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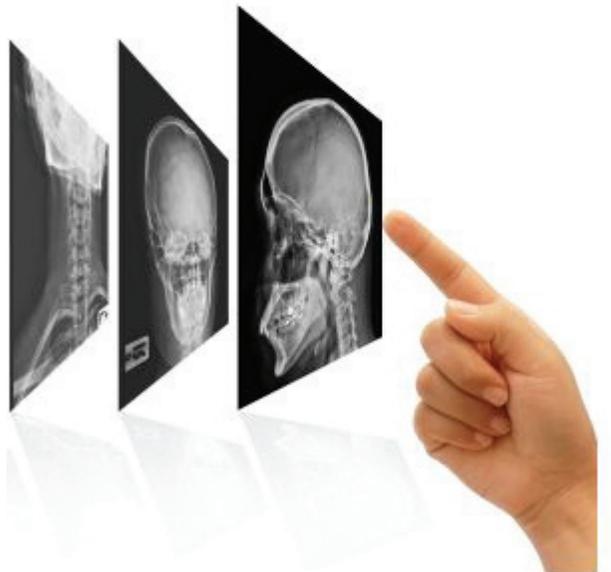
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The CAMRT News is the official member newsletter of the Canadian Association of Medical Radiation Technologists (CAMRT). It reaches approximately 12,000 members within the field of medical radiation sciences.

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



On the cover... A still from the NOD video. Watch it at <http://www.camrt.ca/mrt-profession/professional-resources/nod/>

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President's Message

Happy New Year!

As we turn the page on another year at CAMRT, I would like to take the opportunity to reflect on my own experiences and impressions of 2015.

Every year at CAMRT we use our membership survey to speak with you and collect feedback about our services. We learn a lot about what MRTs appreciate most about membership and take feedback on ways we can optimize things for the future. This year, we heard that members appreciate the value of services like continuing professional development (CPD); our high quality materials and publications; access to collaborations and volunteer opportunities; our important, extensive professional liability and legal defense insurance (PLI) coverage; and professional guidance in the form of best practice guidelines and other platforms, among other valuable programs. As a long-time CAMRT volunteer, and now as President, I know about all the effort that has gone into these programs from your fellow members, and it is good to hear it is all appreciated.

strategically support our vision: that CAMRT is recognized as the national voice of the profession and we are sought after for our essential expertise, and that MRTs positively impact the development of the healthcare system and the journey of patients in our care. Please stay tuned to CAMRT newsletters, the website, and e-news for updates on our progress.

When I reflect on my years involved with the CAMRT, I have found that one of the greatest benefits has been the opportunity to associate with and learn from my fellow MRTs. Coming together and sharing both our successes and challenges truly strengthens the practice of medical radiation technology across the country. With that in mind, I wanted to share with you some of the most inspiring things I learned from fellow MRTs this year.



Our members are consistently going above and beyond their daily routines to make a better pathway for their patients.

CAMRT's STRATEGIC PLAN AT A GLANCE



CAMRT's new strategic plan

As always, we will continue to work hard in 2016 to enhance the value of the association to our members. We are very excited to move into a new, Board-approved [CAMRT strategic plan](#) for 2016-2018, which we introduced in our last newsletter. The five major strategic directions of Transforming Education, Evolving Practice, Quality of Care, Evidence and Knowledge, and Membership Value will help to ensure the MRT profession in Canada continues to move forward and that members receive the best value and experience from their association. In 2016 we aim to further improve CPD with delivery of even more online CPD offerings, and to certify our very first Canadian Advanced Practice (AP) MRTs and make big strides to expanding AP in all disciplines. As an advocate on your behalf, your professional body will continue to represent MRTs in discussions with decision makers of the healthcare system. All of these are designed to

At one meeting this fall, I had the privilege of hearing a pair of dosimetrists from British Columbia talk about how their team had been working to develop a stand-alone software collision tool that indicates the probability of patient-linac collision during treatment, which previously would prematurely stop treatment. It is an awesome tool for dosimetrists and a timesaver for patients, because they do not have to be re-planned and start treatment again. The MRTs saw a need and found a solution. Inquiry is a reflection on our professionalism.

Another experience I learned about this year related to a group of radiological technologists from Newfoundland and Labrador who identified that a two-week wait time for PICC line placement at their site was unacceptable for their patients. By working with the radiologists and increasing their knowledge and skills they were able to reduce wait times to zero (see page 9 for more on this story).

I also learned that in Ontario, an inter-professional team was focusing on decreasing radiation exposure to intubated in-patients in the ICUs using new evidence. With collaborative efforts between medical imaging and the ICUs, new unit-specific protocols were put into place that leveraged the expertise of nurses, physicians and respiratory therapists. This new team approach reduced the number of chest x-rays done in the

ICUs, decreased staff and in-patient dose, promoted inter-professionalism and communication between all groups involved, and increased the relevance of the order. This project of mutual respect is a building block toward patient improved outcomes.

These examples are just a few among many that remind me how our members are consistently going above and beyond their daily routines to make a better pathway for their patients.

So once again, Happy New Year. Please join me as we start 2016 to celebrate the innovation and collaboration of members that has brought positive change to the care of our patients, and to look toward the bright future of this profession.

2015 Highlights and the Year Ahead



CAMRT Staff (L-R): Mark Given, Chris Topham, Elaine Dever, Melanie Bérubé, and François Couillard

Submitted by CAMRT CEO François Couillard

Your association is a collaboration hub for MRTs and their partners. Thanks to the efforts of a small office team and hundreds of volunteers, the association is displaying its vitality and relevance.

2015 Highlights

In May 2015, the CAMRT Board of Directors approved a new three-year strategic plan for 2016-18. The plan has five major strategic directions: Transforming Education, Evolving Practice, Quality of Care, Evidence and Knowledge and Membership Value. All our efforts in the upcoming years will focus on those strategic thrusts. At about the same time, we went live with our new public website. The new look reflects the updated CAMRT brand, and adds new features to optimize navigation and use.

The professional support we offer our members has been greatly enhanced this past year. We are moving our current CPD courses to an on-line delivery platform. In 2015, four full-length courses and four Quick Self-Study (QSS) courses have been prepared for online delivery. The migration of all remaining CPD courses is planned to take place over the next few years. We have also developed a number of webinar offerings under a new virtual programming initiative.

In addition to the existing, very successful Leadership Development Institute for newly practicing MRTs, CAMRT launched its inaugural Leaders Program for professional leaders in October. This new program, aimed at aspiring or new managers, was a resounding success. It will become part of our regular programming (see page 15 for more on this).

We have been working for several years to develop advanced practice roles in radiation therapy and, this past year, we started to pilot a certification process. Three Clinical Specialist Radiation Therapists (CSRTs) from Ontario are taking part. Projects are underway to investigate opportunities for advanced practice roles in medical imaging.

Technology is advancing at an exponential rate. Throughout the year we have had many opportunities to interact with industry and the changes ahead of us are both exciting and challenging. Equipment is faster, more sensitive, more specific (1 sec CTs and 1 min MRIs are now a reality). Software is revolutionizing the field, radically reducing radiation dose to patients and improving MRT efficiency (for example: auto-contouring in radiation therapy is drastically reducing the time it takes to plan radiation therapy treatments) and improving user interfaces. Large vendors are capitalizing on the Big-Data trend, facilitating learning and benchmarking within hospitals all over the world. Almost every type of imaginable hybrid technology has been created (e.g., CT/angiography, PET/CT, PET/MR, MR/Linacs). These technologies are breaking down traditional silos, highlighting the challenges of multidisciplinary workplaces. There is major growth in areas such as cardiology, urology, orthopedics, surgery, ICUs/NICUs and research laboratories, who are buying their own imaging equipment. Personalized medical imaging is following the clinical need — for example, shared OR suites where high-end technologies are utilized by multiple surgical groups. This will create a whole subset of super-specialized MRTs that are not practicing within “controlled” MRT environments traditionally found in radiology departments.

How can technologists keep up with the rapid pace of technology changes? What are the right entry-to-practice competencies required for the future and how can our CPD efforts support our members? These are some of the questions the more than 80 participants at the CAMRT symposium on the Future of Education tried to answer this fall. The 2-day event was the first time so many MRT educators got together to share across the country. A series of recommendations were identified and will help the CAMRT define future entry-to-practice competency profiles and develop new CPD offerings.

Finally, I would like to highlight a few new and exciting CAMRT partnerships. In November, we announced the creation of Canada Safe Imaging,

We hope to create new ways for our members to exchange and learn from one another to enable evidence-based practice.

a coalition of key stakeholders, to address the need for a national strategy and action plan relating to radiation safety for medical imaging care in Canada. We have also partnered with RAD-AID, a non-profit organization, whose mission is to increase and improve radiology resources in developing and impoverished countries. This collaboration will create opportunities for CAM-

RT member participation in RAD-AID missions around the world starting in 2016 (see page 18).

The year ahead

All our new initiatives in 2016 aim at moving our strategic plan ahead.

In 2016 we will complete the radiation therapy advanced practice certification pilot. We will also complete a series of focus groups and surveys aimed at identifying gaps in the healthcare systems that provide MRTs opportunities to take on advanced practice roles in medical imaging. These roles should contribute to improving access to care, reducing costs, and improving outcomes while providing technologists opportunities for professional growth.

We have partnered with Montreal’s McGill University to develop a platform to establish communities of practice by the end of the year. This partnership provides us access to world experts in the field and we hope to create new ways for our members to exchange and learn from one another to enable evidence-based practice.

Quality of care will continue to be a focus this year as we continue our work with CPQR (Canadian Partnership for Quality Radiotherapy) and Canada Safe Imaging. We will also work on a position paper on what patient-centred care means for MRTs.

Finally, we will continue our efforts to enhance the value of membership. We completed our member census in 2015, and in 2016 we will complete a segmentation exercise that will allow us to better adapt our services and communications to our various member segments. We are also installing a new association management system (AMS) which will help us serve you better.

These are just some of the activities and projects staff and volunteers will work on in 2016. I take this opportunity to thank our members for their active engagement in the work of the association. It is truly fulfilling to serve an association with such dedicated individuals.

As usual, I invite you to contact me directly if you have comments or suggestions at fcouillard@camrt.ca. If you are in the Ottawa area in 2016, please drop by our new offices at 180 Elgin St, Suite 1300, across from city hall.

Compassionate Patient Communication



Submitted by Alan Thibeau, RTNM, Chief of Professional Practice for Medical Radiation Technology (MRT) at the Ottawa Hospital

I have always been a big fan of effective communicators. Great communicators have the unique ability to speak to thousands at once and to each individual simultaneously. Certainly as an MRT, there is no shortage of opportunities to develop and hone our communication skills. Communication allows me to interact with others; without it I would be unable to share my knowledge and vast array of life experiences. When I communicate effectively with my patients, I help them to make important decisions that will assist them in participating fully in their own care. In many cases I am required to influence negative mindsets as well as countless misconceptions regarding the care we provide. Each time I interact with a patient, I am building on a foundation upon which excellent care begins. In so doing, I am fostering trust, goodwill, teamwork and mutual cooperation with my patient.¹

What are the barriers to effective communication?

In the healthcare environment, there are countless potential barriers that may limit my ability to communicate effectively. Interpersonal issues such as attitudes, poor morale, high stress levels and multi-tasking inefficiencies, may detract each of us from our good intentions.² Let's face it, budgetary constraints and rising productivity demands constantly put pressure on each of us as MRTs. How effectively our teams interact can make or break good communication. Finally, and most importantly, effective communication begins to happen when each of us share a common mission as a unified interprofessional team.

Verbal versus non-verbal communication

Communication is much more than the written and spoken word.³ Our nonverbal communication attributes speak far more loudly than our words alone. Forms of nonverbal communication include, but are not limited to, voice and physical attributes. It is an unfortunate reality that our physical presentation has a tangible impact on the manner in which we are perceived by others. With this in mind, our professional appearance should convey the same altruistic, patient-centered message that we are trying to portray. Fortunately, with a little creative thinking, we can maintain our individuality and uniqueness without compromising our professional appearance. When considering the attributes of my voice, I should realize that the tone and volume of my voice, as well as the clarity of my words carry tremendous communication potential. Additionally, my facial expressions, my body posture, and the movement of my eyes are all forms of nonverbal communication.³ Collectively, these forms of nonverbal communication represent a large percentage of my intentional or unintentional message.³

Consider every patient in the hospital, regardless of location, to be deserving of exceptional care.

Who are the best communicators?

Effective communicators make eye contact, speak clearly and audibly, and consistently use a calm and reassuring tone of voice. Appropriate use of silence and pauses in a conversation are great ways to encourage two-way dialogues.

Effective communicators also encourage their listener to elaborate on responses and to check for comprehension. A friendly smile encourages those who may already be uncomfortable to actively participate. It is important to remember that our environment may be very familiar to us, but extremely intimidating to first-time patients. The gender, age, and culture of patients are considerations that should tailor the nuances of a communication style. For example, in some cultures, it is not appropriate for men to make prolonged eye contact with married women.

The components of MRT communication

Several years ago, the Ottawa Hospital embarked on a journey of service excellence with the Studer group. As part of this journey, a patient communication tool was introduced to all staff. The AIDET communication style ensures that patients are active participants in their own care:⁴ **Acknowledge:** acknowledge the patient by their family name and verify their date of birth or MRN. **Introduce:** Introduce yourself by name and profession. **Duration:** Describe the approximate time that each component of the procedure will take. **Explanation:** Provide a concise and thorough explanation of the procedure. **Thank-you:** Thank the patient for their participation and ask them if they have any questions. It may also be appropriate to tell the patient how long it will take the results to get to their physician. When used properly, AIDET reduces patient anxiety and improves overall compliance. AIDET is not intended to be a rigid script and can be stylized to represent our individuality as a healthcare professional.

How do I communicate that I care?

Compassionate patient communication may be facilitated by applying seven basic communication strategies.⁵

- **Mindful presence:** Provide each patient with my complete attention and remove unnecessary distractions from the environment.
- **Heart versus head:** Consider every patient

in the hospital, regardless of location, to be deserving of exceptional care. If it is within my power to help any patient, then I should never lose this important opportunity to improve the overall patient experience.

- **Acknowledge feelings:** Patients are reassured when we acknowledge their hardships and

express genuine empathy for their situation. I will not have a solution for all of my patient's concerns, but empathetic listening says that at least I care.

- **Non-verbal caring:** Simple gestures such as a friendly smile and a calm and reassuring voice have the power to turn an average hospital experience to a memorable encounter. When appropriate, a gentle touch may also encourage some patients.
- **Explain positive intent:** A brief explanation of my good intentions for doing a task tells a patient that I care. For example, while washing my hands, I can tell my patient that I am doing this because I take patient safety seriously.
- **Blameless apologies:** A sincere apology when things go wrong is not an admission that I have done something wrong! For example, when a patient's procedure is delayed because of circumstances beyond my control, an apology is still very appropriate and will convey my empathetic concern.
- **Caring broken record:** We've all dealt with patients who, despite our best efforts, continue to complain, resist, accuse, or simply won't take no for an answer. In these situations, I should respectfully hold my ground, repeat my request and continue to speak to my patient in the same consistently compassionate tone that I began with. There is no 'magic bullet' that will allow me to communicate effectively in all situations, but these strategies can assist me greatly.

I would like to offer my sincere gratitude to Dr. Margaret Ann Fraser of the Ottawa Hospital for her dedication to compassionate patient care and for inspiring me to write this article.

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Check out the CAMRT's Best Practice Guidelines on Patient Communication

The importance of compassionate patient care is reflected in CAMRT Best Practice Guidelines (BPGs), such as the guidelines on "Patient and family-centered care in practice." The guidelines reflect the MRT Code of Ethics and provide evidence-based guidance on how to communicate effectively with patients.

Related Guidelines available at <https://ww2.camrt.ca/bpg/>:

- Patient and family-centered care
- Introduction to patient
- Patient education
- Patient and family complaints
- Patient advocacy

Best Practice Guidelines (BPGs) serve as resources for providing best possible outcomes for patients based on judgments that consider patient needs, clinical experience and best available evidence. Guidelines are available to professionals as a resource to provide clinical recommendations and to increase rigour in the domain of MRT practice.

PRACTICE INSIGHTS



Register for Alan's "Patient Communication" webinar and receive Category "A" credit!

A convenient and cost-effective way to pursue your professional development, this 45-minute presentation will provide a comprehensive overview of patient communication as it relates to the MRT profession. Visit the CAMRT website, and click on the "Professional Development" tab – information about webinars are listed under "[Virtual Programming](#)."



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Evolving Practice

Evolving Practice is a new and ongoing series that explores the ways in which Canadian MRT practice is being shaped by innovation and change.

This instalment hones in on the topic of advanced MRT practice, the CAMRT Advanced Practice Framework and the importance of a common language for advocacy and action on this topic.

MRT practice is evolving all the time, forcing professionals to adapt and pivot to the new reality. In some cases, these adjustments are minor and incremental. In other cases, the changes can be transformative. One such change on the horizon for Canadian MRTs is the phenomenon known as advanced practice. You've seen it in many healthcare professions across Canada, and in MRT practice internationally.

The CAMRT has been working hard with a variety of volunteers and stakeholders on advanced practice. The cornerstone of CAMRT's work was to put together a definition and a direction for advanced MRT practice in Canada. A product of years of research, consultation and discussion, the Advanced Practice Framework conveys CAMRT's vision and commitment to advanced practice. We encourage all those curious about the future of the MRT profession to give it a read.

Definition of Advanced MRT Practice

Advanced practice in Medical Radiation Technology is defined as a higher level of practice wherein clinical responsibilities routinely exceed the current principal expectations of practice. Advanced practice roles require analytical skills to synthesize evidence-based knowledge to autonomously work towards optimal patient outcomes.

The Advanced Practice MRT is able to practice in these roles due to their advanced clinical and theoretical knowledge, skill and judgment acquired through a relevant graduate level education program or equivalent.

All of the words in the above definition were chosen carefully to reflect a distinct new level of MRT practice. Principles like critical thinking, complex decision making, autonomy and improving patient outcomes are highlighted and echo themes that recur throughout the advanced practice literature. These inter-related and complementary principles are also important to set advanced practice apart from entry-level, expert, expanded or extended practice.

The definition, general and sweeping, describes what it is that makes a role advanced. How this definition gets put into practice varies. The

description of a role, whether in a competency profile or job description, defines the areas in which these advanced principles will be applied to make a difference to patient outcomes. The Advanced Practice Radiation Therapist (APRT) Competency Profile is a case in point. This profile is laid out into 17 distinct competencies in three broad (clinical, technical and professional) domains. The advanced competencies address specific points in the therapist-patient interaction, therapist-healthcare colleague collaboration, and other activities. Words that evoke critical thinking and complex-decision making are found throughout the profile – autonomy, leadership and the principles from the CAMRT definition are recalled again and again.

The importance of speaking the same language

Often one of the biggest barriers to moving forward as a profession on advanced practice, or any other issue, is internal confusion and disagreement. The coordination and progress required to see advanced practice roles in medical radiation technology in Canada can only happen with advocacy; and advocacy succeeds when there is a persistence and consistency of message. The importance of a core, stable vocabulary with a shared language and meanings has been shown to be vital to the success of the pursuit of such a transformative evolution in practice.¹

In working with many stakeholders on these advanced practice projects already, both MRTs and others, we here at CAMRT have firsthand experience of this important lesson. From our work on surveys to national symposia, it arose as an essential need, and became the driving factor for the development of an Advanced Practice Framework.

The Advanced Practice Framework is built around the above CAMRT definition of advanced practice. To help the reader explore and understand the definition further, it sets up the context, explains the principles of advanced practice and offers discussion on implementation of these roles in the future. It also contains example roles to illustrate some of the ways the principles can be implemented in real-world scenarios.

Advanced practice is a potentially transformative evolution for the MRT profession. The development of advanced roles alongside existing practice has the potential to positively affect patient care in medical radiation technology by improving access and creating system efficiencies. It will benefit everyone in the profession by expanding professional horizons and elevating

the standing of the profession. We encourage all members to engage with us in this pursuit. By uniting behind a common understanding and working together with CAMRT to lay foundations for roles, MRTs will become invaluable champions for advanced practice in Canada.

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LEARN MORE

Advanced Practice
in Medical Radiation
Technology



Check out the
Advanced Practice
Framework:

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

CAMRT Advanced Practice Initiatives

Advanced Practice – Radiation Therapy

The CAMRT continues to forge ahead with advanced practice in radiation therapy. Last summer, three candidates joined a pilot of the CAMRT Advanced Practice Radiation Therapist (APRT) Certification Process. The candidates all worked up and submitted comprehensive portfolios to demonstrate their competency against the nationally validated APRT Competency profile. Phase 2 (case submission) and Phase 3 (oral examination) of the process are taking place this winter and spring. Successful completion will grant candidates of the pilot process with a national certification in AP, making them the first MRTs of their kind in Canada. The experiences of all involved in the pilot will be used to optimize the CAMRT AP Certification process opens for applications. This process in radiation therapy will then exist certification in the other disciplines of MRT.

Advanced Practice – Medical Imaging

At the same time, the CAMRT is also conducting focus groups across the country to solidify its research on AP in medical imaging in Canada. The information garnered from the focus groups will be used to inform a second and broader stage of information gathering to define gaps that exist for the development of advanced practice roles. The insight from this process will help the CAMRT as it moves towards implementation of pilot roles in medical imaging across the country.

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

A Newfoundland Success Story

Submitted by Nicole Jenkins, RTMR, RTR

Historically at our hospital, The Health Sciences Centre in St. John's, PICC line insertions were performed in the angiography suite. This model of service delivery often resulted in the angiography suite not being optimized. PICC line insertions were often postponed to accommodate more urgent requests. This delayed patient discharge, as well as the flow of patients from the ER to the in-patient floors, therefore increasing the length of stay for in-patients.

With progressive administrative foresight, a new methodology was proposed, which has had extremely positive results. Presently, we have a core group of x-ray technologists assisting the radiologist with the insertions of PICC lines in the multipurpose suite. These procedures are booked daily. This model allows optimization of both the angiography suite and the multipurpose suite.

This has been a tremendous success. It has resulted in reduced length of hospital stay, improved patient care and patient satisfaction, as well as optimization of departmental time. Feedback from all nursing units has proven to be very positive. In addition, the x-ray technologists are now working to their full scope of practice, which has resulted in a corresponding increase in their work satisfaction.

With the support of radiologists and management, these technologists are looking to further the success they have had with the PICC line. They are currently working to increase their scope of practice further to facilitate even more procedures.



The core team of x-ray technologists working in the multipurpose suite. Pictured left to right are: Dot Bennett RTR, Sarah Hawco RTR, Stephanie Pearson RTR, Megan Ludlow RTR, Dr Peter Collingwood, Radiologist. In the front from L-R: Glynis Collins RTR, Jennifer Gorman RTR. Missing from the picture are Kristy Reid RTR, Victoria Tucker RTR, and Rose Peddle RTR.

Representing CAMRT in Chicago



Submitted by Robert Chatelain, RTR, CTIC

The American Society of Radiologic Technologists hosts an annual technologist-focused conference, which is called ASRT@RSNA, during the RSNA in Chicago. Through an agreement with the ASRT, the CAMRT provides a speaker for this conference. This year, Robert Chatelain, RTR, CTIC, a CT Charge Technologist from the Ottawa Hospital Civic Campus presented "Renal and Urographic CT Imaging" in Chicago, Illinois USA.

Whenever I would speak to someone about the RSNA the same two things were always said. "Have you ever been before?" "You have to go.... It's amazing!"

This year, RSNA celebrated 101 years, what an amazing milestone. It is hard to explain the immensity of the RSNA; it's not only the physical size of the event, but the quality of scientific posters, educational presentations and new technologies being released that makes it truly world class. I don't think I realized at first what an opportunity and privilege it is to present at the ASRT@RSNA. It started to sink in as the date came closer and the RSNA became a regular topic of discussion amongst radiological technologists, radiologists and industry staff. Everyone was impressed and I received a steady stream of kudos when they learned I was presenting. I have never been so proud to be an RT.

Two things stand out most from my time at the RSNA: first, this is truly a globally represented event with 40% of professional attendees coming from outside North America, and second was how well organized it was. There were over 55,000 people there daily and every lecture started on time. They have mastered the art of moving people. The ASRT staff were gracious in their hospitality and helpfulness.

The ASRT program was amazing and held as many radiologists in attendance as radiological technologists, a true demonstration of the

calibre of their program. There were 265 people registered for my presentation and I spent quite a bit of time afterwards answering questions and having discussions with radiologists and technologists from Europe and the U.S.

One thing is for sure, that even with 55,000 people moving around it is easy to spot familiar faces in the crowd. I had the opportunity to meet up with so many friends that I have made in my 25-year career as a radiological technologist at the RSNA, for which I am truly grateful.

"Have you ever been before?" "You have to go.... It's amazing!"

Looking forward to seeing you there next year!

NOTE: For 2016 only, there will be no competition for the ASRT@RSNA presentation, but be sure to apply for 2017! Check out the CAMRT website for details on this and other speaker opportunities: <http://www.camrt.ca/mrt-profession/professional-recognition/speaker-competitions/>

All in the Family

DAVE AND DANNY



Sometimes a profession is a family affair. There are families with generations of doctors, lawyers, teachers and nurses: medical radiation technology is also a family affair. In this issue, we talk to two sets of twin radiation therapists at the Nova Scotia Cancer Centre: Lisa and Lori Wadden, and Dave and Danny McAloney. Thanks to Kathryn Moran for sending us the tip – if you know of anyone in your department who could be profiled, please contact us at editor@camrt.ca!

LISA AND LORI

Can you both tell us briefly how you became interested in the profession and where you trained?

Lori: Lisa and I both came across the radiation therapy profession through a family friend who worked as a therapist at the Nova Scotia Cancer Centre. She mentioned to Lisa and I at the time that the clinic was in need of more therapists and was looking to sponsor students to receive their education, and then come back to work in Halifax. Lisa and I were both studying science at Dalhousie University at the time and neither of us were really quite sure where we wanted to go from there in terms of career. It sounded like a great opportunity to specialize in something that sounded really interesting and exciting. We both ended up applying for the sponsorship, never dreaming in a million years that one of us would get selected out of all the applicants, let alone both of us! Well, we did, and it was just such an amazing opportunity that we both happily jumped at it. We are very close as identical twins but never dreamed we would both work together in the same profession at the same hospital, department and sometimes even the same treatment machine! But it just sort of fell into our laps and has worked out so well.

We completed our education at The Michener Institute/The University of Toronto. Moving there for a couple of years with Lisa (who just so happened to be my best friend as well as my sister) made it easy. We lived in residence in rooms beside each other. It was great because we could

study together, compare notes or do projects together. And we were never really homesick because we always had each other! When we got our degree/diploma we were both offered jobs in Halifax and haven't looked back since.

Does being twins ever cause any confusion in the department?

Lori: Being an identical twin keeps you on your toes, especially when you work together. We have worked with many of the same staff members since graduation so I feel that for the most part, staff aren't too confused by it anymore—although we certainly do get called by each other's names from time to time. The fun part has to do with the patients, especially if Lisa and I are working on the same treatment unit together. Once patients realize we are identical twins they usually get quite a kick out of it. It's actually really nice because I find it provides a distraction for them during their treatment. Something to talk about other than their treatment, side effects or diagnosis. They usually have LOTS of questions for us and we get a lot of smiles. It can relax a nervous patient and can help pass the time for them, so the questions are worth it.

Has being in the same profession brought you closer together? Does it give you a lot to talk about?

Lori: I think working together in radiation therapy has brought Lisa and me closer together. I mean, who wouldn't want to work with their best friend? We get to see each other every day, it's great! It's nice to have someone in your family who understands your job and its challenges. It can be quite difficult emotionally at times, and it's nice to have someone that close to you who "just gets it." It certainly saves our husbands at the end of the day from hearing about the stress of the day's work! I love working with my sister and wouldn't change it for the world!

What are your roles at the Cancer Centre?

Dave: I have been a radiation therapist at the Nova Scotia Cancer Centre since 2009. Early on I became involved in multiple committees and practice workgroups. Currently I divide my time between dosimetry and the treatment wing because one of my key interests is to become a full time dosimetrist. Also, I am a member of the executive council of the Nova Scotia Association of Medical Radiation Technologists. This is a busy time for us as we are in the process of becoming a college.

Did you decide to pursue the profession at the same time, or did one influence the other?

Dave: Interestingly, my brother was the one who first discovered the program at the Michener Institute and convinced me to take a tour of the Nova Scotia Cancer Center. I decided to attend the tour with him because I was interested in the program since they were sponsoring students to attend Michener. My interest grew after the tour once I saw the impact radiation therapists made on patients' lives.

What is it like working with your twin in a professional setting?

Dave: I look forward to working with and seeing my brother every day. We do not work together regularly and are not scheduled together often. However, we always make time to have lunch together or discuss the day. Having the opportunity to work with a family member, especially someone as close as my twin brother, really helps me every day. This is something I often take for granted because I am used to this close relationship with my brother since we grew up together and always participated in similar activities. I was just lucky enough for this to pass into our professional lives.

Being an MRT and a twin allows me and my brother the opportunity to reflect with each other about what we do on a daily basis. We have such a close relationship that I feel comfortable to talk freely and express my opinion with him. Sibling rivalries always occur and it has influenced us to work harder to achieve our goals. Working with my brother changes the workplace for me and I could not imagine it being any other way. I just wish other people could be able to share in such a unique experience.

What do you enjoy most about being MRTs?

Dave: Being an MRT allows me to interact with patients every day. Being able to help someone through this difficult time and see the impact of your care is truly rewarding. Radiation therapy is unique in that you can see the clinical impact of theoretical concepts every day. The profession is constantly evolving, and the constant need for professional development always keeps you engaged and interested.

MRT Week Report



Submitted by Pamela Knott on Facebook from Northumberland Hills Hospital in Cobourg, Ontario. They celebrated MRT week with two lunch and learn presentations, sponsored by Bayer and GEHC.

Every year we are blown away by the creativity and dedication that MRTs across the country and beyond display when celebrating MRT Week, and this year was no different. Enthusiastic celebrations were held at over 500 sites across Canada. This year, MRT Week has been more popular than ever before, with a 17.89% increase in orders.



Submitted by Nissa Boulanger on Twitter who wrote: Mask decorating contest #mrtweek #mrtweek2015 #Civco

Throughout the week, CAMRT staff visited several hospitals across Ottawa, including the Queensway-Carleton, Montfort Hospital, as well as CHEO and the Cancer Centre in the Ottawa Hospital to participate in the celebrations. We were amazed to see the activities they had organized, such as a bake sale, slideshows, a funny video interviewing strangers about what MRTs do, as well as peer recognition awards for the department.

We also offered a free Practice Insights webinar focused on Patient Communication with Alan Thibeau, which ran at various times throughout the week. Our Practice Insights webinars can be accessed here: https://ww2.camrt.ca/cpd/index.php?page=catalogue&skip=0&course_type=WR.

Social media engagement was great, with plenty of sharing of photos, tweets, and posts reflecting professional pride. We ran a multi-channelled social media advertising campaign to raise awareness for the MRT profession, adding Google Display Networks to the mix of Facebook ads and Twitter ads. This began in late October, and ended the week of November 8. Google Display

Networks was a great addition to the campaign, directing many new eyes to the imageofcare.ca and aucoeurdevotresante.ca websites. The CAMRT Facebook Group was the ultimate hub of exchange between members, with numerous posts sharing details of the celebratory activities and photographs.

Below, we briefly interview Tamara Bingham from the Whitehorse General Hospital, who posted this photo (below) of her Medical Imaging Department for MRT Week with the caption: "As far as anyone knows, we are just a NORMAL Medical Imaging Department!?"



Tamara, what kind of activities did you do for MRT Week in your facility?

We put up all the CAMRT posters and promotional materials throughout our department. We set up a display in the foyer of the hospital with little write-ups and images for each modality. We also had a short, fun quiz and draw box for a \$20 Timmy's Card. We had a department potluck lunch, dressed in our 'x-ray' attire and did a group photo. Friday afternoon we held an open house for all the hospital staff and public, which included coffee, punch, cake and goodies. We had a PowerPoint running that highlighted our modalities and equipment and we offered tours through each of the different areas. We wrote a tribute and had our Minister of Health and Social Services, Mike Nixon, read it to the Yukon Legislative Assembly. We also had a small

write-up put in the Whitehorse General Hospital newspaper.

Thank you, Tamara. Just one more question: Do you think MRT Week makes a difference in terms of recognizing MRTs as professionals?

Absolutely! Firstly, I think we, as MRTs, need to be proud of our profession and MRT week gives us this opportunity. To be recognized and celebrated by your peers, patients and community is a great feeling. Secondly, MRT Week brings a better understanding to the public of our important role in the healthcare team. As a result, I see a boost in morale among the MRT staff and this spills over into patient care and overall job performance (at least in our department, anyways!)

Below are some more photos from this year's celebrations gathered from Facebook and Twitter:



Collage submitted by Stephanie Pearson on Facebook who wrote: "Happy MRT week from some of the Technologists at the HSC in St. John's, Newfoundland"



Submitted by Keith Sutherland from Twitter who wrote: "Suspender day @CancerCareMB for #MRTweek. In honor of the late Dr Schroeder, a great advocate for RTT education."

We hope everyone had a wonderful MRT Week in 2015. 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 6-12, 2016!** In the meantime, go check out the hashtag #MRTWeek to see what your colleagues across the country were up to.

2016 Annual General Conference

Come join the CAMRT and co-hosts the Nova Scotia Association of Medical Radiation Technologists (NSAMRT) at the 74th Annual General Conference from June 9-12. What an excellent opportunity to mix business with pleasure in beautiful Halifax, Nova Scotia. Held at the World Trade and Convention Centre, the conference boasts a rigorous education program, compelling keynote speakers and an Exhibit Hall showcasing the latest technologies and practices. Our exciting line-up of plenary speakers will share their experience and expertise; we're sure their presentations will prove insightful and inspirational.

Welch Memorial Lecture

The prestigious Welch Memorial Lecture will be delivered by **Amanda Bolderston**, RTT, MSc, FCAMRT. Amanda is Provincial Professional Practice and Academic Leader for the BC Cancer Agency. She is a researcher, educator and former CAMRT President and has worked in the UK, Holland and Canada. Amanda has authored numerous articles and presented extensively nationally and internationally. Her current interests are in advanced practice and the recognition and development of practice-based judgement.

Opening Plenary

Ken Baird is the Senior Director, Diagnostic Imaging and Pathology & Laboratory Medicine at the Nova Scotia Health Authority. He will be speaking on the importance of MRTs in the present and future healthcare system.

Closing Plenary

As an inspiring and thought-provoking end to the conference, **Reverend David Maginley** will share his expertise on *Compassionate Communication*. David is the interfaith staff chaplain for the cancer program, palliative care and MSICU at the QEII Health Sciences Centre. He received his BA in Comparative Religion and Philosophy at the University of Saskatchewan, and Masters of Divinity at Lutheran Theological Seminary, Saskatoon, but his real education came from dealing with pheochromocytoma, a rare condition that led him to explore meditation, compassion and the nature of consciousness.

Conference Plenary

Carol-Anne Davis is a radiation therapist currently working at the Nova Scotia Cancer Centre as a Clinical Educator. In 2014 she was appointed Lecturer in the Department of Radiation Oncology at Dalhousie University and recently

became a Fellow of the CAMRT. Carol-Anne's clinical interests reside in RT for H&N cancer population, imaging, scopes of practice and stereotactic body radiotherapy. Her presentation on *An Introduction to Research* will be the opening presentation on Sunday, June 12th.

International Speaker

Dr. Nicole B. Dhanraj is the recipient of the International Speakers Exchange Award, which provides a speaking opportunity at the CAMRT conference to an outstanding member of the American Society of Radiologic Technologists. Her presentation *The Big and Small Issues of the Disproportionate Patient: Technical and Safety Challenges in Radiology* is sure to be enlightening. She began her career in radiology as a diagnostic imaging and CT technologist in the US Army where she spent four years before advancing to position as Technical Director for a small radiology outpatient practice in the civilian world.

In addition to these thought-provoking multidisciplinary lectures, the program will offer discipline specific sessions in radiological technology and CT, radiation therapy, nuclear medicine, magnetic resonance, interventional radiology, and mammography as well as sessions on PACS/IT. Two pre-conference workshops – one for MRT educators and one for leaders and managers – will be held on June 9th.

The very dedicated and hardworking host committee chaired by **Melissa Sponagle** MEd, BHSc, RTNM and **Nicole Deveau** RTR,CTIC are working diligently to ensure a rich and diverse education program. The committee is comprised of **Julie Avery** and **Stephanie Lea** (MRT educators), **Brian Martell** and **Vicky Sorhaindo** (management and leadership), **Lisa Doucette** and **Jonathan Murphy** (PACS/IT), **Cory McNeil** and **Amy Munroe** (CT), **Nichole Smith** (nuclear medicine), **Krista MacInnis** (radiological technology), **Natasha Walsh** (radiation therapy), **Jennifer Taylor** (magnetic resonance), **Emily Friars** and **Sherrie Coldwell** (mammography), and **Rachel MacLeod** (interventional radiology).

The Exhibit Hall will showcase leading innovative technologies and practices that affect your profession, and will also be home to poster presentations highlighting various aspects of the MRT profession.

And of course we will be taking advantage of the wonderful East Coast hospitality during the many social events. Meet with old friends



and make new ones at the opening Welcome Reception the evening of June 9th. Keeping with tradition, the CAMRT Foundation will have its famous fundraising evening, and will once again hold the Roentgen Ramble and their not-to-be-missed raffle.

Registration opens in early March. Please visit our website at www.camrt.ca/events for the most up-to-date information regarding the program, accommodations, rates, travel, and more.

- NOTICE OF MEETING - 74th ANNUAL GENERAL MEETING

Canadian Association of Medical Radiation Technologists
Friday, June 10, 2016 – 15:20 to 17:00

The 74th Annual General Meeting (AGM) of the Canadian Association of Medical Radiation Technologists will be held at the World Trade and Convention Centre, Room 200D, Halifax, Nova Scotia.

Preliminary Agenda

1. Call to Order and Roll Call
2. Opening Remarks – CAMRT President
3. Approval of Minutes of the 73rd Annual General Meeting of May 29, 2015
4. Business Arising from the Minutes
5. Annual Reports
6. Motions presented to the membership
7. Appointment of Auditors
8. Other Business
9. 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 2016 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 website by early April 2016 (www.camrt.ca). Provision will be made for advanced voting, should you be unable to attend the Annual General Meeting.

Encouraging Student Research

In 2015, the *Journal of Medical Imaging and Radiation Sciences (JMIRS)* published its [first annual student edition](#) featuring the research of students and recent graduates in all disciplines from around the globe. The Guest Editor for this issue, Professor Peter Hogg from the UK, selected the top three articles—the first was “Food For Thought: Are Radiation Therapists Able To Recognize Patients Who Would Benefit From Dietary Counseling?” by Annette Erlich, BSc, RTT et al, from The Michener Institute for Applied Health Sciences, Toronto. We talked to Annette about conducting research as a recent graduate, and her experience from data collection through to publication.

Congratulations on being selected as the top article in our recent student edition! How did you get the idea for this paper?

Thank you! I was very excited to hear that my paper was selected as the top article in the student edition of the JMIRS! The idea was something that my supervisor, Lisa Di Prospero, and I discussed prior to my 3rd year of my program – my clinical placement year. I was interested in nutrition and care of the patients undergoing radiation therapy. Together we discussed some ideas. After finding a paper by an Australian team looking at radiation therapists’ perspective and how knowledgeable/confident they were in their practice, we decided this may be something interesting to see about Canadian therapists. We received great support when we collected preliminary data. It was then that we decided to expand the study nation-wide.

Did you have any experience with research or writing prior to undertaking this project? Did you find your studies at Michener prepared you for the process?

I had exposure to research prior to this project when I worked as an administrative assistant for research scientists at Mount Sinai Hospital’s research institute (LTRI). I assisted in their manuscript and grant writings/submissions; however, I did not specifically write or work in the projects in their wet labs. It was a combination of that experience mixed with some courses at Michener, and the assistance of my supervisor that prepared me for the process.

Can you tell us about the initial stages of data collection? What was it like to design a survey and collect responses? What were the challenges involved?

The data collection wasn’t very difficult for me.

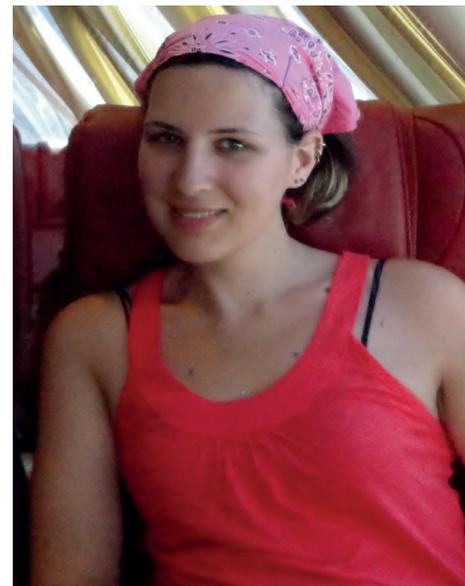
For this study, we contacted and received permission to modify the survey used in the Australian study by Dempsey et al (2011). We added some questions for demographic purposes, and left the responses for most questions open-ended. The biggest challenge that we faced was tallying up the number of responses with the rankings from dietitians. Using survey-monkey was an easy way to collect responses from therapists across Canada, but the tally and putting rankings to each response was done individually, by hand. It wasn’t difficult to do this; however, it was time consuming and tedious.

Once you had all the information you needed, what was it like to write a first draft? Do you have any suggestions for those who may be writing their first manuscript?

The first draft of the manuscript was written as part of the ongoing course material. I had assignments to complete that were used as a backbone to the final manuscript. Once the course was completed, I was able to go back and modify my introduction, results and discussion to make them more appropriate for a manuscript submission than just a lone class assignment. For those who may be writing their first manuscript, I recommend reading through some examples of manuscripts that are published for ideas on how to present the data and organize your ideas. It also helps to read lots of papers that have a similar topic to the work that you researched – it will help identify areas where there are gaps and where your research could potentially go in the future. Work with your supervisor to assist you in finding different ways to present your data and trust your instincts!

Have you seen any changes in practice at your centre in response to this study, and do you have any plans to follow up on this topic with further studies?

Unfortunately, I am not currently working as a radiation therapist so I haven’t been able to see any changes in the practice at the centre where I conducted my clinical placement, or at any other centre across the nation. I would love to follow up on this topic with future studies once I’m actively working in the field!



CAMRT RESEARCH GRANT PROGRAM

Fostering research and publication through education and funding is a key activity in support of the CAMRT’s commitment to promotion of professionalism. The CAMRT annually awards a research grant of up to \$5,000 for original research related to the medical radiation sciences. The deadline for applications for the 2016 grant is **April 1, 2016**. See <http://www.camrt.ca/mrt-profession/professional-resources/research-support/> for more information and a fillable PDF application.

JMIRS CALL FOR PAPERS FOR 2016

The topic for our next special issue is **The Patient Experience**—we will be targeting articles from multi-disciplinary perspectives from all over the globe. Examples of relevant subjects for this issue include: supportive care/services; psychosocial; person-centered care, patients as partners; education curriculum inclusive of the patient experience; families, etc. Final papers will be due by **May 1, 2016**, to be submitted through the [journal’s online system](#).

THANK YOU TO OUR PEER REVIEWERS IN 2015!

Please visit [the journal website](#) to see the list of those who critically evaluated over 100 manuscript submissions in 2015, assisting the editorial board in making publication decisions. Thank you to everyone who volunteered their time and expertise!

Future of **Medical Radiation Technology Education** Symposium

A symposium, mainly for educators, was held in October 2015 on the future of education for medical radiation technologists. It was co-sponsored by the CAMRT, CMA Accreditation Services and the Alliance of Medical Radiation Technologists Regulators of Canada. It was structured to build on results from two previous meetings. The first was a symposium of high level stakeholders held in 2013, who looked at the future level of employment expertise that would be required to deliver quality imaging and treatment services as well as the challenges and opportunities of change. The second was a meeting of a national advisory group as recommended at the 2013 symposium, who discussed in greater detail competencies required and delved into the many challenges faced by educational institutions.

Relevant programs, the membership, and key stakeholders were all surveyed to inform the discussion in advance of the 2015 symposium. Key informant interviews with other healthcare professional associations were also conducted, asking how change in technology and practice is affecting the competency required by healthcare professionals to care for and improve the outcomes for patients.

Approximately 80 educators attended the symposium. Simultaneous translation was provided to facilitate involvement of Quebec educators. The morning provided time for speakers to address the evolution of medical radiation technology from a practice perspective. The remainder of the symposium allowed time for both small and large discussion groups. It is recognized that change in technology is driving practice and that many competencies required for practice are core across the four disciplines. It is also recognized that there are areas that can be de-emphasized in educational programs and areas that need to be enhanced. Survey results were consistent in these areas.

The outcome of the symposium identified the following potential action, with the two main themes being:

- Re-conceptualizing of the competency profiles
- Creating an MRT education community of practice

The results will be taken to the national advisory group in 2016 for further action.

The advertisement is set against a yellow background with a red border. At the top left is the Clear Image Devices LLC logo, which consists of a stylized green and blue 'C' shape. To the right of the logo, the text 'clear image devices^{LLC}' is written in a blue, sans-serif font, with 'ADVANCING MEDICAL IMAGING' in a smaller, green, sans-serif font below it. On the right side of the ad is a cartoon superhero character with black hair, wearing a green and blue suit with a white 'C' on the chest and green gloves. She is pointing her right hand towards the text. The main text is in large, bold, red letters with white outlines: 'The Most POWERFUL CR & DR Detector PROTECTION!'. Below this text is a QR code and the text 'up to 750 lbs'. At the bottom of the ad is a large, light blue rectangular detector tray with a silver handle. In the bottom left corner, there is a circular badge with a green border containing the text 'Come See Us! RSNA North Hall B: 7900'. In the bottom right corner, there is a 'MADE IN THE USA' logo with a star. At the very bottom, a red banner contains the website 'ClearImageDevices.com' and the phone number '734.645.6459' in white text.

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CAMRT Leaders Program



After a successful pilot in 2015 that took place in Ottawa, Ontario from October 16-18th, the Leadership Development Committee will be holding its second CAMRT Leaders Program in the Fall of 2016!

This new 3-day event was developed in response to the success of the Leadership Development Institute (LDI) and to address leadership needs of CAMRT members across the country. The program is aimed at MRTs that are currently in leadership roles or are aspiring to leadership roles. The program's objectives are to provide participants with the foundational knowledge and

"I feel unbelievably privileged to have been able to participate in the CAMRT Leaders Program. The program was well structured, and was balanced with fun, interactive team building activities and invaluable didactic information. I learned so much about my own communication and leadership styles, building effective teams, and motivating others to promote change. I had the opportunity to make connections with MRTs from across Canada that I am now in touch with regularly. The CAMRT Leaders Program more than exceeded my expectations! Highly recommended!"

- Angela Brunetti, RTT

"I learned so much about my own communication and leadership styles, building effective teams, and motivating others to promote change."

skills required to be successful and effective leaders within the changing and challenging MRT environment; to be successful and effective leaders within the overall healthcare system; to enhance new managers' leadership skills; and to support their personal development and lifelong learning.

Participants had the opportunity to:

- Develop effective leadership skills
- Better understand their personality type, personal triggers, and their unique set of strengths and challenges
- Learn skills to facilitate meetings
- Practice effective communication skills
- Develop coaching abilities
- Learn techniques for creative problem-solving
- Learn how to support effective team work
- Develop practical skills directly related to their day-to-day responsibilities

"The CAMRT Leaders Program was offered just as I felt the need for more tools, skills and guidance in my leadership role. Thank you to our remarkable facilitator, Sylvie, and the educators for providing exactly what I was looking for in this program. The course was well-designed, thorough and filled the 3 days to the maximum. It was a comfortable, safe environment for sharing stories and experiences allowing us to learn not only from the educators but from each other. I think the Leaders Program is ideal for all MRTs regardless of current leadership level. I believe we all left the 3-day program more confident in our skills as leaders and motivated to make a change in our work environment. Above all, we made friends, networked and had fun!"

- Tina Alden, BSc, RTNM

For more information visit our website at: <http://www.camrt.ca/events/camrt-leaders-program/>



CAMRT Leadership Development Institute — Call for Applications

This Leadership Development Institute Program is a 3-day event and is designed to engage CAMRT members who have demonstrated, at an early stage in their careers, leadership potential and a commitment to the advancement of the medical imaging or radiation therapy professions.

On May 12-14, 2016, the CAMRT will be hosting its seventh Leadership Development Institute.

Participants in the program will:

- learn effective leadership and communication skills;
- learn about their own personal strengths and challenges as leaders and how to adapt their style to work effectively in different group or committee settings;
- learn how to effectively facilitate different types of meetings;
- gain an understanding of leadership within the MRT profession; and
- experience national networking opportunities with their peers.

For more information on eligibility and application, please visit CAMRT online at: <http://www.camrt.ca/events/leadership-development-institute/>

**Application deadline:
Monday, February 29, 5 pm EDT**



CPD Highlights

The CAMRT is pleased to offer a range of online, continuing professional development opportunities to our members at a low cost to supplement your portfolio and promote lifelong learning. Benefit from world-class educational opportunities, without ever leaving home!

All courses are available in an electronic format and most final exams are delivered online. Over the next few years, the electronic version of our courses – full length and quick self-studies – will be transitioned to an online learning management system allowing for improved learning, improved quality of images and increased access to images and case studies.

To browse the course catalogue and register, visit the [CAMRT website](#). Questions? Contact the CAMRT's Continuing Professional Development department at cpd@camrt.ca.

QUICK SELF STUDIES NOW AVAILABLE –NEW INTERACTIVE ONLINE DELIVERY FORMAT!

Breast Cancer: An Overview

2.5 Credit Hours—Category A Credit This quick self-study course introduces the learner to the different types of breast cancer and current information regarding prevention, diagnosis, staging and treatment. It will provide details on the following sections: recent statistics and risk factors for breast cancer, signs and symptoms, breast anatomy, treatment options, issues surrounding breast cancer such as mammography-screening, and survivorship support groups. Given the prevalence and morbidity of breast cancer, this course is timely and appropriate for all health professionals as well as the general public.

CT Colonography

2 Credit Hours—Category A Credit This quick self-study will introduce participants to two advanced procedures in Diagnostic CT. Discussed in detail are the theory, anatomy, pathology and protocols required for CT Colonography which is fast replacing the Barium Enema and has become an important adjunct to Colonoscopy.

Medical Imaging Informatics: Introduction to Working with PACS and RIS

3 Credit Hours—Category A Credit This quick self-study will introduce participants to information systems used in the healthcare environment and will focus on those used within medical imaging. Areas of discussion include components of a digital image, information systems and standards used in the communication of information, components of a medical imaging network and integration of informatics components. This QSS

will also help identify and resolve issues that may occur in a digital medical imaging environment and review tools and strategies to troubleshoot communication difficulties. Students will also learn how healthcare informatics has changed day to day operation of medical imaging departments including workflow, quality assurance, managing continuity of imaging services during downtime, data storage and security.

SPECT/CT

3 Credit Hours—Category A Credit This course in SPECT/CT has been developed to address a knowledge gap that exists for technologists who are or will be working with SPECT/CT and require a better understanding of SPECT/CT operation and clinical applications. While comprehension of SPECT imaging is assumed this QSS will offer a short refresher and cover advancements in SPECT reconstruction. The main focus of the course reviews the radiological computed tomography (CT) component of SPECT/CT. The learner will be introduced to basic CT theory and SPECT/CT clinical applications to provide the knowledge required to perform SPECT/CT hybrid imaging. Topics covered will include image acquisition, reconstruction, quality assurance and clinical applications of the various systems.

AVAILABLE WINTER 2016 – FULL LENGTH COURSE - NEW INTERACTIVE ONLINE DELIVERY FORMAT!

Project Management for the Health Care Professional (full length) TBD Credit Hours—

Category A Credit Project management is the application of a body of knowledge including language, principles and practices that help teams plan and organize their efforts to complete projects successfully and efficiently. The goal of this course is to prepare learners to lead or participate in project teams, and to use the language and concepts of the project management field to more effectively manage projects and complete project work.

QUICK SELF STUDIES IN DEVELOPMENT / COMING SOON!

- Respiratory Gating: An Overview
- Reviewing Patient Education Skills in the Clinical Setting
- Providing Effective Feedback to MRT Students in the Clinical Environment
- CT Perfusion
- The Life Cycle of the Breast
- PET/CT Guided Interventions

FULL LENGTH COURSES IN DEVELOPMENT /COMING SOON!

- PET/MR
- Research

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

A note on CT Imaging II

The CT Imaging II course will be offered in the original electronic format (PDF) for the Winter 2016 term. It is currently undergoing a thorough review to improve the quality of delivery on the new interactive platform. Information regarding the return of this course to the online platform will be shared in future CAMRT publications and on our website.

Attention Alberta members!



The ACMDTT/AHS Annual General Conference will be held from April 8-9, 2016 at the Marriott at River Cree Resort in Edmonton AB.

- Meet 50% of College CCP requirement - Claim one CCP hour for each attended session
- Choose from 26 talks on trends, technologies and best practice
- Network with over 250 peers
- Catch a break! Fabulous breakfasts, lunches and snacks, and a wine & cheese event with your peers

NEW - Sonography Sessions: Saturday, April 9, 2016, 8:00 a.m. to 5:00 p.m.

In anticipation of sharing the regulatory umbrella with our diagnostic imaging colleagues in sonography, we are pleased to announce a new stream dedicated to diagnostic medical sonography! Credits from the sonography sessions can be used towards CPD requirements with Sonography Canada. Sonographers are encouraged to attend (single day conference rate applies to non-members).

Visit our conference website at www.acmdtt.com/2016-conference/ for more information.

CAMRT Member Profile

Sophie Huang

Shao Hui (Sophie) Huang is an MD trained in China, who completed her Hons BSc in Radiation Therapy and now works as a radiation therapist at the Princess Margaret Cancer Centre, Toronto.

You have a medical degree in China, and you came to Canada to pursue radiation therapy – why did you move to Canada and chose this field?

I obtained my medical degree from China and practiced there as a nephrologist for 8 years. I immigrated to Canada at the end of 1998 with my family to experience a different life. Upon arrival in Toronto, I realized that it would be difficult to obtain a medical license as a physician due to language barriers and different medical education systems. However, I always wanted to stay in the medical field. I enrolled in the Michener Institute and University of Toronto's joint Medical Radiation Science program in 2000 because of the promising job perspective and opportunities for integrating my previous medical knowledge. I started working as a radiation therapist at the Princess Margaret Cancer Centre upon graduation in 2003. A year later, I became an integrated clinical-research radiation therapist for the head-and-neck site group.

Your current title includes Research Therapist, Radiation Therapy, Princess Margaret Hospital/ University Health Network – what does the research position entail? How do you divide your time between research and delivering treatment?

I am a Clinical-Research Radiation Therapist. This is an integrated role where I spend 80% (4 days per week) of my time in research and 20% (1 day per week) in radiotherapy treatment delivery. The clinical component of my role helps me understand how radiotherapy dosimetry and quality of treatment delivery can impact a patient's outcome. The research component of my role is to maintain an in-house database to prospectively record bio-clinical information and outcomes for every head-and-neck cancer patient. I used my previous training as a physician and as a radiation therapist to improve the comprehensiveness and quality of data. This role has expanded my understanding of head-and-neck oncology obtained from didactic study in Michener and U of T. It has also provided the opportunity to conduct research projects with many experts in the head-and-neck oncology field. The research ideas were derived from multiple sources, including collaboration within the field of experts (especially in the earlier years of my career) and observation during data entry. In this research role, I have published more than 50

head-and-neck cancer-related papers, including 15 as first author or senior author.

Your research work of late is focused on a new model to enable doctors to predict outcomes more accurately for patients with throat cancers specifically caused by Human Papillomavirus (HPV) – can you tell us a bit about that?

HPV-related throat cancer (oropharyngeal squamous cell carcinoma, OPC) is a newly identified disease entity. The incidence of HPV-related oropharyngeal cancer (OPC) is rising in Western world, including Ontario, Canada. HPV-positive OPC is a different disease compared to smoking-related OPC; however, they are still using the same TNM staging system to depict prognosis and direct treatment. Since >90% of HPV(+) OPC patients have lymph node involvement at presentation, they are classified as stage IV disease even though most of them are curable. Thus, it causes unnecessary anxiety and stress for patient and their family. The Anthology database I maintained has prospectively compiled a large cohort of HPV(+) OPC for a period of 10+ years, which allows us to conduct a large cohort study to derive a new TNM staging model to help separating HPV(+) OPC patients with promising prognoses from those with poor prognoses, and to design the most appropriate treatment strategies for each group.

You presented this work recently at the 5th International Conference on Innovative Approaches in Head and Neck Oncology ICHNO meeting in Nice, France – what was the reaction to your work?

In recent years, I have shifted my research focus to understanding the clinical behavior of HPV-related oropharyngeal cancer. During data entry while maintaining the database, I noticed idiosyncratic clinical behavior of HPV(+) OPC. My observations led me to be the first in the world to describe unusual distant metastasis patterns for this disease in 2012. Following further observation, I found that some of HPV(+) OPC patients with distant metastasis are potentially curable with aggressive treatment. I presented my findings at the meeting in Nice and received a great response from the clinicians—my presentation was selected as one of two meeting highlights.

You recently celebrated the publication of a textbook, the UICC Manual of Clinical Oncology (9th edition) – can you tell us a bit about the process of contributing to a textbook, and how this opportunity came about?

This was a rare opportunity that arose after my organization and communication skills (mani-



MCO (9th Edition) Editorial Board Members. From Left: Brian O'Sullivan (Editor-in-Chief), Sophie Huang (Editorial Coordinator) and James Brierley (Associate Editor)

festated while organizing multidisciplinary cancer conferences and symposiums) were noticed by UICC TNM committee members. I was initially invited to take on administrative work for the Chief Editor, but was eventually recognized as a core editorial board member when I integrated myself in-depth in the editorial process. Through a 3-year effort, the book has now been officially launched globally since November 2015.

Your other title is Assistant Professor, Department of Radiation Oncology, University of Toronto, and part of that job is supervising student research projects – can you tell us a bit about your latest student project? What do you enjoy most about teaching?

I was appointed as Assistant Professor at the UT-DRO in 2009. I have been actively involved in supervising radiation therapist students and co-supervising radiation oncology fellows conducting research. For example, in 2013 I supervised Michelle Truong, a radiation therapy student comparing clinical presentations of HPV-related and unrelated oropharyngeal cancer. I found the supervising process was very enjoyable and rewarding. Although the research project is slightly beyond the normal scope of a radiation therapy student, it provided an opportunity for her to grow, with some coaching and teaching. The most enjoyable part of supervising was when I witnessed her improvement in critical thinking and problem-solving skills. These skills will carry Michelle a long way in the future of her career.

Announcements

RAD-AID/ CAMRT FELLOWSHIP FOR MRTS



The CAMRT is very pleased to announce an exciting new partnership with RAD-AID, a non-profit organization, whose mission is to increase and improve radiology resources in developing and impoverished countries.

This Fellowship will establish opportunities for CAMRT member participation in RAD-AID missions around the world starting in 2016. Recipients of this award will join RAD-AID's project teams in international initiatives designed to improve access to quality medical imaging for populations in need.

RAD-AID and CAMRT are now accepting applications for this program!

Please consider applying for this new opportunity to use your skills in service to developing regions of the world. The experience of working in a multidisciplinary team for radiology around the world can be personally and professionally fulfilling as you learn about other cultures and health care systems to use your talents for improving global health.

Learn more about this exciting opportunity, your eligibility and the requirements for application on the [RAD-AID CAMRT Fellowship website](#).

CAMRT AWARDS PROGRAM — ESSAY AND EXHIBIT COMPETITION

The CAMRT invites submissions for the 2016 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 29, 2016**. For more information on the Awards Program, please go to <http://www.camrt.ca/mrt-profession/professional-recognition/competitive-awards/>. Entry forms can be submitted online. Should you have any queries, please contact Phyllis Williams at pwilliams@camrt.ca.

TWO-MINUTE READERSHIP SURVEY

What do you want to see in your member newsletter? We have created a short, 5-question survey to find out how we can improve this publication. Your feedback is welcome! Help us make your association news even better, and complete this quick survey today: <http://fluidsurveys.com/surveys/camrt/camrt-news-readership-survey/>

WE ASKED. YOU ANSWERED.

In 2015, the CAMRT conducted a member satisfaction survey. The purpose of the survey was to:

- Evaluate member satisfaction with the products and services offered by the CAMRT;
- Identify gaps between the delivery of a member benefit and the member's perception of its value; and
- Identify member needs that are not currently addressed through existing programs and services;

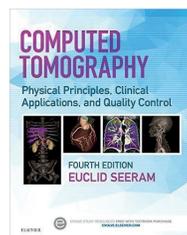
A member satisfaction survey will be conducted annually. By surveying you regularly, we are giving you an outlet to provide us with essential feedback, so we can monitor your level of satisfaction, offer more member value and identify areas for improvement.

The CAMRT used the expertise and services of Harry Cummings and Associates to help develop the comprehensive survey. The survey was distributed electronically to over 9,709 members and the overall response rate was 12%.

Thank you to those members who took the time to complete this important survey.

The key findings of the survey can be found online, by logging into the CAMRT Members' Only Area and viewing the result within your profile under "Inside CAMRT".

CAMRT MEMBER PUBLISHES THEIR 20TH TEXTBOOK!



Congratulations to Dr. Euclid Seeram, PhD, who has just published his 20th textbook, *Computed Tomography: Physical Principles, Clinical Applications, and Quality Control, 4th Edition*, a two-color text that provides a comprehensive coverage of the physical principles of CT, clinical applications, and essential quality control tests for CT.

What was it like to write this book?

This book was fun to write only because of the motivation, support, and inspiration provided by not only my students but also from senior research medical physicists, engineers, and radiologists working in CT. Additionally the support from CT vendors was overwhelming,

and they gladly provided me with several high resolution images of their products which I have used for illustration purposes. The 15 reviewers also provided me with excellent feedback that shaped the final end product. They are all listed in my acknowledgement section of the book.

What are you working on now?

I am working on two more textbooks, *Radiation Protection in Diagnostic X-Ray Imaging*, co-authored with Dr Patrick Brennan, a good friend and expert colleague from the University of Sydney, in Australia. This book is in the page proof stages and will be going to press soon, for release in early 2016. The second is *CT at a Glance* to be published by Wiley in the UK. This is a "brief notes" text that deals only with the basics of CT, and is especially suitable for entry-to-practice. The book will be released sometime in 2016. Finally, my article on "Optimization of the Exposure Indicator of a Computed Radiography Imaging System as a Dose Management System" will be published in the March 2016 issue of *Radiologic Technology*.

Euclid can be reached at: eseeram@my.bcit.ca.

NEWS FROM BCAMRT

The BCAMRT Annual Awards were delivered at our Annual General Conference in April 2015, and we were thrilled to honour a group of exceptional professionals in their field. Congratulations to all the recipients!



- WQ Stirling Award: **Bill Dow**, MC, RTNM
- Bracco Paragon Award: **Cassandra Lutman**, MRT
- Innovative Leadership: **Stephanie Aldridge**
- Young Professional Award: **Lauren Sander**
- Member Recognition Award: **Kevin Moon**
- Excellence in Teaching: **Della Peters**
- Member Recognition Award, **Edie Hayden** (not pictured)

Live Webcast

Two Day CME — April 9 and April 10, 2016

OAR CBMD Accredited Densitometry Technologist (ADT) CME 2016

Course Director: David Lyons, MD, FRCPC

“This course will be of interest to Medical Radiation Technologists providing BMD services.”



ACTRM

The Canadian Association of Medical Radiation Technologists has approved 12.75 Category “A” credits for full 2-day attendance/participation at this CME event.

Join the more than 300 Medical Radiation Technologists across Canada who have already earned their 5-year Canadian BMD (CBMD) Accredited Densitometry Technologist designation!



Take advantage of the Ontario Association of Radiologists’ **20% DISCOUNT** on CME registrations for groups of 5 or more technologists wishing to attend OAR CME webcasts.

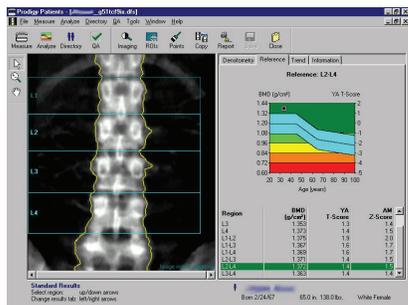
Webcast participants take the same ADT exam online, on Sunday afternoon. **There is no charge to write the ADT exam.**

Groups must sign up in advance with the names and contact information of those attending the webcast, as well as their place of employment so that we have sufficient details to ensure that CPD credits can be assigned to the participating technologists. This notice may be done by e-mail or fax. A single discounted payment must be made at the time of registration.

To access the course brochure go to www.oarinfo.ca and click on the Education tab.

For more information about the OAR’s CBMD Facility Accreditation Program, visit www.cbmd.ca. ADT designation is a requirement.

For information, please contact the OAR office at 905-337-2680 or mail@oarinfo.ca Fax 905-337-2678



Keynote Speakers

David Lyons, MD, FRCPC,
Chair and Medical Director, OAR CBMD Facility Accreditation Program and the OAR Accredited Densitometry Technologist (ADT) Program

Steven Burrell, MD, FRCPC
Professor of Radiology, Dalhousie University; Staff Radiologist, QEII Health Sciences Centre and Clinical Head of Nuclear Medicine, IWK Health Centre, Halifax, NS

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Orthopedic Secrets
Emergency Signs & Symptoms
Forensic Radiography

◆ Radiation Protection Topics

◆ Computed Tomography

CT, SPECT/CT & PET
CT: A Comprehensive Review

◆ Bone Densitometry Topics

◆ Mammography Courses

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Imaging Breast Masses in Children
Imaging Male Breast Cancer

◆ Ultrasound & MRI Topics

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