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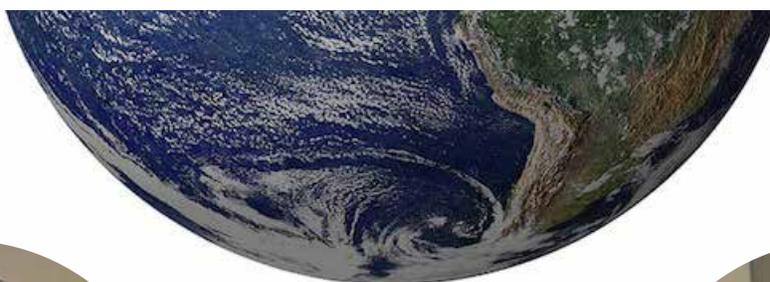
# World Radiography Day

## November 8, 2014



## **RADIOGRAPHY...**

### **ADVANCING IMAGING and HEALING GLOBALLY**



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

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

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

Please email us at [nforget@camrt.ca](mailto:nforget@camrt.ca).

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



On the cover... A mosaic of the many photos taken at this year's CAMRT Annual General Conference where the new logo was launched. For additional details, see page 4.

#### DISCLAIMERS:

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

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# President's Message

*Patrick Dixon, physician, futurist and philanthropist wrote, "Take hold of the future or the future will take hold of you - be futurewise."*

As I reflect first on this advice, and then on the stimulating discussions we have just had about what the future holds for our profession at our annual meeting, I am proud of the 'futurewise' approach our board has taken to fulfill our role as stewards of our profession's national association.

Dixon suggests that to prepare for the future, associations need to ensure that they are effectively implementing three fundamental purposes of associating. Here's what Dixon's principles are, and a description of how CAMRT is integrating them into our strategic purpose.

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**"Alone we can do so little; together we can do so much"**

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*THOUGHT LEADERSHIP: Sharing vital information on latest industry trends, best practice, and experience to help members.*

CAMRT provides a robust collection of over 60 evidence-based, bilingual Best Practice Guidelines, authored by MRTs for MRTs. These are provided online and in a mobile format, such that the best advice of our profession's thought leaders is but a click away when complex professional challenges arise.

Recognizing that change in our profession is more profoundly affected by technological advances than in many occupations, we've established a Future Technology Advisory Council. This council will serve as a link between industry, education and practice. Its work will inform curriculum development for both entry to practice programs and our own continuing professional development, and foster early adoption of advanced technologies as yet unimagined. We also gathered the thought leaders on entry-to-practice studies to explore the future of education at a two-day symposium. What emerged was a shared vision for advancing curriculum

change that will now be explored with a broader stakeholder community.

Watch this space for ongoing progress reports on these two significant endeavors.

*COMMUNITY SUPPORT: Facilitating members' opportunities and development by enabling stronger networking with other organizations facing similar challenges.*

"Alone we can do so little; together we can do so much"

-Helen Keller

CAMRT's stakeholder relations philosophy is much the same. For example, we're currently building on the strength of our good relationship with our provincial partner organizations. Our immediate priority is collaboration on a new framework for working together, one that reflects the rapidly evolving regulatory environment in many provinces and promotes opportunities for partnership in delivery of enhanced member services that meet the needs of the MRT today and of the future. Our immediate future offers one of the richest networking opportunities we've identified in some time. A joint conference in Montreal, co-sponsored by CAMRT, CAR, OTIMROEPMQ and SCFR, will offer exceptional education and opportunities to share solutions, challenges and best practices with the greater radiology community. Plan now to register for the 2015 Joint Congress on Medical Imaging and Radiation Sciences, May 28-30, 2015.

*COLLECTIVE ACTION: Advocacy to represent our members' interests, and sometimes, those of a wider constituency.*

Over the past several years, we've focused on building our capacity to serve as an influential voice for the medical radiation technology profession. A robust rebranding platform, solid stakeholder relations, expanded capacity to scan the environment and forecast trends, and a new national advocacy advisory committee will strengthen



*Deborah Murley speaking at the AGC reception*

our voice and influence as we deliver key messages to key decision makers.

We're ready to embrace what lies ahead... and we're going to encounter it with a fresh new face. Our new CAMRT logo was introduced for the first time at the Annual General Conference in Edmonton, and now features prominently in our corporate communications. You'll soon see it reflected in our online meeting place, [camrt.ca](http://camrt.ca), which will also introduce a new look and feel later this year. Our future begins today – come join me there.

A handwritten signature in black ink that reads "Deborah Murley".



*The new CAMRT logo that was launched at the AGC*



*Deborah Murley speaking with Conference App Coordinator Amanda Johnston (left) and Larry Curtis (right)*

# Building on the Pillars of our Advocacy Platform

Over the past decade, the CAMRT has increased its profile as an effective advocate for the profession of medical radiation technology. Our vision of one voice, speaking for 12,000 multidisciplinary professionals on issues that are as diverse as the membership is compelling, but it presents a significant challenge.

There are several pillars to the CAMRT advocacy platform, and each offers an opportunity for member engagement. One of these is the initiative to create awareness of and find solutions to the potential shortage of isotopes, described in the article on page 6 by CEO François Couillard.

Another is the Image of Care rebranding campaign. Brand champions have emerged from every corner of Canada, and you could be one. There are simple things you can do every day, like using the “NOD” approach (telling patients your **N**ame, **O**ccupation and what you are going to **D**o) referencing the [imageofcare.ca](http://imageofcare.ca) website in your email signature line, and incorporating the Image of Care graphics and messages into your workplace communications. Or you can take it a step further, seeking out opportunities to raise your profession’s profile through news articles or delivering presentations about MRT’s essential role in the healthcare system to other professions. Now is the time to think about planning an MRT Week activity, when you can contribute directly to achieving the recognition your profession deserves from patients, colleagues and the Canadian public.

An ambitious element of our strategic plan is the recognition of CAMRT as the authoritative voice that is sought after for expert commentary on relevant issues by stakeholders. We continue to make good progress. Our contribution to the work of the Healthcare Innovation Working Group of the Council of the Federation on appropriate imaging was well received and included in the group’s recommendations for implementation of innovative strategies nationwide. We are regularly invited to review and comment on studies and white papers developed by the Canadian Asso-

ciation of Radiologists (CAR), and by the federal government. And, we are actively involved in HEAL (the Health Action Lobby) as it prepares to release position papers and calls for action with respect to the role of the federal government in advance of the next federal election. CAMRT’s current focus in the area of government relations is the development of a brief on our advanced practice framework and certification for the House of Commons Health Committee study on best practices in this area, for the fall session of Parliament.

The advocacy success CAMRT has enjoyed to date is due in large measure to the collective efforts of members who’ve contributed expertise to address emerging policy and practice issues, and created a memorable impression of their profession by living their brand every day. Let’s build on the momentum.

## MRT Week 2014 November 2-8

MRT Week is an annual celebration of the crucial role that MRTs play in the healthcare system. From November 2 to 8, 2014, MRTs are once again invited to celebrate their profession with their community, colleagues, and each other.

Visit the CAMRT website in early August to discover this year’s theme, check out our Activity Guide and shop our MRT Week store for your 2014 promotional kit.

## Highlights of the 72nd Annual General Meeting (AGM)

At the CAMRT AGM, members present approved a Special Resolution to continue the association under the provisions of the new Canada Not-for-Profit Corporations Act. The Act authorized the directors to apply for a Certificate of Continuance, which effectively replaced the association’s letters patent, supplementary letters patent, and current Bylaws with Articles of Continuance (a form which set out the constitution of the CAMRT), and with the new CAMRT Bylaws.

The second motion was related to the new Act in that directors’ terms would end June 30 rather than December 31, and terms would begin July 1 rather than January 1. Therefore, members also approved the motion to elect all current directors for the duration of their existing terms. Past President **Shirley Bague** then conducted the installation of officers for 2015. **Wendy Martin-Gutjahr** was installed as Vice-President for the first half of 2015, while **Karren Fader** was installed as Vice-President for the second half of 2015. **Julie Cyr** was installed as Secretary-Treasurer for 2015. For a full listing of the 2014 board, please see masthead on page 3.

Members also voted to approve the appointment of the firm of Welch LLP as auditors for 2014.

The AGM motions are published in the Annual General Meeting section of the CAMRT Members’ Only [website](#).



# Update on Medical Radioisotope Supply

Submitted by François Couillard, CAMRT CEO

Technetium-99m ( $^{99m}\text{Tc}$ ) is used in over 80% of nuclear medicine procedures — more than 30-40 million examinations worldwide yearly. This is the “bread and butter” of nuclear medicine. Ongoing reliable supply of this critical isotope is under threat. According to a recent OECD report, “Current global irradiation and processing capacity is predicted to be insufficient over the period analysed for reliable  $^{99}\text{Mo}/^{99m}\text{Tc}$  supply, even with all producers operating under normal conditions...”

This article aims to answer 3 questions: What is the issue? What are the possible solutions? What is the CAMRT doing about it?

## What is the issue?

In order to understand the issue, it is necessary to understand the current supply chain:



Uranium targets are irradiated in a nuclear reactor. They are then processed to extract  $^{99}\text{Mo}$ . This product is shipped to facilities where “generators” are assembled. These generators are then sent to hospitals all over the world. The two most critical steps in the process are the irradiation of uranium target in reactors and the processing of these targets to produce  $^{99}\text{Mo}$ . Any disruption can hurt the supply chain downstream.

There are several issues that threaten the supply of this critical isotope:

- Demand is expected to continue to grow at a rate of about 2% per year worldwide until at least 2020<sup>1</sup>.
- 2 of the 9 reactors used in this supply chain are scheduled to stop production in 2016 (the Canadian NRU and French OSIRIS reactors). Together, they account for over 25% of the potential annual production capacity<sup>1</sup>. The Canadian government has indicated that it will not extend NRU production beyond 2016.
- All other major existing producing reactors, except for OPAL in Australia, are aging and scheduled to shut down by 2030.
- OECD countries have agreed to substitute the use of High Enriched Uranium (HEU) in reactors with Low Enriched Uranium (LEU) (HEU can be used to make nuclear bombs). The transformation is proving technically challenging and expensive in light of the short expected life of existing reactors.
- The  $^{99}\text{Mo}$  processing capacity in the world is predicted to be insufficient to meet demand. One of the largest processors, Nordion, will cease  $^{99}\text{Mo}$  processing after NRU stops production, creating a gap until new projects like Australia’s ANSTO new facility are fully operational.
- The future price of  $^{99m}\text{Tc}$  is likely to rise due to the above challenges and the exit of Nordion.

## Possible solutions:

Here are 3 ways to address these issues:

1. Increase production capacity
2. Optimize distribution and utilization
3. Substitute tests with other tracers or modalities

The last major disruption in supply forced health providers to collaborate to find creative ways to share limited  $^{99m}\text{Tc}$  supplies. It also encouraged substitution to other modalities, often at higher cost and/or with compromised quality. Most health jurisdictions in Canada now have contingency plans in place.

The ideal situation would be to have new irradiation and processing capacity in place by 2016 to ensure a seamless transition away from the NRU and OSIRIS reactors and associated processing facilities. There are over 11 new irradiator projects underway (mainly reactors) and almost as many new processing facility projects. Canada is also experimenting with 3 cyclotron/linear accelerator schemes to replace reactor supplied  $^{99m}\text{Tc}$ . These Canadian projects are promising but they are still years away from full approval by Health Canada and pricing and distribution scenarios remain uncertain.

At this point we have been unable to get industry reassurance that a sufficient number of these projects will be fully operational on time to ensure a steady and reliable supply of  $^{99m}\text{Tc}$ . Getting a clear picture of the situation post-NRU is proving very challenging. The best information available is from the April 2014 OECD report which concludes that “clearly, insufficient processing capacity will be a major risk for secure supply in the next 5 years”<sup>1</sup>. Capacity should stabilize after 2020, provided additional capacity is added to replace the 6 reactors scheduled for shutdown between 2024 and 2030.

## CAMRT’s actions:

The CAMRT is monitoring the situation closely. Our objective is threefold:

1. Investigate the situation
2. Communicate to our members & other stakeholders
3. Stimulate the development of mitigation strategies

We are in ongoing discussions with Health Canada and various industry players. We have organized meetings in Canada with our Medical Imaging Team partners and internationally with the ISRRT. We will continue to probe industry until a clearer scenario emerges. We will keep our members and other stakeholders informed through communications like this one and shorter messages in our e-blasts. Finally, we will stimulate the emergence of mitigation strategies through constant engagement with our members, producers, governments and other stakeholders.

We welcome questions, suggestions and any new information you would like to share with us.

## References

- 1 *The supply of medical isotopes; medical isotope supply in the future: production capacity and demand forecast for the  $^{99}\text{Mo}/^{99m}\text{Tc}$  market, 2015-2020. April 2014*
- 2 *NEA/SEN/HLGMR(2014)* [www.oecd-nea.org](http://www.oecd-nea.org)

# 72nd CAMRT

## Annual General Conference

*In Edmonton, at the Shaw Conference Centre overlooking the beautiful North Saskatchewan River, the CAMRT held their 72nd Annual General Conference. Warm western hospitality welcomed over 400 medical radiation technologists (MRTs) and students from across Canada and beyond.*

Things got off to an excellent start with two well-attended pre-conference workshops. One focussed on leadership and management for MRTs and the second was designed for MRT educators.

On the evening of May 29th, the conference kicked off with the official ribbon cutting ceremony, then on to a reception in the Exhibit Hall. Twenty-six exhibitors in colourful, well-appointed booths provided the latest information on the newest technology. In addition, educational posters representing a variety of topics and disciplines were available for viewing. Delegates were able to connect with old friends, meet new ones...and even take in the Canadiens NHL playoff game on the big screen TV. Indeed there was something for everyone.

A new Passport Program saw delegates visiting participating booths not only to meet the exhibitors but also to participate in a draw to win an iPad mini, a CAMRT Quick Study course or a free registration to the 2015 Joint Congress in Montreal.

CAMRT would like to thank our committed sponsors. Without them, we would not be able to hold this successful annual educational event: This year's medal sponsors were: Platinum: Varian Medical Systems; Silver: Bayer Inc; Bronze: BMS Specialty Risk, Central Alberta Medical Imaging Services, Medical Imaging Consultants, Philips Healthcare, and Siemens Canada Limited.

The first morning, the education conference opened with a very interesting session by **Dr. Sandy McEwan** speaking on the role of the medical radiation technologist in the past, present and in the future. This was followed over the next 2 ½ days with plenary and discipline specific sessions on a variety of topics. In addition, close to 100 MRT students participated in student-focussed sessions.

**Del Leibel RTT, ACT, CTIC** was chosen as the speaker for the prestigious Welch Memorial lecture; his presentation focused on the challenges associated with inter-professional care.

**Richard Lloyd Vey, RTR** was announced as the Welch Lecturer for 2015. A session on developing complex problem solving skills in radiologic technology was delivered by **Jennifer Yates** as part of the International Speaker Exchange sponsored by the ASRT Foundation.



*CAMRT President Deborah Murley with Welch Memorial Lecturer Del Leibel*

**Dr. John Lysack** opened the final day of the conference enlightening the audience on quality improvement in head and neck imaging. Continuing the format from 2013, there was a multi-disciplinary panel presentation on the inter-professional roles in the complex care trajectory of patients with non-small cell cancer. The conference ended with an informative and entertaining session by **Brenda Robinson** who shared her thoughts on the intergenerational workplace.

Delegates were able to mix pleasure with business at the CAMRT Foundation fundraising events from the brewery tour to the Roentgen Ramble to their ever popular raffle held prior to the President's Awards Gala. At the Gala, **Loren (Larry) Curtis, RTR** was recognized with CAMRT Life Membership, an award designed to honour a member of the CAMRT whose professional activities have promoted the MRT profession nationally or internationally, whose leadership



*Deborah Murley presenting Larry Curtis with the CAMRT Life Membership Award*



*Dancing to the sound of Beat Generation at the CAMRT President's Banquet*

serves to motivate others to become involved in professional activities, and who has been involved in raising the profile of the CAMRT. Look for a profile of Larry in our next issue! Everyone enjoyed great food and company then danced the night away to the sound of Beat Generation.

The conference ended with a warm invitation to the 2015 Joint Congress where CAMRT will collaborate with the Canadian Association of Radiologists (CAR), the Ordre des technologues en imagerie médicale et en radio-oncologie et en électrophysiologie médicale du Québec (OTIM-ROEPMQ) and the Société canadienne-française de radiologie (SCFR).

2015 promises to be an exciting year. We look forward to seeing you in marvelous Montreal where the traditional meets the cosmopolitan!



*An incredible turnout at the AGC's Volunteer Lunch*



*First-time AGC speaker Andrea Kadar brings a personal touch to the MRT profession with "360 Degrees of Healthcare". Children Charissa, Tiffany, Cat, and Lanny surprised their mother by attending her heartwarming session in Edmonton.*

#CAMRT2014

# Tech Report

Submitted by AGC Conference App Coordinator Amanda Johnston, RTR, MRT (R), St. Michael's Hospital, Toronto

Conference participant's phones and tablets were abuzz as the CAMRT broke ground with the first AGC app and the hashtag #CAMRT2014.

Many found the conference app very easy to use and enjoyed the great features that allowed them to access the program, speaker, sponsor, and exhibitor information at the touch of a button. The app also featured maps, pointed to social media pages where delegates could post about the conference, and had a camera feature which framed conference photos with the new CAMRT logo. Here it is in action:



The conference included a few educational sessions about the benefits of social media where participants were encouraged to text and to start a Twitter account, leading to quite a few delegates with first-time tweets, bringing them up to speed with the young techies of today.

With the amount of positive feedback we got from the app and the growing online engagement from members, this is definitely a step in the right direction for the CAMRT. We are looking forward to building upon this for next year's Joint Congress in Montreal.

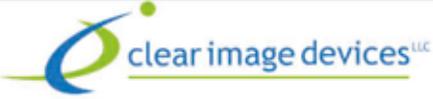
Below are some Twitter highlights from [#CAMRT2014](#)

 **Amanda Johnston** @emittingpassion · May 30  
This morning is looking better already! Ready for the Official opening of the AGC! #CAMRT2014 #happy #LoveSunshine pic.twitter.com/SrAZpE5KaF

 **fiona mitchell** @fiona\_mitchybic · May 31  
#CAMRT2014 supporting CAMRT foundation by rambling pic.twitter.com/DG2hWm6TY

 **Louise Rainey** @LouiseRainey · May 31  
Another beautiful morning here in #edmonton for the 72nd Annual #CAMRT2014 conference! Ready to get my learn on! #nuclearmedicine

 **Amanda Bolderston** @AmandaBoldersto · May 30  
#CAMRT2014 AGM update; @JMIRS1 submissions increased by 41% in 2013! Great work Lisa! @JMIRSEditor



X-Ray Patient Positioning & Panel Protection

### Step Platform for C-Arm Systems



**Weight-bearing X-rays with your C-Arm: lateral feet, ankle, leg, AP feet**

**Designed to work with systems from Swissray, IMIX, and others**

**Locking casters for easy positioning and storage**

**500lb/226kg capacity**

**Weight-bearing X-rays with your C-Arm: lateral feet, ankle, leg, AP feet**

**Designed to work with systems from Swissray, IMIX, and others**

**Locking casters for easy positioning and storage**

**500lb/226kg capacity**

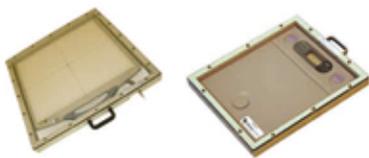
### Pedia-Poser Chair

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



### Panel / Cassette Protectors

Unbreakable Polycarbonate faceplate  
Standing, weight-bearing feet AP View  
Non-slip rubber floor grips  
Up to 500lb/226kg weight capacity



### X-Ray Step Positioning Platform

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



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 **Para** @vancityPara · May 31  
Lovin the conference and busy tweeting away! @AmandaBoldersto #CAMRT2014 pic.twitter.com/SKdmWkgIDB

 **Amanda Bolderston** @AmandaBoldersto · Jun 1  
"@couillardf: #CAMRT2014 ends today. Trending? #AdvancedPractice? #Education? #isotopes? #Quality?" Great 2 see so much AP discussion.

 Be sure to follow us on [Twitter @CAMRT\\_ACTRM](#), [Facebook](#), and [LinkedIn](#) to join the discussion and keep up with all of the latest CAMRT news.



*Bidding at the raffle*

A huge thank you goes out to all those who supported the Foundation at the AGC in Edmonton. Some of our fundraising events included a brewery tour event at the Yellowhead Brewery and Pub, 50/50 draws, wine raffles, Roentgen Ramble, and our BIG raffle held prior to the President's banquet. The final tally on how much we raised was not available at this time, 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 grant and scholarship recipients:

The 2014 Grant recipients are:

- **Ahmed Almashharawi** (Alberta) Magnetic Resonance 2nd Discipline Program
- **Dave Shedden** (Manitoba) Bachelor of Science in Radiation Therapy
- **Kathleen McGuire** (Alberta) Masters of Science- Clinical Educator
- **Stephanie Koval** (Alberta) Magnetic Resonance 2nd Discipline Program
- **Finte Adem** (Saskatchewan) Masters of Public Health
- **Jenna Bruderer** (Manitoba) Bachelor of Science - Human Health
- **Brian Martell** (Nova Scotia) Masters of Health Studies
- **Kaitlyn Svislovski** (Alberta) Graduate Certificate in Value Based Leadership
- **Komar Mazhar** (Ontario) Masters Degree in Health Management
- **John Gushie** (Manitoba) Bachelor of Technology in Technology Management
- **Brian MacAuslar** (Alberta) Masters of Education
- **Tynnille Chomenchawk** (Manitoba) Bachelor of Science in Radiation Therapy
- **Keith Sutherland** (Manitoba) Bachelor of Science in Radiation Therapy
- **Brigit Jensen** (British Columbia) Masters of Arts in Leadership Studies
- **Kerrie Pilon** (Saskatchewan) Bachelor of Applied Science- Medical Imaging Conversion Program
- **Melissa Sponagle** (Nova Scotia) Masters of Education in Studies of Lifelong Learning
- **Janelle Duquette** (Alberta) Masters of Science in Radiotherapy and Oncology
- **Runnell Viray** (Alberta) Executive MBA Post

# CAMRT Foundation

## Update

*Submitted by Darlene Courtney RTT, BSc, CAMRT Foundation President*

- Baccalaureate Diploma in Management
- **Kimberly Gadbois** (Alberta) Masters of Education in Health Science
- **Bashir Jalloh** (Saskatchewan) Masters of Public Health
- **Janina Kowaski** (Manitoba) Bachelor of Science Radiation Therapy
- **Deborah Willits** (Manitoba) Bachelor of Science Radiation Therapy

The recipient of the 2014 William Doern – Leaders of Tomorrow Scholarship is **Amelie Lamontagne**. Amelie is currently enrolled in her third year at The Michener Institute for Applied Health Sciences /Laurentian University joint Radiation Therapy Technology Program. She has volunteered as a

Please consider supporting the Foundation with these two simple programs!

At this year's AGM, the CAMRT Foundation Board recommended that the incoming Executive Secretary be filled by **Sandra McQuillan**. The members voted and accepted this recommendation. Sandra's position will start January 2015.

Please follow us on our CAMRT Foundation Facebook page at <https://www.facebook.com/CAMRTFoundation> to keep updated on what's happening with the Foundation.

Enjoy your summer!

### Congratulations to all our grant and scholarship recipients. The total amount of grants and scholarship awarded this year was over \$26,000.

gymnastics coach at the YMCA, at the Health Sciences North Hospital in Sudbury, was a participant on Volunteer Eco Students Abroad program to Ecuadorian Amazon and helps to promote the Radiation Therapy program at Laurentian University/ Michener Institute, all while maintaining a spot on the Dean's Honour Roll.

Congratulations to all our grant and scholarship recipients. The total amount of grants and scholarship awarded this year was over \$26,000.

Our affiliation with Johnson Inc. Insurance and BMO MasterCard continues to be profitable and we have again received over \$15,000 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](http://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. Call 1-800-263-2263 or log onto [www.bmo.com/mosaik.camrt](http://www.bmo.com/mosaik.camrt).



*Great turnout at the Roentgen Ramble*



*Vicki Sorhaindo, Keri Smith, and Darlene Courtney*

# 2014 Awards Presentation

This year's award winners were recognized at the President's Awards Gala in Edmonton.

NAME OF AWARD	NAME OF RECIPIENT	SPONSOR
<b>Essay Competition</b>		
L.J. Cartwright Award - Winner	<b>Terry Mitchell</b> Essay Title: <i>Validation of computed tomography use in pediatric appendicitis diagnosis</i>	CAMRT
L.J. Cartwright Award – Certificate of Merit	<b>Bailey Oberg</b> Essay Title: <i>Attenuation effects of the moveable carbon fiber couch rails for 6MV and 16MV beams</i>	CAMRT
L.J. Cartwright Award – Certificate of Merit	<b>Kristen Michele Copeland</b> Essay Title: <i>Comparison of the repositioning accuracy of thermoplastic masks vs. foam mold system for curative partial brain radiation therapy</i>	CAMRT
L.J. Cartwright Award – Certificate of Merit	<b>Lindsay Tessier</b> Essay Title: <i>Effect on surface dosimetry when using cloth coverings during external beam radiation treatment</i>	CAMRT
L.J. Cartwright Award – Certificate of Merit	<b>Shannon Carlsen</b> Essay Title: <i>Is computed tomography colonography a better screening method for colorectal cancer than colonoscopy?</i>	CAMRT
E.I. Hood Award – Winner	<b>Caitlin Gillan</b> Contributing Authors: Meredith Giuliani, Olive Wong, Nicole Harnett, Emily Milne, Douglas Moseley, Pamela Catton, Robert Thompson, Jean-Pierre Bissonnette Essay Title: <i>Team-based clinical simulation in radiation medicine: value to attitudes and perceptions of inter-professional collaboration</i>	CAMRT
Dr. Petrie Memorial Award – Winner	<b>Rebecca Kathleen Jessome</b> Essay Title: <i>223Ra &amp; #945;-Therapy in patients with bone metastases from castration-resistant prostate cancer</i>	CAMRT
Sister Mary Arthur "Sharing the Light" Award – Winner	<b>Michelle Brandt</b> Essay Title: <i>Breast cancer survivorship: radiation induced side effects</i>	CAMRT
Bayer MR Award	No winner in this category	Bayer
CR/PACS Technology Award	No winner in this category	Agfa
<b>Exhibit Competition</b>		
Bracco Imaging MR Poster Award – Winner	<b>Margaret Forbes &amp; Susan Crisp</b> Exhibit Title: <i>Assessing the post-operative ascending aorta: bssfp versus contrast enhanced MRA</i>	Bracco Imaging Canada
Bracco Imaging MR Poster Award – Certificate of Merit	<b>Stacy Vilu &amp; Deanna Reynolds</b> Exhibit Title: <i>High risk breast screening...do you have what it takes</i>	Bracco Imaging Canada
Dr. Marshall Mallett Student Award – Winner	<b>Lynn Tathanhlong</b> Exhibit Title: <i>Exploring healthcare professionals' comfort level and self-assessed competency on providing care to young breast cancer patients</i>	CAMRT Foundation
Dr. Marshall Mallett Student Award – Certificate of Merit	<b>Renee Jacqueline Reich, Chad Benson, Christine Lee, Andrea Harapiak</b> Exhibit Title: <i>Are we ignoring our thyroid?</i>	CAMRT Foundation
Dr. Marshall Mallett Student Award – Certificate of Merit	<b>Valerie Dovell &amp; Shahzad Bhutto</b> Exhibit Title: <i>Assessment of comfort and shrinkage in four styles of thermoplastic masks</i>	CAMRT Foundation
Dr. Marshall Mallett Student Award – Certificate of Merit	<b>Alexandru Mihai Nicolae, Shyam Bharat, Cynthia Kung, Niranjana Venugopal, Ehsan Dehghan, Antonio Bonillas, Doug Stanton, Jochen Kruecker, Ananth Ravi</b> Exhibit Title: <i>Electromagnetic catheter digitization in prostate high dose-rate (HDR) brachytherapy treatment planning</i>	CAMRT Foundation
Philips Award – Winner	<b>Melissa Sponagle &amp; Julie Avery</b> Exhibit Title: <i>Creating A nuclear medicine refresher program</i>	Philips Healthcare
George Reason Memorial Award – Winner	<b>Denise Carraretto &amp; Shumet Bezuneh</b> Exhibit Title: <i>Reducing patient dose in the operating room when performing full spine imaging</i>	Bracco Imaging Canada
George Reason Memorial Award - Certificate of Merit	<b>Jill Sutherland</b> Exhibit Title: <i>strategies to meet patient information needs in radiation therapy</i>	Bracco Imaging Canada

NAME OF AWARD	NAME OF RECIPIENT	SPONSOR
<b>Awards of EXCELLENCE – Highest Mark in 2013 Certification Exams</b>		
Radiological Technology	<b>Wendy Grace Eddy, RTR</b> Program: Eastern Ontario School of X-ray Technology/Queen's University	CAMRT
Radiological Technology	<b>Garrett Sawyers, RTR</b> Program: Mohawk-McMaster Institute for Applied Health Sciences (IAHS)	CAMRT
Radiation Therapy	<b>Rachel Bloomfield, RTT</b> Program: British Columbia Institute of Technology (BCIT)	CAMRT
Nuclear Medicine	<b>Matthew Burke, RTNM</b> Program: QEII/Dalhousie School of Health Sciences	CAMRT
Magnetic Resonance	<b>Alexandra Elizabeth Ellah, RTR, RTMR</b> Program: Fanshawe College of Applied Arts and Technology	CAMRT
<b>HONORARY Awards</b>		
Life Membership Award	<b>Loren (Larry) Curtis, RTR</b>	CAMRT
Dr. Marshall Mallett "Lamp of Knowledge" Award	<b>Lisa M. Betts, RTNM</b>	CAMRT Foundation
Early Professional Achievement Award	<b>Parastoo Kouhestani, RTT</b>	CAMRT
Steward of the Profession Award	<b>Lisa Sonia Di Prospero, RTT</b>	CAMRT
2014 Welch Lecturer	<b>Del E. Leibel, RTT, ACT, CTIC</b>	CAMRT
2015 Welch Lecturer Announcement	<b>Richard Lloyd Vey, RTR</b>	CAMRT
<b>FELLOWSHIP</b>		
Presentation to Fellowship recipient	<b>Melanie Hilkewich, RTR, ACR, CTIC, FCAMRT</b>	CAMRT
<b>BOARD Awards</b>		
Presentation to Outgoing President	<b>Amanda Bolderston, RTT, FCAMRT</b>	CAMRT
President's Medal	<b>Fiona Mitchell, RTT, ACT, CMS, FCAMRT</b>	CAMRT
Presentation to Incoming President	<b>Deborah Murley, RTR</b>	CAMRT
<b>Journal of Medical Imaging and Radiation Sciences (JMIRS) Awards</b>		
Reviewer of the Year	<b>Jill Sutherland, RTT</b>	JMIRS
Outstanding Reviewer, Nuclear Medicine	<b>Dr. Harry Marshall</b>	JMIRS
Outstanding Reviewer, Magnetic Resonance Imaging	<b>Yongbin (Gary) Zhang, MS</b>	JMIRS
Outstanding Reviewer, Radiation Therapy	<b>Winnie Li, RTT</b>	JMIRS
Outstanding Reviewer, Radiological Technology	<b>Dr. Zhiqiu Li</b>	JMIRS
Article of the Year	<a href="#">Quality improvement investigation for head and neck stabilization in radiotherapy using setup tattoos</a> <b>Brenda Cronin, Alicia McCarthy, Kathleen Claire, Phoebe Starling, Timothy Deegan, Rebecca Owen, Lisa Roberts, Simon McQuitty</b>	JMIRS
Research Grant winner	<i>Dose optimization in direct digital radiography: A study of practitioners' assessments of image quality and perceptions</i> <b>Elizabeth Lorusso, Lyndsay Fitzgeorge, Jenna Lorusso, Fanshawe College</b>	JMIRS/ CAMRT



# Melanie Hilkewich

## 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. Fellows advocate within their profession and within the healthcare community; they support, encourage and advise members and often serve as role models/mentors.*

*This year, Melanie Hilkewich RTR, ACR, CTIC was awarded the CAMRT Fellowship at the annual conference where she also presented her Fellowship project, "Written Observations as a Part of CT Angiography Post Processing by Medical Radiation Technologists: A Pilot Project." We asked Melanie a few questions to find out a bit more about her process of becoming a Fellow and achieving the FCAMRT designation.*

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

When I started to think about plans for after high school, my sister was studying to be a lab technologist - I didn't like the looks of memorizing a bunch of little red blobs, so she suggested x-ray - and that was pretty much it!

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**My biggest objective was to do something for my peers to remember me by, something to make my family and my children proud. I think fellowship does that. It is the highest level of achievement I can attain in my career.**

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### **Why did you decide to pursue a Fellowship?**

I have always been taught to set goals and be the best you can at whatever you do. An early goal for me was advanced certification. I then set my sights on the provincial council, and then the CAMRT board. That evolved into a position on the executive committee and eventually the presidential role, which I really enjoyed! Finishing the fellowship seemed like the next likely step.

### **Can you describe the process you went through to obtain your Fellowship?**

I do not have any university education. It was a longer journey for me to get through the research (than it was for my peers), but it can be

done. I think the best thing you can do is find good mentors - stronger in areas that you might not be. I didn't know much about research, so I enlisted a researcher for guidance. People were very patient with me. That really helped. And of course my friends and family really encouraged me when I needed it.

### **What advice would you offer others interested in becoming Fellows?**

I would advise other technologists to start sooner rather than later! Get involved in provincial and national associations. Try writing a few papers for essay competitions. Find a topic that interests you and that you might be able to develop your research plan around. If you can, participate in a research workshop or course. Be patient with yourself; this is a considerable thing to do so it's going to take time. Of course you will enjoy the destination. Try to enjoy the journey while you are on the way.

### **What does it mean to you, to be named a Fellow?**

Being a fellow is very rewarding. Just think! I am one of 19 fellows in an association of over 12,000 members! Actually it is still taking some time to sink in. My biggest objective was to do something for my peers to remember me by,

something to make my family and my children proud. I think fellowship does that. It is the highest level of achievement I can attain in my career.

### **Do you consider yourself a role model for the profession?**

I would hope people can appreciate my efforts for the profession. I think my previous contributions show my commitment. I know I am a better technologist for it. I don't hesitate to display my certificates and honors at the CT scan area at work. Sometimes patients will ask me about them or my CAMRT president's ring. I hope it makes them feel they are in good hands. I also think it gains a lot of trust and respect from the other health care providers that come through



our area - they see there is commitment and pride in the profession.

### **What are your reasons for volunteering with the profession?**

I don't remember exactly what was said by my parents, but I remember the lesson from my youth - help other people as best you can. So I give as much to charity as I can. I contribute my time and efforts where I feel it is needed. My siblings must have also learned the same lesson as they are outstanding volunteers in their work or community. It's what we do - we help, we volunteer, we do. We get things done.

### **What is ahead for you?**

Well, some say I don't relax well but maybe I will try now! I am currently on my second term on the St Paul's Hospital Foundation Board of Directors and really enjoy that role. After that I am sure there will be some other volunteer opportunity - maybe literacy, maybe rights of special needs individuals. I still really enjoy my work and have a great team. I don't know what the future holds but I am in good hands!



*Past CAMRT Presidents and "fellow" Fellows Fiona Mitchell, Melanie Hilkewich, and Amanda Bolderston*

# CAMRT's 2014

## Research Grant Program Recipients



Liz Lorusso, Lyndsay Fitzgeorge, and Jenna Lorusso

Submitted by Elizabeth Lorusso, Lyndsay Fitzgeorge, & Jenna R. Lorusso

Our research team is pleased to be the recipients of the 2014 CAMRT Research Grant Program for our ongoing research project that is tentatively titled "Dose optimization in direct digital radiography: A study of practitioners' assessments of image quality and their perceptions."

The importance of regularly investigating dose optimization strategies for general radiographic exams is critical in order to ensure practitioners are delivering a dose to patients that is as low as reasonably achievable (Canadian Association of Medical Radiation Technologists, 2012). Implementing dose optimization strategies that deliver an image of diagnostic quality is a challenge, and there is concern that this is not occurring optimally in many clinical radiology departments (Joyce, McEntee, Brennan, & O'Leary, 2013). The reasons for this lack of dose optimization are not fully understood, although it may be that the rapid technological change and evolution in the field of radiography (Joyce et al., 2013; Khalifah & Brindhaban, 2004; Uffman & Shaefer-Prokop, 2009) has resulted in a knowledge and education gap amongst radiography practitioners. In the spirit of the Canadian Association of Medical Radiation Technologists' core value of accountability, this research project aimed to investigate the particular dose optimization strategy of increasing tube voltage (kVp) and

decreasing tube current and time product (mAs) and its resultant diagnostic image quality, as well as the behaviour, knowledge, and opinions of practitioners regarding this particular dose optimization strategy and the implementation of dose optimization practices in general.

The data collection phase of this project has just been completed (May 2014), with approximately 100 practitioners (radiologists, radiology residents, radiographers, and student radiographers) participating at 8 clinical sites in Southwestern Ontario. More specifically, these practitioners were asked to examine direct digital radiographic images of four different body parts (three images per body part) acquired with different levels of kVp and mAs, and rate (using a five-point scale) each image in regards to their: (a) aesthetic quality; (b) overall diagnostic quality; and (c) visualization of anatomical structures; as well as to rank the three images of each body part in order from best to worst overall quality. In addition, the practitioners were also asked to complete a questionnaire regarding their behaviour, knowledge, and opinion of the practice of this dose optimization strategy and dose optimization practices in general.

The funding provided by the Canadian Association of Medical Radiation Technologists' Research Grant Program will support the completion of this research project, specifically the data entry, quantitative and qualitative data analysis, com-

pilation of final reports (by September 2014), and the dissemination of results to radiography practitioners and educators across Canada.

### References

Canadian Association of Medical Radiation Technologists. (2012). *Minimizing patient exposure*. Accessed from: <https://www2.camrt.ca/bpg/patientsafety/radiationsafety/minimizingpatientexposure>

Joyce, M., McEntee, M., Brennan, P. C., & O'Leary, D. (2013). *Reducing dose for digital cranial radiography: The increased source to the image-receptor distance approach*. *Journal of Medical Imaging and Radiation Sciences*, 44, 180-187.

Khalifah, K., & Brindhaban, A. (2004). *Comparison between conventional radiography and digital radiography for various kVp and mAs settings using a pelvic phantom*. *Radiography*, 10, 119-125.

Uffmann, M., & Schaefer-Prokop, C. (2009). *Digital radiography: The balance between image quality and required radiation dose*. *European Journal of Radiology*, 72, 202-208.

## Snaps from AGC 2014



Dr. Sandy McEwan



President Deborah Murley opening the exhibit hall by cutting the ribbon



Lisa Betts receiving the "Lamp of Knowledge"

# Celebrating Student Participation

## at the NBAMRT Conference

On April 25, 2014 three students from the Saint John School of Radiological Technology made presentations during the annual provincial conference of the New Brunswick Association of Medical Radiation Technologists (NBAMRT). All three students are scheduled to graduate with a Bachelor of Health Science in Radiological Technology in May 2014. Here, Sarah Cleveland, Lindy Brown and Joshua Jackson talk about their experience researching, writing and presenting. We hope to see their work appear in future issues of the CAMRT journal!

### Imaging the Pregnant Patient: Risks, Imaging Modalities, Fetal Dose Estimation, and Minimization of Dose

Submitted by Sarah Cleveland and Lindy Brown

Our presentation was based on a literature review prepared for our Radiation Biology class and was entitled "Imaging the Pregnant Patient: Risks, Imaging Modalities, Fetal Dose Estimation, and Minimization of Dose". Even though screening for pregnancy is an everyday part of a technologists' life, we felt that this



Lindy Brown, Sarah Cleveland and Joshua Jackson

take the initiative to get involved and begin their continuing professional development process before they even enter into practice.

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**“We are trying to prove ourselves wrong as quickly as possible, because only in that way can we find progress.”**

**- Richard Feynman**

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topic would be useful in reminding us just why this practice is important. Our main focus was to highlight the possible detrimental effects of ionizing radiation and how to minimize the chances of these effects occurring in the event that a pregnant woman must undergo diagnostic imaging.

As graduating students, we felt that it was important to begin getting involved in the NBAMRT conferences as we both would like to be involved in the provincial and national associations throughout our careers. Although it was intimidating to present in front of a group of technologists who have been practicing radiography longer than we have been studying it, we felt supported and encouraged by everyone. Now that our first presentation is under our belts, we feel motivated to get further involved in the conferences and possibly present again someday as more experienced technologists. Through this process we hope to encourage future students to

### Setting Lower kVs as a Method of Dose Reduction in CT

Submitted by Joshua Jackson

Performing my literature review allowed me to collaborate with other technologists, medical physicists and radiologists to give me a multidimensional approach of my topic. The idea that I was curious about was using low-kV protocols in computed tomography. Recent research is demonstrating that it is possible to maintain diagnostic confidence and achieve significant dose reductions if lower kV's are used. Low-kV protocols in CT also increases the attenuation of Iodine, giving better contrast enhancement of vasculature; especially hypervascular lesions. With the increasing worldwide use of CT and the high radiation dose per scan; it becomes important to find new ways to optimize our current methods and to discover new and smarter ways in which we can practice.

Imaging technology has become a staple to the entire medical community. Patient outcomes have been drastically improved with the continued development of this field. Any type of research can strengthen current procedures or discredit others by subjecting them to criticism. Continuing to perform research, especially in medical imaging, becomes of extreme importance because of the potential to improve the diagnostic capability of the technology. Research isn't limited to any one profession and I would recommend that anyone with an idea collaborate, educate and perform experiments to expand the current knowledge of the world and their respective field.

“We are trying to prove ourselves wrong as quickly as possible, because only in that way can we find progress.”

- Richard Feynman



# Project Brock

## An Interview with MRT Kim Reuther

"Project Brock began after the death of our 16 year old son, Brock. On May 22, 2012 at 7:25 PM, half an hour into the first volleyball practice of the season Brock collapsed on the gym floor. I received a call stating, "Kim, Brock has fallen- he tripped or collapsed and is not breathing properly." Wayne [my husband] and I headed into town completely unprepared for what awaited. As we stood at the Emergency desk just before 8 PM, the EMS, RCMP, and Firefighter crew raced Brock into the main hospital ER room, performing CPR compressions and breaths with the bag-valve mask. At 8:45 PM, at the Fairview Health Complex, despite the enormous efforts of the shaken friends, professionals and bystanders, Brock was declared deceased, while surrounded by his beloved teammates, coaches, teachers, and a family too devastated to comprehend the magnitude of loss we continue to feel today.

Upon reviewing the described events, medical documentation and 911 call transcript, it was discovered that Brock was in ventricular fibrillation, which is an AED shockable rhythm, and boasts a significant survival rate if acted upon quickly. 95% of these young athletes survive if shocked in the first minute of arrest. Tragically, the 911 dispatcher did not request that the bystanders or people performing CPR actually use the available AED unit, merely stating, "If there is an AED available get it in case we need it later." Neither the staff nor any of the bystanders used the AED prior to or during the 911 call. The AED was taken down, placed beside Brock, and remained there, unused, as he died. Brock's death illuminates the irrefutable fact that without the proper chain of survival in place, our children are denied the best chance of survival."

### What else can you tell us about Project Brock?

Project Brock has been instrumental in the placement of almost 100 AEDs in schools, curling rinks, halls, businesses, private residences, police

cars, and churches. Over 2,800 school children were trained in CPR and AED skills, we've done hundreds of presentations, written letters to politicians, and changed 911 dispatch protocol internationally. Brock's Law (The presence of an AED does not ensure its use—the EMD does) has been incorporated into the 911 dispatch ProQA cardset- affecting 3,500 dispatch centers, and over 29,000 dispatchers internationally.

Not breathing properly. Three words that will echo and reverberate within me until the end of my days. As front-line health care providers, I now find it abhorrent that we are not better trained to recognize Agonal Breathing - abnormal respirations: the first sign of Sudden Cardiac Arrest. There was an AED at the gym doors. As they were calling 911, I was being told, "Brock is not breathing properly." I was given the information that could have saved my own son. I just didn't know it.

sad or scared.

*Basic survival knowledge:* This is the knowledge required to traverse the tricky waters of delicate physician and staff communication, computer work, transition between CR, DR, ER and putting supplies away from CSR. This includes knowing that occasionally to survive you must grab a handful of Fuzzy Peaches, Swedish Berries or sneak one of the suckers out of the kids treat basket since you didn't have time for lunch and your vision is wavering. Every day is an opportunity to learn. With all the roles life throws at us, Basic survival knowledge allows us to use life's lessons interchangeably. Sometimes our old dogs think we know everything... however, every day offers an opportunity to gain skill, knowledge, proficiency, as well as humility along our imaging travels.

*Ingenious/creative knowledge* hails from using a

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## Project Brock has been instrumental in the placement of almost 100 AEDs in schools, curling rinks, halls, businesses, private residences, police cars, and churches...

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### How did you become an MRT?

I took my first year of education at Grande Prairie Regional College, and then switched to DI at NAIT. My aunt, a DI tech in Fairview, said there were more job opportunities in X-ray than in teaching. Plus, I was artsy-fartsy and I admired my mom who was the local nurse, so a job that blended healthcare with creativity in imaging appealed to me.

### How do you apply your knowledge at work?

My perspective on knowledge is divided into 3 areas: Maternal knowledge, Basic Survival knowledge, and Ingenious/Creative knowledge.

*Maternal knowledge:* Becoming a mother made me a much better technologist. Being surrounded with kids, chaos and calamity created the ability to handle every situation, client and experience with more patience, kindness, humour, and skill. I LOVE people. I care for every patient like a family member- whether they find me creepy or not! [laughs] Taking a few extra minutes with each individual ensures that I can end each day confident that I tended to each person as I would like to be treated when sick,

blend of our old school techniques, positioning and strategies with the fabulous new ideas, tools and CR/DR. We can become lethargic in our efforts when chest x-ray after chest x-ray arrives.

But the inspiring challenge comes when you have something heinous that is raced into emergency, and you find yourself twisting and contorting the mobile-unit tube head in clever and cunning positions to discover you have created excellence in radiography. I feel nothing is more rewarding in this career than discovering you have achieved brilliance in obtaining an impossible image and providing an excellent portrayal of why the patient is suffering, while simultaneously offering the kindest, most compassionate care.

### What do you enjoy most about being an MRT?

People, patients, families and kids. Striving to obtain excellence in imaging! I thoroughly enjoy the social interaction with the diverse group of people we see. It is the greatest gift to help save a life, and to assist in the diagnosis and care of our human family is an honourable vocation. Having been on call for a part of nearly every week throughout the past 27 years has provided endless opportunities to contribute to the...

*Continued on page 21*

# News from the JMIRS

## The Journal of Medical Imaging and Radiation Sciences at the AGC

This year in Edmonton, the *JMIRS* was represented at a booth in the exhibit hall. Editor-in-Chief **Lisa Di Prospero** was on hand to answer questions and encourage submissions. She was also promoting a new book, *Research for the Radiation Therapist: From Question to Culture* (edited by Caitlin Gillan, Lisa Di Prospero, Nicole Harnett, and Lori Holden), a guide to research for clinicians of all experience levels. We are proud to announce that Lisa received the Steward of the Profession award, for making significant contributions as a volunteer to the profession both provincially and nationally.

During the volunteer lunch held prior to the conference, the *JMIRS* recognized our **award winners** for 2013, including Reviewer of the Year **Jill Sutherland, RTT**. Previous Editor-in-Chief, **John French**, was also presented with a plaque from CAMRT President Deborah Murley, recognizing his status as Editor Emeritus.



*JMIRS* Editor Emeritus John French, receiving a plaque from CAMRT President Deborah Murley

## Introducing the *JMIRS* Cover Art Competition

We need your creativity to make the cover for our upcoming special issue even more special! The focus of this issue will be on advanced practice role development, as well as the evolution of technology and its impact on practice. What do you picture when cutting edge science meets art? We want to see your inspiration!

The contest opens on July 2, and runs until



Lisa Di Prospero (Right) at the *JMIRS* booth with board member Amanda Bolderston (Center) and Kieng Tan (Left)

**October 1, 2014.** Artwork should be original – if you are reproducing any part of an image or text, please make sure that all the **rights are cleared** both for print and electronic publication. We are looking for an image that is 7.125" x 5.1675". Accepted formats include EPS, PDF, TIFF or JPEG for electronic artwork. See **artwork guidelines** for further details.

Submissions can be sent directly to [editor@camrt.ca](mailto:editor@camrt.ca). The winner will be selected by the *JMIRS* Editorial Board, and will have their artwork displayed on the cover of *JMIRS* Volume 45#4, to be published in December 2014.

Start planning your entry now!

## *JMIRS* Call for Papers for Special Issue 2015

We are preparing a special issue of the *Journal of Medical Imaging and Radiation Sciences* on the topic of Back to Basics – Foundational knowledge, skills and judgment, to be published in December 2015. The focus of this issue will be on reviewing the key fundamentals of our technical and clinical practice as well as an extended look at the fundamentals of education and research. We invite all CAMRT members to submit research papers, case studies or editorials on the topic of "Back to Basics – Foundational knowledge, skills and judgment" which:

- Explore existing core practice with a focus on the fundamentals of both technical and clinical knowledge, skills and judgement. to improve medical imaging and therapeutic services
- Explore existing core practice with a focus on the extended role of the clinician as professional, communicator, collaborator, manager, health advocate and scholar (CANMEDS Framework)
- Report on projects/initiatives/advances related to foundational elements of our practice
- Explore impact on health service delivery;

quality of care and the patient experience from a quality framework.

Abstracts should be submitted by **September 1, 2014**. Abstracts should be no more than 200-250 words, and include background/intro to support purpose/aim (relevance to practice); purpose/aim; and content (topical outline of what will be covered). Research submissions should include methodology, results and discussion in place of a topical outline for content. Final submissions will be due **May 1, 2015**.

Questions? Please contact Carly McCuaig at [editor@camrt.ca](mailto:editor@camrt.ca).

## Follow us on Twitter!

Click <https://twitter.com/JMIRS1> and join the conversation online! Pick up great tips on research, upcoming special issues and collections, and notifications of new issues, as well as In Press articles as they become available.



Editor-in-Chief Lisa Di Prospero receiving the Steward of the Profession Award at the AGC

# ISRRT Reports



(Front row, L-R) Gail Williams, Marcia Smoke, Cindy Humphries, Robert Miner, (Center row) Deborah Murley, Rita Eyer, Danielle Boué, (Back row) Laura Ell, Terry Ell, François Couillard, Linda Gough, Alain Crompton

## CAMRT President's ISRRT Report

Submitted by Deborah Murley, CAMRT President

The theme for ISRRT this year was "Dose Optimization", which leads into the theme of justification of dose. As MRTs, we do this officially and unofficially every day. Many countries like Australia and the UK have formalized courses and policies for the radiographer in the aspect of written interpretation of emergency imaging, much like the sonographer's and barium enema technologist's impression.

Before the conference started, there were breakout sessions for each region to share what is going on in their areas. The regions are Austral/Asia, Euro/Africa, and The Americas. The next two days were made up of council meetings, including elections that have our Canadians taking leadership on the ISRRT Board, with **Terry Ell** as VP of the Americas and **Alain Crompton** as Director of Public Relations. **Robin Hesler** will be Regional Coordinator Education for the Americas under the direction of Dr. Maria Law. This means we will be putting out a call soon for the new Council Member for the ISRRT from CAMRT – stay tuned!



Dr. Michael Ward and the newly elected Dr. Fozy Peer taking over as the ISRRT President.

The conference officially began with an opening ceremony and the traditional reception in the exhibit area. Over the next three days there were a variety of lectures covering simple practice to advance practice in all disciplines. The lectures ranged from MRI, Management, Education, Radiography, Radiotherapy, Nuclear Medicine, Paediatric Imaging, CT & Interventional, Mammography, Sonography, Research, to the main theme of Dose Optimization. I presented "Preparing the Internationally Educated Medical Radiation Technologist (IEMRT) to work in Canada" CAMRT initiatives to a wide selection of attendees.

Many of you had the opportunity to meet **Dr. Michael Ward** in Toronto in 2012. His presidency was completed at the closing ceremony Sunday with the newly elected **Dr. Fozy Peer** taking over as the ISRRT President.

There were 15 Canadians in attendance at the conference, presenting papers and posters as well as attending. I would encourage anyone who has the opportunity to attend the next Congress in 2016 in Seoul, South Korea. There is also an ISRRT Research Award of £5000.00 given out each year. The call will go out on June 15 for "Roles of Radiographers in the Justification of Medical Exposures". The deadline is **September 15, 2014**, with all the criteria available at [www.ISRRT.org](http://www.ISRRT.org).

## World Congress Report

Submitted by: Robert Miner MSc (NM), MP, BSc (MRS), MRT(N), BSc

Robert Miner recently returned from presenting two talks at the ISRRT World Congress. Robert has a background as a nuclear medicine technologist and is currently a part-time tutor with The Michener Institute Continuing Education department.

The International Society for Radiographers and Radiologic Technologists (ISRRT) world congress was held in Helsinki Finland June 11 to 15, 2014. There were 600 to 700 attendees from 58 countries. Eight people from Canada gave ten presentations. Australia had 48 attendees, the largest group outside of Finland.

The trip took about 14 hours each way (Ottawa – Frankfurt – Helsinki). The Frankfurt airport is enormous with many, many shops and stores. Helsinki is at 60 degrees north latitude (Ottawa is at 45 degrees, the Arctic Circle is at 65 degrees north latitude). Temperatures were in the mid-teens most of the time. Technically the sun sets and rises, but there was plenty of light at midnight (getting back from the Gala) and at 3 am (getting up to catch the flight out).

I gave two presentations. The first talk (Multimodality Imaging) went very well with about 30 attendees at the session reflecting the low number of nuclear medicine-types at the conference. In contrast, there were over 100 attendees for the longer version of the talk at the CAMRT AGC two weeks earlier. The attendance at the second talk (iterative reconstruction methods in computed tomography) was excellent, with about 90 people at the session. In contrast there were about 50 for the longer version of the talk at the OAMRS annual general conference a month earlier. In both cases the podium was blank, so I draped a Canadian Olympic jersey over it. The audience liked both talks (and the jersey). All the talks were fairly good, but I would say the quality of the Canadian presentations was definitely in the upper quartile.

The ISRRT world congress is a big event. If you are in the radiologic sciences it would be good to go to at least one of these conferences. If you are in any of the medical radiation sciences and the conference is held nearby your location, I would highly recommend attending.



Robert Miner speaking at ISRRT

# Certificates in Breast Imaging

Medical radiation technologists (MRTs) who perform breast imaging procedures have a special role in the healthcare of the public. MRTs must be highly competent practitioners excelling in their ability to produce quality images and to manage the patient with care and expertise in a highly technical environment.

Given the change in breast imaging and the move to digital technology, the CAMRT developed in 2013 a certificate program that is reflective of current practice. **This new program offers two certificates: one for breast screening (CBIS) and one for diagnostic breast imaging (CBID).**

Both programs will have a didactic and a clinical component. The candidate must take the prerequisite courses; however, the five-year timeframe for currency has been removed. As a part of the didactic component of the specialty program, the candidate will have to write a competency-based exam that will be reflective of current practice. The clinical component consists of the completion of a Summary of Clinical Competence which contains a list of procedures and associated competencies that must be assessed by a clinical advisor. Practice in mammography must also be verified.

## MRTs who perform breast imaging procedures have a special role in the healthcare of the public.

These Certificates in Breast Imaging – Screening & Diagnostic - are intended to provide a mechanism for radiological technologists to demonstrate knowledge and competence in the screening mammography and diagnostic aspect of breast imaging, to promote standards of excellence within this clinical area, and to identify those who have met a nationally recognized standard.

Candidates who successfully complete the didactic and clinical components are eligible to receive the Specialty Certificate in Breast Imaging in either Screening or Diagnostic. For more information on this Specialty Program, please email: [specialtycertificates@camrt.ca](mailto:specialtycertificates@camrt.ca) or visit the CAMRT website: <http://www.camrt.ca/cpd/specialtycertificates/cbid/>.

We are pleased to announce the first graduate of the CBID program : **So Young Kim**, Princess Margaret Hospital in Toronto (ON).

### Presenting on the Revised Certificate for Breast Imaging Program

*Submitted by Adeline Federko, RTR CBID*

It was a pleasure to be invited to the Breast Cancer Forum in BC to speak about the revised Certificate for Breast Imaging Program. On behalf of the committee, we are very excited about the new program. We feel that we have opened the door for many members to pursue their certification by eliminating the 5 year window from completion of their mammo courses to achieving certification. We have listened to our members and respect there is merit to wisdom obtained through experience. The new program encourages continuing education and involves mentorship, trust and communication.

In conversation with many of the attendees at the conference, I feel there is plenty of interest in pursuing the CBI (Screening) and/or CBI (Diagnostic). It is a means of providing employers, patients and the technologists themselves, confidence in their knowledge and skill in breast imaging. I was very pleased to be able to present the newly certified Breast Imagers with their pins – we are very proud of your commitment to your profession.

The Forum was very interesting and informative. It was very well attended and it was great to mix with fellow mammographers and radiologists. You always come home with new information and feeling inspired and motivated.



*Adeline Federko speaking at the Breast Cancer Forum in BC*

## Screening Mammography Program of BC - Breast Cancer Forum

*Submitted by Nancy Aldoff RT(R), Provincial Professional Practice Leader, BC Cancer Agency*

The Screening Mammography Program of BC (SMPBC) hosts an educational forum biannually for radiologists, physicians & surgeons, technologists and medical physicists concerned with breast imaging and interventional procedures of the breast. The conference also provides professional development and team building opportunities to affiliated radiologists, mammography technologists, and other interested medical professionals and researchers. During the technologist portion of the program this year, **Adeline Federko**, from the CAMRT CBI committee congratulated four technologists who achieved their CBIS designation in the past year. The technologists were **Eliza Douglas, Jas Pinag, Shawna Cordeiro, and Shannon Douglas**.



*Adeline Federko congratulates the technologists who achieved their CBIS designation in the past year: Eliza Douglas, Jas Pinag, Shawna Cordeiro, and Shannon Douglas*

Since 2008, the Canadian Breast Cancer Foundation (CBCF) has lent their support to assist Screening Mammography technologists obtain their Certificate in Breast Imaging – Screening. This scholarship program has greatly inspired many of our technologists to achieve their CBIS designation through CAMRT. The CBIS aligns with the standards of SMPBC to promote excellence in breast imaging and allows screening mammography technologists to achieve recognition for their knowledge and clinical competency in breast imaging.



# Spotlight on CAMIS

## 10 Opportunities for Continuing Professional Development



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

Here we present a report from Central Alberta Medical Imaging Services Ltd (CAMIS), about their continuing medical education (CME) and continuing professional development (CPD) opportunities. CMEs or CPDs are learning activities for medical professionals to maintain competence and to learn about new and developing areas in their field. CPD is becoming an increasingly important means for technologists to demonstrate their commitment in keeping themselves up to date in their areas of clinical practice. These activities can be used towards your own continuing education requirements or your personal professional portfolio.

Central Alberta Medical Imaging Services Ltd (CAMIS), formally known as Radiology Associates of Red Deer, first opened its doors in 1970. It has grown from a partnership of 2 radiologists to a team of 16 radiologists. CAMIS offers services in a variety of fields which include Ultrasonography, Echocardiography, Musculoskeletal, Mammography, X Ray, Pain Management, Nuclear Medicine, MRI, Bone Density and Interventional Radiology. These are supervised by very talented managers. CAMIS has been the practicum site for students since 2002. CAMIS offers excellent learning and training opportunities for student from different radiological fields. Over the last 10 years, CAMIS has had over 100 student placements.

Annually, all staff gets the opportunity to attend both national and international conferences related to different modalities. Quite often due to their busy schedules and family commitments, some of the staff is unable to avail these opportunities. But still they like to be informed and earn education credits to enhance their practice. To avoid these issues and for the comfort of the staff, there are a few new twists to the CAMIS learning side. In 2013, CAMIS appointed an official Educational Coordinator, tasked with providing all staff with in-house learning and educational

activities accredited by CAMRT.

CAMIS got a Continuous Education Award on May 2014 from Sonography Canada in recognition of all the educational activities conducted. CAMIS embraces a life-long learning philosophy for all staff as they strive to provide quality patient care and diagnostic imaging services to Central Albertans. Following are the 10 great chances for in-house CPD. All these activities revolve around a specific goal or principle.

1. One Grand Round every month is conducted by CAMIS Radiologists related to different modalities. PRINCIPLE: Increases in learning occur only as a consequence of improvements in the level of content, teachers' knowledge and skill, and listener's engagement.
2. Monthly Noon Rounds in each modality. On average we have 6-7 noon rounds every month. PRINCIPLE: If you concentrate on a specific topic of any modality, you get a better outcome. These rounds are either on a current topic or on any new guidelines or on case discussion.
3. A monthly newsletter is quite popular in staff. It contains industry information, new guidelines, interesting cases, and quizzes. PRINCIPLE: Involving and updating the staff about all the new activities and rounds in different modalities.
4. There is an opportunity to receive CMEs after Answering Cases related to different modalities with an average of 1 case per week. PRINCIPLE: Creating a habit of consulting different books or journals to get a solution.
5. The educational coordinator is responsible for posting current articles submitted by the radiologists and department supervisors. PRINCIPLE: Getting updated medical and radiology associated information.
6. We conduct mini workshops in new modalities as ankle scanning protocol, wrist scanning, shoulder scanning new protocols, breast scanning for our new staff. PRINCIPLE: Making staff comfortable to the environment and to the new protocols.
7. Multimodality Discussion: sometimes we combine two departments and create an educational activity as mammography and breast ultrasound correlation, or shoulder ultrasound and MRI correlation. PRINCIPLE: Creating communication and providing discussion opportunities among different

departments.

8. Quality Assurance. PRINCIPLE: It is the mission of the medical imaging department to produce images of optimal diagnostic quality and follow up the outcome.
9. Recently we have started a quiz for clerical, administrative and booking staff to involve them in educational activity. PRINCIPLE: introducing medical terminology to clerical, administrative and booking staff.
10. Presentations: Technologists present their own cases in staff meetings. The Educational coordinator helps them in preparing their case. PRINCIPLE: To get confident in discussing your cases and get other opinions.

**If you have a story to share with us about the innovative ways in which CPD is promoted within your work place, please contact us at [cpd@camrt.com](mailto:cpd@camrt.com).**

### What is CECAP?

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

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

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

# Highlights

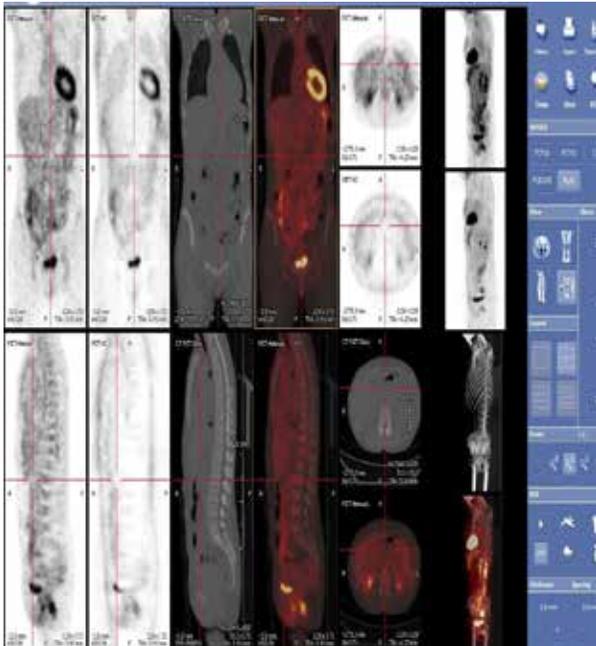
## Effective 2015

The current Sectional Anatomy series will be discontinued. New courses are under development to better support CAMRT's existing educational opportunities especially in multi-modality imaging.

### AVAILABLE WINTER 2015

#### PET THEORY & PET/CT APPLICATIONS (NEW full length course)

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



This course provides the technologist with a comprehensive insight into the use of PET/CT. Instrumentation, acquisition, reconstruction and quality control of PET systems are explored. Other aspects of PET/CT covered include radionuclide production, radiopharmaceutical synthesis and radiation safety measures. The course concludes with clinical applications of PET/CT including normal, and abnormal findings for 18F-FDG for a broad range of indications. **Registration for this course begins Fall 2014.**

#### ESSENTIAL CONCEPTS IN RADIATION BIOLOGY AND PROTECTION (full length course)

Examines 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 is delivered online only.

Textbook: No textbook required.

To register for this full length course, visit our website at <https://ww2.camrt.ca/cpd/index.php?page=profile>

#### REFLECTIVE PRACTICE FOR MRTS (quick self study)

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>

### 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

Patient Education Skills in the Clinical Setting

#### FULL LENGTH COURSES IN REVISION

Imaging Breast Pathology

Sectional Anatomy 1 and 2

CT Imaging 2 – Radiation Therapy\*

CT Imaging 3 – Radiation Therapy\*

\*As part of the revision to the CT Imaging Certificate Program for radiation therapy, it has been identified that the existing CT 2 and CT 3 courses should be revised and made more adaptive to the practice needs of the radiation therapist.

**For more information about these or other courses, please contact the CAMRT's Continuing Professional Development department at [cpd@camrt.ca](mailto:cpd@camrt.ca).**

# Continued Articles

## **Project Brock - An Interview with MRT Kim Reuther, p.14**

...care of our community.

Never did I appreciate our little hospital family more than the night my friends and co-workers tried so frantically to save our son Brock.

## **What did you think of this year's Annual General Conference?**

It is always valuable to connect with our fellow professionals. Sometimes we, who work in smaller sites, forget that there is an army of fellow imagers out there. We become somewhat sheltered, isolated and secluded in our rural environment. Having a chance to congregate and learn with our peers is an exemplary way to spend a few days!

## **What's next for you?**

Working toward AED legislation. Next, I hope

to encourage stakeholders to become more involved with the PAD (Public Access to Defibrillation) initiatives, and to take a more active role in public awareness and education. This would include heart screening programs for youth, the formation of a registry of SCA events, like the Canadian Cancer Registry, (so we know how many children and young adults we are losing), and campaigns to ensure AEDs are registered and become as common as fire extinguishers. All school children should participate in AED skill drills, and every Canadian should learn to recognize signs and symptoms of Sudden Cardiac Arrest and be prepared to react rapidly with CPR and an AED.

On a personal note, my life is defined by my children, and I live vicariously through their

successes. Wayne and I soon shall revel in the financial bliss following the kids' completion of post-secondary education. And then maybe I can put as much effort into our farm as I have my work, our kids and Project Brock – which would sure impress my wonderful husband [laughs]!

Our oldest daughter, Tegan, just finished her BSc Nursing and is employed in a full-time emergency position. Our youngest daughter, Tera, just finished Ultrasound at NAIT and has a full time position in a local private clinic. Our youngest son, Ryan, will begin his last year of high school in September and will have to decide between farming or other enticing job prospects. A large, beautiful photo of our oldest son, Brock, remains in our kitchen, by his urn, and the ache of his loss remains – we miss him every single minute of every single day – and thrice as much on his birthday, family meals and holidays.

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**You can learn more about Project Brock and watch Kim Reuther's AGC presentation by visiting <http://projectbrock.com/>**

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# Announcements

## **2014 CAMRT Annual General Conference Record of Attendance for Educational Sessions**

Edmonton (AB) May 28- June 1, 2014

Delegates who attended the 2014 Annual General Conference in Edmonton, Alberta may now view their Record of Attendance in the Secure Area of the CAMRT website by logging in at <https://ww2.camrt.ca/cpd> with their CAMRT number and password. Click on "View record of attendance".

If you don't know your CAMRT number and password, visit <https://ww2.camrt.ca/cpd>, then click on "retrieve your CAMRT Number by email".

If you have any questions or concerns about your record of attendance, please do not hesitate to the CAMRT at [cpd@camrt.ca](mailto:cpd@camrt.ca).

## **Are you an Image of Care Brand Champion?**

Share your story about how you promote your profession and raise awareness of the contributions of MRTs to the Health Care system. Email your brand champion experience to [nforget@camrt.ca](mailto:nforget@camrt.ca)



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2015 Joint Congress on Medical Imaging and Radiation Sciences  
*Collaborative Care - Imaging and Treatment*

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in medical imaging and radiation sciences?

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[jointcongress.ca](http://jointcongress.ca)

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# Quoi de mieux

comme lieu de partage des connaissances, entre intervenants de l'imagerie  
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rencontre?

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[congrèsconjoint.ca](http://congrèsconjoint.ca)