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MAY 28 – 30, 2015 | PALAIS DES CONGRÈS DE MONTRÉAL, QUÉBEC | DU 28 AU 30 MAI 2015

COLLABORATIVE CARE IMAGING AND TREATMENT

UNE APPROCHE COLLABORATIVE IMAGERIE MÉDICALE ET TRAITEMENT



KEYNOTE SPEAKERS CONFÉRENCIERS D'HONNEUR

Gerard Farrell, MD, Memorial University
André Néron, Université de Montréal
George Wells, MSc, PhD, University of Ottawa

An unprecedented opportunity for collaborative education and networking for radiologists and other physicians along with technologists from six disciplines. Plan to attend this bilingual, multi-track program delivered by the thought leaders in the field of medical imaging and radiation sciences.

Voici une occasion sans précédent d'apprentissage et de réseautage pour des radiologistes, d'autres médecins et des technologistes provenant de six disciplines. Joignez-vous à nous lors de cet événement à la programmation bilingue et diversifiée présentée par des experts reconnus dans les domaines de l'imagerie médicale et des sciences de la radiation.

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

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

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

Please email us at nforget@camrt.ca.

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



On the cover... CT Technologists from the Health Science Center in Winnipeg, MB celebrating MRT Week.

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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

As I write this message, I am reflecting on my first year as your President and enjoying some of the highlights. My favourite highlight was the presentation of honorary and competitive awards to the many MRTs from across the country who were selected for recognition in 2014. When I make phone calls to recipients of honorary awards, their reaction is either they think I am asking if they can work on another committee, or they have no idea why I am calling. They are so humble, and surprised, then pretty excited by my news. CAMRT members are encouraged to support this recognition of individuals that have provided meritorious service to the Association through our Honorary Awards Program. Each person nominated is making our profession better and stronger. I encourage you to think about who among your colleagues is deserving of these honours, outlined at <http://www.camrt.ca/aboutcamrt/camrtawardsprogram/> and

three-year commitment requiring much review and revision to get to the final acceptance of our application! At the same time, a National-Provincial Task Force worked for over two years to develop appropriate criteria for a document that describes the terms of our relationship with each other now and into the future. We shared our work at the larger Board table and National Network meetings as we developed a Memorandum of Understanding with the provincial organizations that are a part of the medical radiation technology family, complete with bilateral agreements representing unique elements that apply to certain relationships. Even with the satisfaction I gain from major projects, I am happy when they are completed. No one is an island; I am so lucky to have a Board of Directors that cares so much about advancing our profession, and staff that work so diligently and with imagination to put our ideas into action.

The people who make a difference in your life are not the ones with the most credentials...the most money...or the most awards. They simply are the ones who care the most.

Charles Schultz

submit a nomination for a worthy candidate now, or in the future.

Another highpoint was the opportunity to meet so many MRTs across the country. We have an awesome profession, no matter which discipline we practice. When I attend meetings with other stakeholder organizations throughout the year I am proud to promote our expertise. These meetings also are an opportunity to learn what other medical groups are doing nationally and internationally, and how we are dealing with the same challenges and opportunities. The exchange is always valuable to both groups.

Another high point was the establishment of the Young Professionals Advisory Council. This dynamic group of young leaders have been appointed to assist us to define the strategies that give voice to the perspective of MRT students and MRTs within their first 10 years of practice. This group meets for the first time this month; you will meet these advocates for a new generation in the next issue of the CAMRT News.

My involvement in committee work may not be regarded as a highlight, but the end results are. For example, the Canada Not for Profit Act was a

What makes the beginning of 2015 so exciting is the launch of a new Strategic Plan that advances the profile and practice of technologists and therapists. A major function of the board is strategic thinking and direction setting, which is articulated in the strategic plan. The strategic plan reflects the direction the CAMRT is heading and how it will get there—and that is work that is inspiring, challenging, and visionary.

Our achievement of the goals within the 2011–2014 plan will be documented in our 2014 Annual Report. Now, we begin to imagine our future by creating a robust new plan that will enhance our capacity to deliver timely, responsive programs and services and, ultimately, will magnify our vision of the future.

We can accomplish this only because of the commitment of dedicated volunteers—those of you who have taken the time to share your thoughts on strategic direction by participating in interviews and surveys, those committee members who will infuse elements of our new strategies into their actions and activities, and our dedicated board of directors under whose stewardship the plan comes to life. Last month,



we joined organizations around the world celebrating International Volunteer Day, and this year's theme, "Make Change Happen." As we begin to do just that, thank you again.



An Update from CAMRT

CEO François Couillard



CAMRT staff at RSNA in Chicago

Staff and volunteers have been working hard to bring ever more value to our members and 2015 will see many new initiatives come to life: a totally new website, a new online education platform, new courses, a series of webinars, new video tools to promote professionalism and educate about PLI, a major joint conference in Montreal with anticipated attendance of over 1,500, and a pilot of a new online certification exam, to name but a few. I look forward to more interactions with our members from across the country in 2015.

I would like to update you on a few important initiatives I've been closely involved with over the past few months:

New national framework for collaboration

In November 2014 all provincial associations and regulators, the CAMRT, and the Alliance of Medical Radiation Technologists Regulators of Canada (AMRTRC, or The Alliance) signed a Memorandum of Understanding (MOU) that establishes a new framework for collaboration. This is a very important event for the profession in Canada. When I joined the CAMRT, one of my first priorities was to mend the relationships with our numerous provincial partners and regulators-associations. Over the years, tensions had built up over each organization's roles and responsibilities, and the climate was ripe for a revamping of the statutory documents that defined our collaboration. We formed a team with representatives from the CAMRT and several provinces, and created an alternative framework to define and manage our complex relationships. The framework is made up of three instruments:

1. **A Memorandum of Understanding:** This document reaffirms the need to work closely together: "as partners, we believe we can achieve synergy and deliver better value to our members by working together on a broad and mutual agenda to reinforce the position of the profession in the country and by tailoring operational efficiencies to meet the needs of all the parties." It clearly spells out the role of regulators vs. associations and the role of the CAMRT and The Alliance. The document also identifies principles of collaboration and delineates the scope of influence of each partner.
2. **A new Canadian National Network of the Profession of Medical Radiation Technology (National Network):** This new National Network will be the primary mechanism for exchange of information and feedback amongst the participating organizations. The National Network will meet twice a year, during the CAMRT Annual General Conference in the spring and in November in Ottawa.
3. **Bi-lateral agreements:** As needed, the CAMRT will negotiate written bi-lateral agreements with Provincial Organizations. These agreements will articulate how the parties collaborate with regards to membership and other operational, administrative processes and revenue generating activities.

Strategic planning

We have embarked on a new cycle of strategic planning to define the CAMRT's priorities for the next 3-5 years. This promises to be a rich

exercise. With the help of a consultant, Lyn McDonnell, we have created a robust streamlined process that will deliver a final document by May 2015. I invite you to read our President's column (page 4) in this issue to learn more about this important activity.

Medical isotopes supply

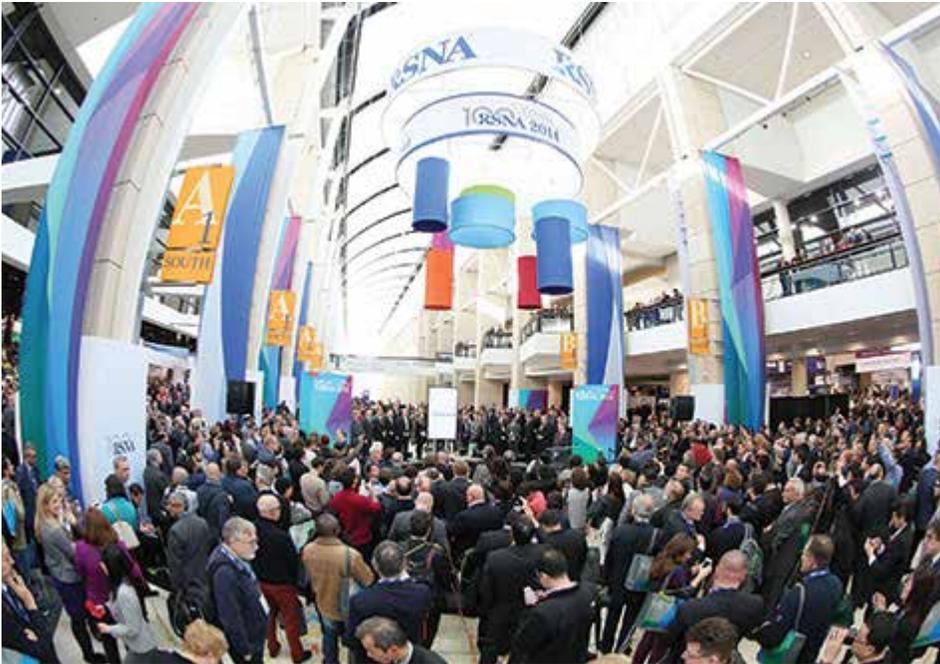
The situation remains uncertain for the long-term supply of Tc-99m, a medical isotope used in over 80% of nuclear medicine procedures, as a result of the planned interruption of supply from two reactors in 2016 (Canada's NRU and the French OSIRIS reactors). The CAMRT has been very effective at raising the issue at the Canadian and world level. At the initiative of the CAMRT, a Canadian Multi-Stakeholder Working Group on Medical Isotopes has been formed. It includes representatives from the Canadian government, provincial governments and four national associations (the CAMRT, CAR, CANM and CARS). Its role is to "set out clear expectations, principles and processes on how to communicate information regarding medical isotopes and to coordinate efforts to identify, prepare for, prevent, mitigate and resolve potential medical isotope disruptions in Canada." The CAMRT has also stimulated a dialogue at the international level with the ISRR and the SNMMI (Society of Nuclear Medicine and Molecular Imaging) in order to share information about the status of new Tc-99m production projects. Finally, we are creating a CAMRT "expert panel" which will be made up of CAMRT members who work in nuclear medicine from across the country. This group will serve as our "eyes and ears" on the ground and will help us share information.

Radiological Society of North America (RSNA)

Several of us from CAMRT spent 5 days in Chicago at the beginning of December to attend the RSNA. This annual extravaganza brings together over 60,000 medical imaging professionals to exchange information about new trends and best practice in our world. For the CAMRT it is an opportunity to meet with our members who come to visit the CAMRT booth, to have informative conversations with our international and national counterparts, and meet with vendors. This year was a special year as the RSNA celebrated its 100th anniversary and featured Canada. There is too much to say about the conference to cover everything in this article, but you can get the flavour of the event by looking at the postings on CAMRT's Facebook page during the event or browsing the Twitter feed using #RSNA14.

As usual I invite you to e-mail me your suggestions and comments at fcouillard@camrt.ca, stay in touch via CAMRT's Facebook page, or via Twitter (@Couillardf).

Representing the CAMRT at RSNA and ASRT



The CAMRT again worked with the American Society of Radiologic Technologists (ASRT) to provide a speaker for ASRT's annual radiation therapy conference, as well as its sixth annual technologist-focused conference, which is called ASRT@RSNA, during the RSNA in Chicago, where **Karen Letourneau, RTR ACR CRGS RDMS** from the Victoria General Hospital in Winnipeg, Manitoba presented *Tuberous Sclerosis Complex (TSC) as it relates to diagnostic imaging*.

Carol-Anne Davis, RTT, ACT, BSc, MSc, Queen Elizabeth II HSC, Victoria General Site from Halifax, Nova Scotia presented *Investigating the impact of PET-CT vs CT-alone for high-risk volume selection in head & neck and lung patients undergoing radiotherapy* at the 2014 ASRT Radiation Therapy Conference in San Francisco, California this past September. We asked her to tell us a bit more about her experience.

An inquisitive mind coupled with a passion for the issue combine well to bring about change.

Can you tell us what you discovered with this research and why it is important?

When our facility acquired our first (and only!) provincial PET-CT unit, I saw a large number of head and neck and lung patients being booked for RT planning studies. Research shows that

PET-CT affects a large proportion of oncology patients, with more recent studies examining the impact on RT plans and volumes. I undertook the research to find out exactly how our new PET-CT was impacting our NS patients. After accruing 188 patients, we found that the use of PET-CT in the RT planning process impacted clinical target volume (CTV) selection, resulting in a major change in RT plans in 44.1% of patients (40.6% of H&N pts and 50.9% of lung pts). Impact was defined as major change in Tx intent, cancellation of Tx, or geographic miss of CTV adverted.

How was your experience presenting at ASRT? Did you find the audience to be receptive?

My pre-conference information indicated that I was presenting in a room that held just over 350; however, I was pretty sure that no more than a few dozen would show up for my early

Monday morning talk. I was proven wrong and ended up presenting to a packed house...full of smart, engaged and curious therapists. It was overwhelming to have so many good questions and have so many attendees approach me afterwards for my contact info. Since ASRT, I have been in communication with a number

of RTTs who are keen on PET-CT and want to collaborate and learn more.

What were your overall takeaways from ASRT? Was it a valuable conference to attend?

Overall, I was most impressed with the depth and breadth of the ASRT presentations and poster exhibits. It was exciting to see so many therapists engaged in high quality research... from a role as PI to front-line therapists putting research into action. It's evident that there's a niche and a role for research in all facets of radiation therapy practice.

Do you have any other research projects you are currently working on?

Currently I am part of two different research projects, with a third in its infancy! I'm actively involved with a national research project on the topic of peer-review practices across Canada. We're hoping our study findings help determine the current landscape and where peer-review is going in the long term. Locally, I have a keen student that I'm working with regarding the role of the therapist in sexual health and teaching of patients undergoing pelvic RT. It's exciting to see such a keen and motivated learner and it bodes well for the future of MRTs entering practice.

What advice do you have for MRTs who are interested in research?

Be inquisitive: don't be afraid to ask the hard questions and challenge the status quo. An inquisitive mind coupled with a passion for the issue combine well to bring about change. Validation of current and new issues set the foundation for an evidence-based and quality practice. As well...don't be afraid of hard work and patting yourself on the back now and then!



CEO François Couillard meets Senator Kelvin Ogilvie on Parliament Hill. Senator Ogilvie is Chair of the Senate Standing Committee on Social Affairs, Science and Technology, and the Chair of Research Canada's Health Research Caucus.

Submitted by Leacy O'Callaghan O'Brien, Director of Advocacy and Communications

CAMRT continues to advance our position as an authoritative voice that is sought after for expert commentary on relevant issues by stakeholders. The fall of 2014 offered multiple opportunities for CAMRT to speak up and speak out on issues that affect the medical radiation technology profession, and the healthcare system at large.

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Brief to the House of Commons Standing Committee on Health

The committee recently launched a study on (1) the federal role in the scope of practice of Canadian healthcare professionals; (2) best practices on the use of scope of practice, both in Canada and internationally; and (3) the federal role in supporting skills training and curriculum development. CAMRT submitted a brief that outlined its research findings on the innovative implementation of advanced practice roles for MRTs globally, and discussed the potential for introduction of comparable innovations within the structure of the Canadian healthcare system. The brief also set out recommendations for federal-provincial-territorial collaboration on appropriate

Taking our Message to Parliament Hill

integration of MRT advanced practice roles across Canada as a strategy to optimize the Canadian health workforce. CAMRT also called a national forum to facilitate discussion of the harmonization and optimization of MRT's scope of practice across the country, and the potential for adoption of advanced practice models among all potential partners.

Advisory Panel on Health Care Innovation

Last summer, the federal Minister of Health, Rona Ambrose, established a panel whose mandate was to gather big ideas and perspectives from a broad range of the population, and to recommend bold transformative change that will provide Canadians with a sustainable health care system that meets their needs and expectations now and into the future. The CAMRT took advantage of the opportunity to comment on innovation in the area of medical imaging and radiation science that is improving the healthcare system, and to provide an opinion on approaches that would contribute to ongoing improvement. We reiterated our recommendations on the adoption of advanced practice models, spoke of our commitment to advancing a high standard of appropriateness in imaging, and

Created in 1991, and representing more than 650,000 providers and consumers of health care, the major focus of HEAL's activities has been on the federal role in health and health care.

As we move closer to the 2015 federal election, HEAL has developed a Consensus Statement, the result of more than two years of research, review and reflection.

This Consensus Statement reflects an unprecedented level of agreement among health sector professionals and delivery organizations about the role of the federal government in improving the health of Canadians and the care they receive. It addresses many of the structural, demographic and financial challenges associated with the delivery of health care in Canada, and represents a call to action to all levels of government and our country's political leadership.

CAMRT supports the consensus statement, which was released at a news conference on Parliament Hill on December 2, along with results of a poll conducted by Nanos Research that provides insight into how Canadians feel about the healthcare system and the federal role.

The statement and other details about the event on Parliament Hill are available at <http://www.healthactionlobby.ca/>.

Watch the new CAMRT advocacy page on the new camrt.ca for updates as the election draws near. We will be sharing HEAL's key messages related to the federal role in healthcare that you can discuss with candidates in your riding.

provided examples of how collaboration among professions has led to innovative projects and solutions.

Health Action Lobby (HEAL) – The Canadian Way

CAMRT is a member of the Health Action Lobby (HEAL), a coalition of 39 national health organizations dedicated to improving the health of Canadians and the quality of care they receive. HEAL members are organizations of health-care providers, institutions and facilities, along with several health charities, that provide a range of health-care services across the country.

The 2015 Joint Congress

on Medical Imaging and Radiation Sciences



Come join us for the largest knowledge exchange among the thought leaders in medical imaging and radiation sciences in recent history. Your congress hosts, CAMRT, along with three other Canadian professional organizations representing medical radiation technologists and radiologists, encourage you to join them at the **Palais des congrès, Montréal, Québec, May 28-30, 2015.**

The compelling theme, "Collaborative Care—Imaging and Treatment" will be infused throughout provocative lectures, informative workshops and poster sessions and will carry on into the exhibit hall, a large showcase for today's—and tomorrow's—innovative products and practices.

This bilingual congress offers unparalleled opportunities for collaborative learning and professional networking among medical radiation technologists, radiologists and other members of the medical imaging team.

Speaker Highlights

Opening plenary Thursday May 28th

Le partenariat de soins avec le patient : en quoi cela change le quotidien (Partnering with Patients for their Care: What it Changes on a Daily Basis)
André Néron, *Directeur associé, Direction collaboration et partenariat patient, Président du Comité de patients experts, Faculté de médecine, Université de Montréal*

Closing plenary Friday, May 29th

Use of Social Media by Healthcare Professionals
Gerard Farrell, MD, *Associate Professor and Director eHealth Research Unit, Memorial University, St. John's*

Closing plenary Saturday, May 30th

Comparative and Cost Effectiveness Related to Diagnostic Testing
George Wells, MD, *Professor, Department of Epidemiology and Community Medicine Director, University of Ottawa Heart Institute, Ottawa*

Welch Memorial Lecture Friday, May 29th

The Canadian Armed Forces Diagnostic Imaging Team
Richard Lloyd Vey, RTR, *Medical Radiation Technologist Occupation Advisor, Canadian Forces Health Services Group Headquarters, Canadian Armed Forces*

Social Events

**Welcome reception
Thursday, May 28th 17:00–18:30 (NO ticket required)**

Come join us in the Exhibit Hall for the Welcome reception. This is the perfect opportunity to

reconnect with old friends and meet new ones while exploring the most innovative new technologies in medical imaging and radiation sciences.

**Cirque Éloïze: A Night at the Circus
Friday, May 29th 18:30 (Ticket required, transportation provided)**

**Attendance is limited and tickets will go quickly*
A highlight of the 2015 Joint Congress will be an evening with world renowned Cirque Éloïze, a Montréal based circus troupe. Along with two spectacular performances, you will enjoy a cocktail reception, dinner and dancing at the historic Gare Dalhousie in old Montréal.

Further details regarding the Preliminary Scientific Program can be found at <http://jointcongress.ca/scientific-program/>



Registration is now open!

Visit <http://jointcongress.ca/> for the latest information on the Congress, scientific program, travel and accommodation and then register today, at <http://jointcongress.ca/register-now/>.

A Day in the Life... of a DI Manager



Submitted by Darrin Gerl, RTR, RTMR, Manager Diagnostic Imaging - Medicine Hat Regional Hospital

Trying to put down in words exactly what I do in a day seemed like an easy process. I found once I started it was not as simple as it seems. I'll try to give you an idea of some of the typical experiences I go through in a "normal" day.

First a bit of background...I graduated from the MRT program offered at Kelsey Institute in Saskatoon, SK in 1994 and then the MRI/S program at Red River College in Winnipeg, MB in 1996. I eventually ended up in Medicine Hat as the MR supervisor in 2001, and was given the opportunity to be involved in department administration in 2006. The truth is that none of these roles really prepared me for my current position—it has been a process of trial and error.

I have found that leadership requires strong analytical skills as leaders need to be able to problem solve and provide input into a range of issues.

I guess the first thing I do when it comes to my work life every day is to grab my BlackBerry from the top of the fridge after breakfast and review any messages from the previous night. If nothing else, it allows me to hit the ground running when I arrive to work. It is amazing how much a person can get straight in their minds on the drive into the hospital!

Once at the hospital I usually look over my calendar for the day to see what prior commitments I have scheduled for both local site meetings and provincial commitments. Here in Alberta, Diagnostic Imaging is a provincial program, so there are often committees or provincial meetings that I am required to attend or take part in. While this does add a complexity to the job, it is a great way to get to know your peers across the province, and to network. I would have difficulty counting how many issues I have been able to solve with the help of my colleagues from across Alberta—the ability to network with them and to build relationships is invaluable.

I tend to divide my work duties into two categories, people and financial. At times the lines that divide these two areas are blurry at best. Because of my technologist background I am

much more comfortable with the people aspect of my job, but with this comfort also comes the most difficulty. Numbers are easy to work with once you understand them. People have feelings, emotions, and reactions that make things a lot more difficult, especially when you have to make decisions that they may not like or understand. I have had to develop some fairly

thick skin to do my job. That is the most difficult part of being a manager—you can't always be everyone's friend.

The bulk of my day is spent working on local issues such as staffing, radiologist requests, Human Resources issues, and financial stressors. Almost every aspect of our department can be measured and evaluated and we are in a constant state of optimization. There are monthly targets that our department modalities are expected to accomplish (be it examinations, work load units, patient through put time targets... you name it!) and I am very lucky that my staff makes me look really good. There are very few times where I have to hold the modalities to task. My modality supervisors are excellent at keeping their areas humming along as smoothly as possible. One of my biggest tasks is to communicate well with my staff. The more you share, the more buy-in you can get with any initiatives or processes you have to implement. And the more buy-in, the better chance of success.

Probably the most rewarding part of my day is when I get comments from physicians and patients about the great care they received while in our department. With the move to administration it is easy to forget the real effect we have on those who need our services. I do try to move around the department when time permits to see how patients perceive the care they get while at our site. The open and honest feedback I receive for our staff and department is excellent and helps us to move forward. There really are very few complaints. We don't always get it right, but we are pretty good at what we do.

Once the day is done, I am usually quite tired when I walk out the doors. My brain is tired from being pulled in many different directions. No two days are ever really the same. It is a rewarding role to fill, albeit at times it can be extremely stressful. Often as a manager I feel I have to have all the answers to a wide range of issues. That can be daunting if you don't keep it in perspective.

Five Apps for Radiographic Technologists

- A drawing of every single anatomical element
- An explanation of the anatomical parts

Submitted by Amanda Johnston, RTR

As an imaging technologist, it's important to keep on top of your game with anatomy and pathology. Here are a few apps I have on my iPad that I find useful:

1. Skeleton System Pro III - \$14.99 By 3D 4Medical

Skeleton System Pro III includes the most in-depth 3D skeleton ever developed, the ability to rotate, cut, and get superior/inferior views all with the simple stroke of the finger:

- 360 horizontal degree rotation of any body part - with a swipe of your finger
- Rotate vertically for inferior and superior views
- 94 animations of every movement of each articulation (e.g. flexion, extension, abduction, adduction, etc)
- 2 types of quiz, drag and drop and multi-choice
- 596 audio pronunciations, for every label
- Draw on any screen image and then share it through email, Facebook or Twitter
- Colour mapping of the skull and pelvis bones



You can find more apps like this at: <http://www.3d4medical.com>

2. iRadTech HD - \$29.99 By Ron Reed RT(R)

The purpose of iRadTech is to put positioning information at the tip of the technologist's fingers. With the hundreds of exams that a technologist is expected to perform, it can be difficult to remember an exam you might only perform once or twice in a 30-year career. With detailed instructions, the technologist will be able to perform accurate positioning and get the image correct the first time.



3. Speed Bones MD (Quiz) - \$0.99

Speed Bones MD is the perfect learning alternative to boring flash cards! Features:

- Contains dozens of images
- Earn points for precision
- Compare high scores with your friends
- A magnifying glass appears when holding your finger on an image allowing you to achieve more precision and higher scores

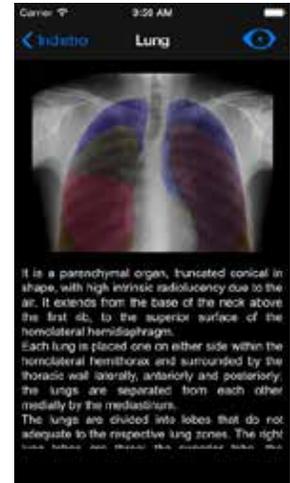


You can find more apps like this at: <http://speedanatomy.com>

4. Chest X-ray - \$1.99 By MIRC s.r.l.

Chest X-ray is one of the most innovative educational resources in the medical field. It was designed, developed, and written by a board certificated radiologists. It is an atlas of chest x-rays anatomy for radiologists, radiology residents, radiology fellows and medical student – right in your pocket.

- Each containing:
- High resolution x-rays
 - Perfect posterior-anterior and lateral series



5. RadRef - Normal Values in Diagnostic Imaging - \$0.99 By Hyperexis

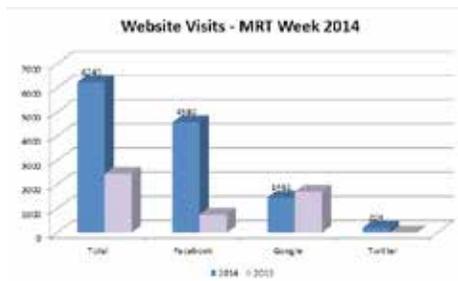
Instantly access the normal range of more than 1000 frequent measurements in diagnostic imaging. A must-have app for every radiologist, student, physician or medical imaging professional! RadRef is the offline, iOS version of the RadRef.org portal, which inventories normal values and ranges assessed by various medical imaging modalities including radiography, CT scanning, MRI, ultrasonography and even more. Use this exhaustive and up-to-date list for a quick refresher in the reading room or as a reference for less-frequently used measurements. All provided values include a reference to the original source (e.g. textbook, scientific article) and a direct link for easier access.



MRT Week 2014

Every year, we are blown away by the creativity and dedication that MRTs across the country and beyond display when celebrating MRT Week, held in conjunction with MRS Week in Ontario; and this year was no different. Enthusiastic celebrations were held at over 500 sites across Canada and at the College of the North Atlantic campus in Qatar throughout MRT Week.

Social media engagement was greater than ever, with more sharing of photos, tweets, and eloquent posts reflecting professional pride than we have seen previously. We ran a multi-channelled social media advertising campaign, adding Twitter ads to the mix of Facebook ads and Google Adwords. This began in late October, and ended the week of November 10. Our CAMRT Facebook Page reached over **350,000 visits** during MRT week – that is a 90% increase over a typical week.



The 2014 campaign delivered **6,245 visits** to imageofcare.ca and aucoeurdevotresante.ca, more than double the 2013 total of 2,443.



The Google search campaign results were consistent with 2013 results and delivered close to 1,500 website visits. Above are the top 20 search terms that led to website visits.

Among the many memorable events were:

- Students raised over \$1100 for new diagnostic imaging equipment at the Chatham-Kent Hospital with a bake sale
- Creative displays attracted the attention of patients and colleagues at St. Michael's Hospital in Toronto
- Imaginative t-shirts and scrubs were on display in the Yukon Territory
- Students in Qatar again joined the celebrations

The Facebook Group was the hub of exchange between members, with numerous posts sharing details of the celebratory activities and photographs. Following are some outstanding posts from the Group:



"Happy MRS week at Listowel Memorial Hospital Ontario!"

Radiation Therapists at Health Sciences North in Sudbury, ON celebrated MRS Week with t-shirts that say "I am a Radiation Therapist; I radiate pure awesome"



"DI Students working hard at a bake sale at CKHA (Chatham-Kent Hospital, ON) during MRT week to raise money for new imaging equipment!"



"Here are our Michener Radiological Technology Students spreading their passion for their profession! Happy MRS Week Friends! #MRSWeek2014 #MRTWeek2014" St. Michael's Hospital in Toronto, ON



Celebrations at the College of the North Atlantic campus in Qatar

We hope everyone had a wonderful MRT/ MRS Week in 2014. Please send your feedback or suggestions to Nicole Forget at nforget@camrt.ca. We look forward to celebrating with you this upcoming year from November 8th-14th, 2015!

For more MRT Week photos, see page 18.

Continuing Professional Development

HIGHLIGHTS

NOW AVAILABLE

PET THEORY AND PET/CT APPLICATIONS (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.

Textbook: FDG PET/CT in Clinical Oncology: Case Based Approach with Teaching Points. Mihailovic J., Goldsmith S., Killeen R. (2012) \$128.95

Register online for this full length course: <https://ww2.camrt.ca/authentication/>

APPLICATIONS OF MEDICAL LABORATORY TESTS IN NUCLEAR MEDICINE: RENAL SYSTEMS (QUICK SELF STUDY)

This quick self-study discusses common pathologies of the renal system as relevant to nuclear medicine technology. Relevant medical laboratory tests such as EP are discussed and the biochemistry examined. Case studies present the clinical significance of the test result such as EP and discuss how the test result can provide valuable information to the technologist important in patient care.

Register online for this quick self-study: <https://ww2.camrt.ca/authentication/>

GYNAECOLOGICAL CANCERS (QUICK SELF STUDY)

This multidisciplinary quick self-study will review the female gynaecological anatomy and function, as well as introduces the learner to the most common malignancies affecting these organs or tissues. In addition to general cancer information and statistics, it will provide details on cancer of the ovary, uterine tubes, uterus, cervix,

vagina and vulva. Each malignancy covered will be further broken down into risk factors, presenting symptoms, diagnosis, pathology, disease progression, treatment options and prognosis. The idea of diagnosis and sexuality will be covered and a list of available resources for both practitioner and patient included.

Register online for this quick self-study: <https://ww2.camrt.ca/authentication/>

IN DEVELOPMENT (FULL LENGTH COURSES)

PROJECT MANAGEMENT FOR HEALTH-CARE PROFESSIONALS

Project management is a body of knowledge that provides insight and tools for effective and efficient ways of achieving specific goals in non-routine work. The discipline includes language, principles and practices that help teams plan and organize their efforts. This course aims to prepare health care professionals to better manage, lead or work within a project team. Emphasis is placed on small to medium sized projects that are likely to be relevant to those working in a health care setting.

IMAGING BREAST PATHOLOGY (REVISION)

The Imaging Breast Pathology course is designed to enhance the student's knowledge of breast anatomy and pathology, breast cancer development and treatments, screening and diagnostic mammography, interventional procedures and adjunctive imaging such as breast ultrasound and MRI. The American College of Radiology Breast Imaging Reporting and Data System (BI-RADS) is introduced focusing on the Breast Imaging Lexicon for Mammography including masses, calcifications, etc., breast composition, assessment categories and the reporting system. This comprehensive course provides the practicing mammography technologist with the knowledge to recognize different pathologies of the breast with mammography and touches on the adjunctive modalities. In addition, various breast surgical procedures will be presented demonstrating the effect of these procedures on breast images.

The course manual is being updated with a visual array of clinical mammography, tomosynthesis, breast ultrasound and MRI images.



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

CPD IS GOING ONLINE!

CT Imaging 2 is being transitioned to an interactive online delivery format for the Winter 2015 term. Access to the course content will be available the first week of February to ensure all quality control checks have occurred. Assignments will be automatically marked and made available immediately upon completion. The final exam date will remain scheduled for **May 8, 2015** however an alternate date will be scheduled in June for those requiring more time. Assignments must be completed one week prior to the scheduled exam date in order to be able to access the final exam.

Over the next few years, the PDF version of our courses – full length and quick self-studies - will be transitioned to an online management system. This transition will greatly improve learning, improve quality of images and provide the opportunity for increased access to images and case studies.

[Click here for a sneak peak!](#)

Register now for this exciting new opportunity!

The Benefits of Continuing Professional Development

Submitted by Sherri Turner, RTR, CBID

Wikipedia defines professional development as “a means by which people maintain their knowledge and skills related to their professional lives.” The continuing aspect of this means “learning never ceases regardless of age or seniority.” There are many benefits that can be attained through continuing professional development (CPD), such as:

- **Personal growth:** Years ago, someone told me “if you learned something new today, then you had a great day.” We are never too old to learn! Ongoing learning keeps you engaged in life.
- **Selection of courses:** What we do for a living puts us in the forefront of technology, and technology is forever changing. We are doing procedures now that were not possible years ago—or in some cases, did not even exist. The opportunity for learning through the CAMRT is unlimited. The selection of courses offered to us as members range from a Quick Self Study series to Full Length Courses, Specialty Certificates, and even a few complimentary courses. Some courses are designed for specific areas of expertise, such as Mammography 1 and CT Imaging 1, while others can be useful to all disciplines, such as Essential Concepts in Radiation Biology and Protection and Fundamentals of Quality Management.
- **Professional growth:** Those of us who fill the role of a preceptor have a responsibility to guide the students, and to some degree, teach. This alone is a good reason to be confident in our knowledge of anatomy, department equipment, and procedures performed. Every department has staff with different levels of expertise. New staff have more to learn than those who have been working for years and will look to co-workers as a valuable source of knowledge. Taking CPD courses only increases your knowledge, as well as your confidence.
- **Interprofessional collaboration:** Technologists in some disciplines, such as nuclear medicine, are taking courses to cross-train in CT. In other disciplines, technologists and nurses work side-by-side as team members. It’s important to understand and respect each others’ skill sets. We all work together for the benefit of the patient. A course such as Introduction To Pharmacology would be helpful to those technologists who work in areas such as interventional radiology where medicating patients and recording/understanding patient vital signs

are important.

- **Professional advancement:** Employers like and want to have employees who take the initiative to further their education. It raises the profile of the department to know the staff have the interest to be at the top of their game. Taking courses also adds to your qualifications and makes you a more appealing candidate when it comes to job advancement such as Team Leader, Manager, or committee positions. Committees can be located at your own facility or on a national level. You could even be fortunate enough to be on a committee with the CAMRT, where courses are created, revised, and launched.
- **Patient security:** Finally, a huge benefit to CPD is the sense of security and level of trust that a patient and their family members will have, knowing that the staff providing care to them are fully qualified and have the necessary skills to do their required procedure.

Overall, there are personal and professional benefits of pursuing CPD. Everyone grows

from knowledge, and knowledge is power. Continuing professional development is something we as healthcare professionals should all take part in.

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
(800) 463-9729 ext. 226



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Dr. Daniel Lindsay, Medical Director of Diagnostic Imaging for the Interlake Eastern Region and the Northern Regions of Manitoba, has always been a strong advocate for promoting continuing education for medical radiation technologists in rural Manitoba.

Selkirk is the largest site in the Interlake Eastern Region, with modalities that include x-ray, CT, EKG, ultrasound and upcoming MRI. The expansion of diagnostic imaging services at Selkirk & District General Hospital has been partly attributed to Dr. Lindsay's visionary leadership and team spirit – a leadership that has had the capacity to transform vision into reality. Our goal is to design formalized, structured training programs and bring it home to the technologists and physicians working in rural communities to meet the demand for ongoing and consistent education. Monthly DI grand rounds enables technologists do a job better and gives them the knowledge and tools to take care of people close to home.

The Selkirk & District General Hospital Diagnostic Imaging team was the first diagnostic imaging department in the Interlake East Region to benefit some 8-9 years ago, from having impromptu, periodic education sessions with Dr. Lindsay, who at that time was the sole radiologist in our imaging department. Sessions included cases of the day, interesting pathologies, discussions on how to perfect protocols, correlation of DI studies within multiple modalities; all were brought to light during these sessions. The technologists of the department rather enjoyed this interaction and discussion session and were quite vocal in requesting for more consistent monthly rounds.

As the Selkirk DI team grew, so did the team of regional radiologists. What started as a single site education session has now blossomed into a multi-site, multi-regional monthly diagnostic imaging grand rounds! Each month, one of our five radiologists creates a lecture for diagnostic imaging rounds and presents it to 17-plus sites.

Diagnostic Imaging Rounds CPD in Rural Manitoba



Technologists from our northern rural sites asked to be included in rounds as their images are all read remotely by radiologists in Selkirk, Winnipeg and The Pas. Therein, referring physicians from the more remote, isolated facilities—who work without the immediate benefit of an on-site consulting radiologist—are now attending the monthly DI rounds via WebEx. The benefit of working with the WebEx Program is that anyone can log into our sessions, as long as they have a telephone and computer with internet access. The presentations are presented in real-time and at any point in the presentation, if there are questions technologists and physicians are able to speak directly with the radiologist and have their questions answered.

The regional charge technologist in Selkirk submits the request for approval of each session to the CAMRT CECAP program, prior to the next DI grand rounds' date. Once approved, monthly posters are emailed to all diagnostic imaging sites within the Interlake Eastern and Northern Regions, and to all referring physicians. Topics for these rounds are gathered by the questions and level of interest and concern by technologists and referring physicians. Some examples of topics previously discussed include: Guidelines for Ordering DI Tests with GI Pathology; The Emergency CT Brain; The Role of DI Imaging in Acute Pancreatitis; Lung Cancer Screening and Critical Radiographic Findings. Attendance at rounds is recorded by the senior technologist in each site and sent to the regional charge technologist who then creates and distributes CE Credit Certificates for each technologist to file into their human resource portfolio.

Diagnostic imaging rounds create a community within our regions; a community of technologists, referring physicians, and radiologists all working together towards the same goal—accurate and timely patient diagnosis. For the smaller and more remote rural sites that do not have direct interactions with radiologists, DI grand rounds are a motivational mechanism to promote competency and excellence in imaging; connecting technologists and referring physicians with radiologists. Rounds provide an opportunity for technologists to ask questions to the radiologists reading our studies, and to discuss cases and protocols with teammates in other sites and regions. DI grand rounds value the skill set and viewpoints of all its participants which contribute to a blending of skills across

all levels of healthcare professionals.

DI grand rounds provides technologists with a comprehensive insight into what radiologists require from their images in order to make the most accurate diagnosis. Rounds outline the most up to date Gold Standards in imaging and provide guidance to both physicians and technologists as to the most appropriate modalities and procedures to demonstrate any given pathology.

Ongoing continuing professional development has always been our vision for all of the technologists in the Interlake Eastern and Northern Regions. As technology continues to change at staggering rates, our DI grand rounds provide an avenue to show case knowledge, competency and standards of excellence, in addition to filling in any identified gaps in knowledge.

*** DI Grand Rounds are a motivational mechanism to promote competency and excellence in Imaging**

The Union for International Cancer Control: World Cancer Congress 2014



CPQR
Canadian Partnership for
Quality Radiotherapy
PCQR
Partenariat canadien pour
la qualité en radiothérapie

Submitted by Gunita Mitera, BSc, MRT(T), MBA, PhD(c)

The Union for International Cancer Control World Cancer Congress was held in Melbourne, Australia in December 2014. **There were 120 countries represented with 2,700 delegates, of which 97 were from Canada.** The theme of the congress was "joining forces – accelerating progress" and presentation sessions were organized into four tracks: cancer prevention and screening; cancer diagnosis and treatment; cancer survivorship and palliative care; and cancer control systems.

This year I was invited to speak about the Canadian Partnership for Quality Radiotherapy, a national strategy for quality and safety in radiotherapy, as a policy approach for global consideration. This Canadian initiative was developed by Dr. Michael Milosevic, a radiation oncologist from the Princess Margaret Cancer Centre in Toronto. As part of this initiative, Dr. Milosevic brought together a group of pan-Canadian thought leaders

implement a national framework to support a consistent and sustainable culture of safe, high quality radiation treatment for all patients. Financial and strategic support has been provided by the Canadian Partnership Against Cancer. In this presentation, I highlighted the major pieces of work underway, including a partnership with Accreditation Canada to amend their existing cancer standards module to include key quality indicators related to radiation therapy treatment quality and safety; partnering with the Canadian Institute for Health Information to develop and implement a national radiation incident reporting and learning electronic repository that all cancer centres will have access to; and working in collaboration with cancer patients to develop a framework related to patient engagement that cancer centres may adopt locally. This national initiative is gaining national and international recognition for its success, mainly attributed to its multidisciplinary buy-in and engagement in both the development and implementation of each aspect of its work.

If we invest in multidisciplinary, deliberate engagement activities to learn from each other's efforts... we may be able to effectively accelerate system level change in cancer control together, as a global community.

in radiation oncology, medical physics, radiation therapy, the Canadian Association of Provincial Cancer Agencies, and patients to develop and

I also had the pleasure to Chair a session of four presentations related to experiences on developing and implementing strategies to

improve the quality and meaningful engagement of indigenous peoples in achieving culturally responsive cancer care services. The first presentation was about the overarching Canadian cancer control strategy for the First Nations, Inuit and Métis, followed by a presentation about how CancerCare Manitoba has specifically successfully implemented aspects of this Canadian framework. The third presentation was an example of a first time partnership between the Samoa Cancer Society and the Cancer Society of New Zealand that has resulted in an aspiring movement of focused cancer control action plans for these indigenous populations. The final presentation provided an example of how the New Zealand experience has been leveraged and how similar cancer control strategies have been implemented through Pacific partnerships.

I predict that the theme of accelerating action by joining forces is one we will be hearing a lot more of, not only in the radiation treatment community, but in the cancer control community at large. Across the world and even locally within your own region I am sure we can all think of innovative projects that have had successful impact on cancer control. If we invest in multidisciplinary, deliberate engagement activities to learn from each other's efforts and further the implementation of existing proven innovations within similar health care contexts, we may be able to effectively accelerate system level change in cancer control together, as a global community.

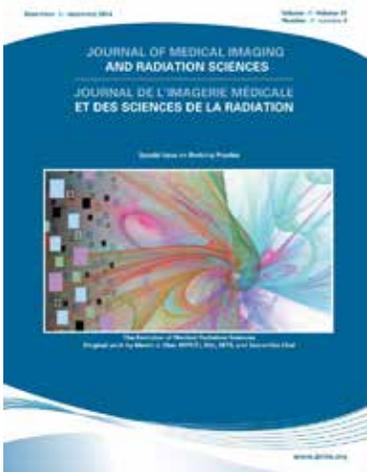


Announcements

NEWS FROM THE JOURNAL OF MEDICAL IMAGING AND RADIATION SCIENCES

1. **The JMIRS has a new cover!** Look for our first issue of 2015 in March to see our fresh look at www.jmirs.org.
2. **Registration for the ELIIT Research Workshop** on May 27 in Montreal will open in February. This pre-conference workshop will cover the basics of research on a practical level, and intermediate level methodologies. Participants will receive Category "A" credits from the Continuing Education Credit Approval Program (CECAP). Visit <http://www.camrt.ca/conferences/> to view the faculty and curriculum.
3. **Calling all students and recent graduates!** Submit your research by **February 1, 2015** for a special supplement featuring the work that is being completed by undergraduate, graduate students and recent graduates. Top papers will be recognized with awards.
4. **Call for papers for special issue 2015** on the topic of *"Back to Basics – Foundational knowledge, skills and judgment"* Final submissions will be due **May 1, 2015**.
5. **Apply for the CAMRT Research Grant** for up to \$5,000 for original research related to the medical radiation sciences. The deadline for applications is **April 2, 2015**.

Please direct any questions relating to the JMIRS to the Managing Editor at editor@camrt.ca.



NOTICE OF MEETING 73rd ANNUAL GENERAL MEETING

Canadian Association of Medical Radiation Technologists

Friday, May 29, 2015 – 10:30 to 12:00

The 73rd Annual General Meeting (AGM) of the Canadian Association of Medical Radiation Technologists will be held at the Palais des Congrès, Montreal, Quebec.

Preliminary Agenda

6. Call to Order and Roll Call
7. Opening Remarks – CAMRT President
8. Approval of Minutes of the 72nd Annual General Meeting of May 30, 2014
9. Business Arising from the Minutes
10. Annual Reports
11. Motions presented to the membership
12. Appointment of Auditors
13. Other Business
14. Adjournment

The CAMRT Annual General Meeting (AGM) is held each year in conjunction with the Annual General Conference. This meeting provides members attending the conference an opportunity to discuss the business and the activities of the Association. Everyone at the conference is encouraged to attend this very important event, although only CAMRT members are eligible to vote.

The documents required for the Annual General Business meeting will be included in the 2015 AGM Workbook, a comprehensive document containing relevant information and reports discussed during the meeting. Copies of the AGM Workbook are provided to all annual general meeting attendees. The AGM Workbook will also be available on the members' only section of the CAMRT web site by early April 2015 (www.camrt.ca). Provision will be made for advanced voting, should you be unable to attend the Annual General Meeting.

THE CAMRT WEBSITE: OUR JOURNEY TO A NEW LOOK!

Work has long been underway to replace the CAMRT website with a new "look and feel," as well as a new approach to online engagement. It has been our goal to create a visually pleasing, user-friendly, online gathering place for our members. However, before the site could be designed, there was a lot of work to do! A complete content audit was undertaken; consultations were arranged with CAMRT staff members, advisory committees, and select volunteers; and we considered the results of the 2011-12 member survey regarding our current site. An RFP was then issued for companies and individuals to undertake a complete redesign of both the public site architecture and graphic elements, and the winning bid selected was from ACART, an Ottawa-based firm who have produced design elements for us in the past, including our beautiful new logo.

The new CAMRT.ca will be an easily navigable, easily searched site where members can find timely, effective communications about CAMRT initiatives; practice resources; continuing professional development; 24/7 access to basic member services; and opportunities to engage with fellow members. The site will also serve as a welcoming and informative touch point for external stakeholders who wish to learn more about the CAMRT's role as the national voice for the medical radiation technology profession, and/or about the MRT's role in the healthcare system.

We are sure members will love the new CAMRT.ca – we can't wait to hear your feedback!

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We are RTs

Announcements

VOLUNTEER WITH THE CAMRT—BE AN ESSAY OR EXHIBIT COMPETITION JUDGE!

The CAMRT is looking for individuals who are interested in being judges for CAMRT's yearly essay and exhibit competition. This is a volunteer position that does not require a large time commitment.

Everything is electronic, including the marking. You will have a three to four week period in April within which to review and mark essay and poster submissions. The competition is held just before the annual general conference each year.

To be an essay or exhibit judge you must be:

- a CAMRT member for at least 5 years.
- a practicing technologist, manager or instructor.
- able to demonstrate that you have a thorough knowledge of your discipline and/or sub-discipline.
- able to demonstrate that you are knowledgeable of advances in the field of medical radiation technology in general, and particularly in your discipline and/or sub-discipline.

If you are interested in volunteering as a reviewer to judge the submission for the essay and exhibit competition, please submit your CV and the completed online application form which can be found at <http://www.camrt.ca/aboutcamrt/volunteeringwithcamrt/>

HIGHLIGHTS FROM THE CAMRT JOB BOARD

Manager, Magnetic Resonance Imaging (MRI), Cobequid and Hants, Halifax, NS

Sonographer and MRI Radiographer, New Zealand

Diagnostic Imaging Technologist III, Labrador City, NL

OAMRS Manager, Professional Services, Hamilton, ON

The job board can be found at: https://www2.camrt.ca/members_en/joblistings.asp

ISRRT RESEARCH AWARD 2015 CALL FOR GRANT APPLICATION

Theme: The Role of the Radiographer (Radiological Technologist) in the Justification of Medical Exposures

The aim of the ISRRT Research Award is to promote research that helps improve the standards of delivery and practice of medical imaging and radiotherapy as well as to encourage evidence-based practice. The ISRRT Research Award was set up in 2009 and a research proposal was funded the first time in 2010. We are now inviting applications for the Research Award for 2015.

Background

- "Employing radiation in medicine has to involve a careful balance between the benefits of enhancing human health and welfare, and the risks related to the radiation exposure of people..."
- "There is a need for a holistic approach...to address existing and emerging challenges; and leadership, harmonisation and co-ordination of activities and procedures at an international level." (Joint Position Statement by the IAEA and WHO, 2013)*
- Radiographers play a major role in radiation protection in medical exposures particularly in the process of optimisation. The Radiographers role in justification is extremely important for the entire healthcare team and of course the patient. The Radiographer is the first member of the team to receive the examination request from the referring clinician and is the person who delivers the radiation dose.

The theme of the research project is, "The Role of the Radiographer in the Justification of Medical Exposures". You are invited to submit a research proposal related to this very important topic.

The grant is £2,500.00 for a one year project and £5,000.00 for a two year project.

Applications must be submitted on or before **30th April, 2015**.

Full details and an application form can be found at www.isrrt.org or by directly contacting isrrt.yule@btinternet.com.

Announcement of results: End of July 2015

*Joint Position Statement by the IAEA and WHO, 2013:
http://www.who.int/ionizing_radiation/medical_exposure/Bonn_call_action.pdf?ua

CAMRT AWARDS PROGRAM : ESSAY AND EXHIBIT COMPETITION

The CAMRT invites submissions for the 2015 CAMRT Awards Program - Essay and Exhibit Competition. The competition is open to CAMRT members in good standing and students enrolled in accredited medical radiation technology education programs.

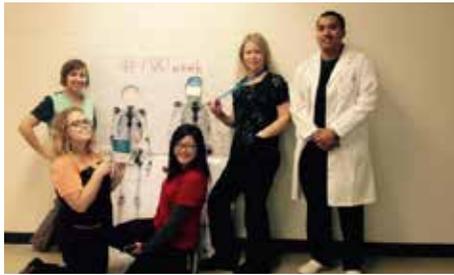
The deadline for submission to both the essay and exhibit competition is March 31, 2015. For more information on the Awards Program, please go to <http://www.camrt.ca/aboutcamrt/camrt-awardsprogram/>. Entry forms can be submitted online. Should you have any queries, please contact Phyllis Williams at pwilliams@camrt.ca.

CALL FOR ACTION: ACCELERATING INNOVATION AND IMPROVING HEALTH SYSTEM PERFORMANCE

CAMRT is one of the thirty-nine national health-care organizations that comprise the Health Action Lobby (HEAL) that supports a consensus statement released December 2. The statement, entitled Accelerating Innovation and Improving Health System Performance, calls on the federal government to embrace the Canadian Way of addressing national health issues through compassion, consensus, and collaboration. It is intended to prompt all federal parties to articulate their own positions on health care for Canadians in advance of the election in 2015. A recent Nanos survey confirmed that Canadians scored health care as a top priority for all political parties in the next federal election as 7.6 on a 10 point scale.

We encourage CAMRT members to read the statement and the research report, at www.healthactionlobby.ca, and to share and discuss it with colleagues and friends. If you have questions or comments, please send them to Leacy O'Callaghan-O'Brien, Director of Advocacy and Communications, lobrien@camrt.ca.

More from MRT Week 2014





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