking at a higher fine.

For us folks who work in CNSC licenced facilities, we are all aware of the scheduled inspections that occur within our departments, typically every one to two years. Licenced facilities with a checkered past might experience more frequent inspections and/or un-scheduled (aka "surprise") inspections. It is likely more common to walk away from an inspection with a couple of minor non-compliances rather than being awarded a clean inspection. With the new AMP system, your inspection report may be accompanied with a bill.

sThere have been several opportunities to learn about the AMP system before it came into force. The CNSC provided a number of consultation activities. A discussion paper on the proposed regulations was issued in April 2012. Also, a number of information sessions offered by the CNSC were held across the country. With the regulations now in force, members are encouraged to read them as published in the *Canada Gazette* at **http://www.gazette.gc.ca**. Furthermore, members working in a CNSC-licenced facility should be knowledgeable of your licence, specific licence conditions, and radiation safety program and policies as well as the NSCA and regulations. For questions specific to your workplace, you should contact your Radiation Safety Officer. Further information about the AMP system can be found at **http://www.nuclearsafety.gc.ca**.

CPQR... *continued from page 19*

CPQR is encouraging the use of these guidelines nationally and has made them available for public download in coordination with COMP: **https://www.medphys.ca/content.php?doc=281**.

National System for Incident Reporting and Learning

CPQR is partnering with the Canadian Institute for Health Information (CIHI) to develop an online system for real-time reporting of radiation treatment incidents, rapid dissemination of relevant information, and discussion about ways to prevent incident recurrence and propagation. As the front-line professionals and gatekeepers to treatment delivery, radiation therapists are often the ones who detect and report treatment-related incidents, and your insight and expertise are thus indispensable to this project. For more information on this initiative please contact us!

Patient Perspective on Radiation Treatment Quality and Safety

Everything CPQR does is designed to improve the treatment experience for cancer patients. As such, it is committed to integrating a patient perspective into all of its activities. CPQR has launched a national campaign seeking volunteers to sit on its Steering Committee and on its programmatic working groups. The Patient Engagement Working Group will also be developing focussed indicators to better understand and measure the satisfaction of patients and their families with the quality of care that they receive.

As integral members of the radiation treatment team, it is important that all three groups—radiation therapists, medical physicists, and radiation oncologists —take a seat at the table when it comes to tackling issues relating to quality and safety on a national level. This can take the form of ad hoc comments or suggestions, volunteering for the CPQR Professional Advisory Committee, or engaging in CQPR initiatives within your own program. Make quality and safety YOUR business! Visit the CPQR website at www.cpqr.ca or email the Program Lead, Erika Brown, at **administration@cpqr.ca**.

CAMRT Online

Bringing you the latest news from our website and social media

CAMRT website

Check out the following pages for important updates about these initiatives:

1. **Best Practice Guidelines**: 14 new guidelines and 2 updated guidelines were uploaded to the BPG site the week of May 13, 2013. These have been highlighted in the indices. We look forward to adding some of the guidelines that are nearing approval soon.
2. **MRT Week 2013**: MRT Week is an annual celebration of the crucial role that MRTs play in the healthcare system. From November 3 to 9, 2013, MRTs are once again invited to celebrate their profession with their community, colleagues, and each other.
3. **Medical Imaging Team Day 2013**: Although the official "day" was May 16th, you can now download Medical Imaging Team posters, patient brochures, and physician fact sheets for use in your imaging department.

facebook

In advance of Medical Imaging Team Day (May 16th, 2013) we asked members of the CAMRT Facebook group: "What are the most common questions that you hear from patients? What are their greatest fears?" Here's what you had to say:

- **AlexandBlake Smith:** *Why am I having this x-ray? And dose comparisons or equivalents, eg: a CT head is equivalent to "x" number of chest x-rays.*
- **Sarah Willard:** *Concerned with radiation dosage*
- **Lorlene Taljit:** *Will this x-ray give me cancer?*
- **Michelle Ringuette:** *I have an allergy to CT contrast. Will I have an allergic reaction to the bone scan injection (radioisotope injections in general)?*
- **Allan Walsh:** *Do I have to get a needle? How long will the exam take (especially with paid parking)? Will the nurse who takes my x-rays tell me the results?*
- **Diya Sulaiman:** *For MRI procedure they all are asking about the close tight MRI machine (they describe it as a grave!) also they ask about the time it will take. For IV contrast studies, they ask about how long it will remain in my body? Does this contrast material harm me or my kidneys ?*
- **Marcy Throndson Humphrey:** *Mostly about dose. I work in CT. Please have a look at the amazing dose reductions that Toshiba has been able to achieve with their Aqulion one scanner with AIDR 3D dose reduction software. Under 1 mSv for cardiac.*

Twitter

Visit us at **@CAMRT_ACTRM** and join in the discussion! With 12,589 tweets and 456 followers, this is the place to discuss upcoming events, share your thoughts and catch up on the latest CAMRT news, all in 140 characters or less.

And, don't forget to follow **@JMIRS1** to stay up-to-date on all the latest news and announcements from the CAMRT's *Journal of Medical Imaging and Radiation Sciences* (JMIRS).

Cross-Country Check-Up

ACMDTT

- The Radiation Therapy Education program has been formally approved to move to a degree at the University of Alberta – Faculty of Dentistry and Medicine. Intake will be starting in September 2013 for the pre-professional year.
- In February, a new position statement "CT in the Nuclear Medicine Environment" was released to address the principle expectation of practice of nuclear medicine technologists operating in a world of hybrid technology.
- The ACMDTT conference themed "Visualizing Excellence Through Technology, Expertise and Compassion" was a great success and attracted over 300 delegates from all specialty areas. A silent auction was held in support of the CAMRT Foundation with a grand total of $1315.00 raised!

MAMRT

- The MAMRT held our AGC on May 4, 2013 at CancerCare Manitoba in Winnipeg. The event was very successful and the MAMRT Board worked very hard to provide a valuable informational day to our members at a low cost of $30.
- Our 2013 AGC also provided us the opportunity to host our first student forum which was very well received by our student members.
- At the 2013 AGM, MAMRT members voted in favor of a motion to submit an application to the MB Government to create a Professional College. The MAMRT is very excited about this as we have been working towards being recognized as a Regulated Health Profession for many years. The MAMRT is now putting together an Ad Hoc Committee which will be in charge of this application process
- The MAMRT continues to work on key directions in our new three year strategic plan which came into effect January 2013.

OTIMROEPMQ

The Order continues to offer and organize interesting continuing education activities. Last May, the Order held its annual conference in Gatineau with 665 registrants. This year's program was very diversified and offered continuing education in numerous fields: sonography, scan, electrophysiology, mammography, general radiography, radiotherapy, nuclear medicine. The one-day seminars organized for the educational institutions, health managers and PACS coordinators were very much appreciated. The Order cooperated with the Mohawk College and the OAMRS to offer a one-day US MSK program for its English-speaking members practising in sonography.

This fall, the Order will offer a one-day program about Brain Imaging and Brain Treatment.

Good news for Canadian MRI technologists wanting to work in the province of Quebec: candidates can now apply to the Order through a special and simplified process.

Announcements

ERRATUM

In our last issue, we profiled Dave Wilson, Senior Director, Business Development (Health & Life Sciences) at Hitachi Data Systems. The print issue was published with the wrong photo, and another CAMRT member–also named Dave Wilson–was accidentally pictured. We would like to apologize for this error, and introduce the "other" Dave Wilson to our readers.

Since January 2013 David M. Wilson has been the Manager of Imaging Services at the Royal Victoria Regional Health Centre (RVH) in Barrie, Ontario.

From 2003 to 2008 he was Charge Technologist of PET/CT for the Joint Department of Medical Imaging (JDMI) in Toronto, which is the corporate partnership of the three medical imaging departments of the University Health Network (UHN) (Toronto General and Western Hospitals, Princess Margaret Hospital), Mount Sinai Hospital (MSH), and Women's College Hospital (WCH). In 2008 he moved into the position of Manager, Medical Imaging, at Princess Margaret Hospital, and then for two years prior to moving to RVH he was Manager, Divisions of Breast and Molecular Imaging for the JDMI.

From 1994 to 2003 David worked at the Michener Institute, as a faculty member of the Nuclear Medicine program. He spent the last 2.5 years at Michener as Program Coordinator, Nuclear Medicine, and then as Acting Chair of the joint, Michener/UofT Medical Radiation Sciences program.

David sat on the CAMRT CTIC committee from 2008 to 2010, and helped develop the CTIC certificate for Nuclear Medicine technologists who perform PET/CT and SPECT/CT procedures. He was one of the first two recipients of the CTIC(NM). He also holds a PET imaging certificate from the NMTCB.

In addition to starting the PET imaging program at Princess Margaret Hospital, David has been involved in starting the PET programs at the Clarke Institute of Psychiatry in Toronto (now CAMH), and CareImaging PET clinic in Mississauga. He has been married to his wife Nancy for 26 years and has 11 children—his actual claim to fame!

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

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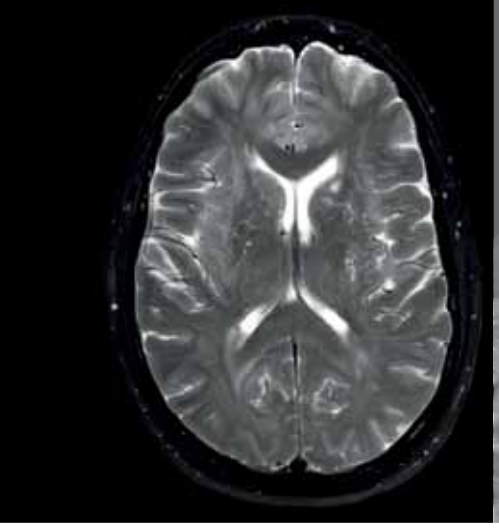

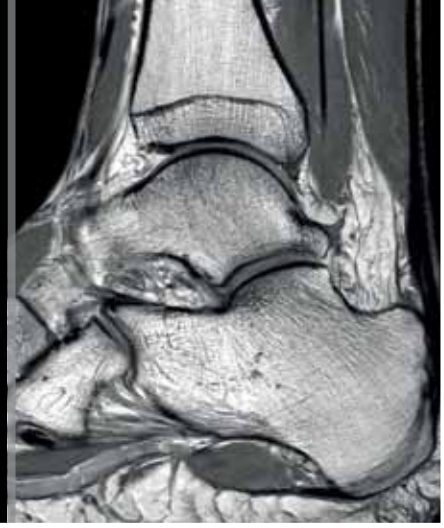

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