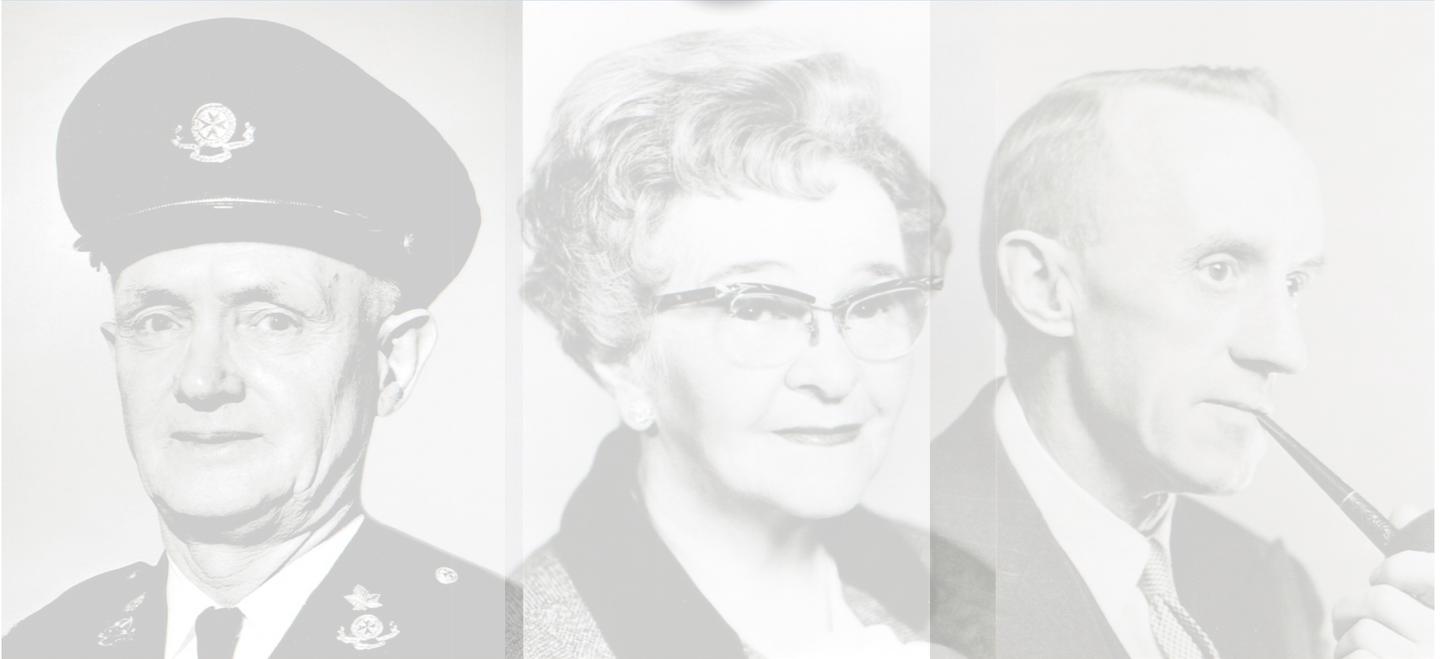


*The Canadian Society of Radiological Technicians*

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Advertising: For information about advertising rates in the CAMRT News, please contact us at 1-800-463-9729 or by email at [jmcgregor@camrt.ca](mailto:jmcgregor@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 [jmcgregor@camrt.ca](mailto:jmcgregor@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	June 15	Last week of July
Number 4	September 7	Third week of October

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On the cover... CAMRT Presidents: John Collins RT, 1945; Mary F. Cameron RT, 1949-1950; Herbert M. Welch RT

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# President's Message

As we begin the New Year it is a time for reflection and thinking forward.

In this message I want to share a snapshot of the exciting initiatives that are building on our broader strategic plan and offer some thoughts on where we need to focus and where we are going in the coming months.

In 2016, I had the privilege of representing CAMRT on several occasions. During these opportunities, I was struck by how fortunate we are as CAMRT members to have an organization that is respected as a contributor and expert voice for the MRT profession.

At the ISRRT meeting in Seoul, South Korea this past Fall, I spoke about the education and practice of MRTs in Canada including: the national competency profile, certification exam, and leading practice initiatives such as advanced practice. What I noted throughout that meeting, reflected in the many members presenting, was that the CAMRT is seen as an established international leader in the MRT landscape, respected for its educational offerings, opportunities, advocacy, and its ability to create and effectively exert a recognized, unified national voice for the profession.

Our reputation is certainly strong, as evidenced by the numerous calls for CAMRT expertise, MRT contribution and input on initiatives across Canada – most notably our highly-anticipated collaboration with Choosing Wisely Canada, where CAMRT will be among the first non-physician groups to contribute.

## **Moving forward: 2017 and beyond**

In an organization such as the CAMRT, strategic directions set the course and provide focus for the activities and initiatives that support the [mission and vision](#). It is exciting to see that MRTs, as individuals and in groups, are achieving these goals as a collective, in an organic way, with vision and purpose, because they are passionate about their profession.

One such strategic direction is Research. There are Canadian MRTs leading the way sharing their research at conferences and through publication. As we look to further enhance the standing of the MRT profession, I believe building research capacity and creating an MRT research culture will be critical.

Other professions have invested significant time and effort to research the impact of their practice on patient outcomes and on the system. Their research becomes an invaluable asset, providing evidence to demonstrate their value within the healthcare team. In many cases, it directly impacts the evolution and future of the profession. Research can be a daunting prospect, but not if you step back and choose your lens, since research comes in many forms. The small projects that incrementally change departmental practice are just as important to patients as the large multi-centered trials. Individuals, small groups and national organizations all have roles to play.

Although challenging, I am encouraged by the growing awareness and commitment to MRT research across Canada. While the strong tradition of research continues to grow in the large academic centres (and particularly in radiation therapy), it has been encouraging to see new forays into research through evidence-based practice in medical imaging. Not all MRTs will be interested in participating in formal research. That makes us the same as any other group. What we need to do is create, nurture and celebrate a research culture that extends throughout the MRT profession. Whether doing the research or providing the support and encouragement for research, all MRT's can be proponents of a research culture, contributing to the profession.

We know that the best way to build research capacity is through support. The CAMRT, through its strategic commitment to research, will play a lead role. Sometimes it will be a direct facilitator, as with the [CAMRT Research Grant](#) (see details on p. 26). In other



cases, it will be more indirect support – through facilitation of discussion about research, a new course (see p. 24), a webinar series, the new and exciting online Communities of Practice, and the 2017 CAMRT-OAMRS AGC in Ottawa. Going forward, I believe the approach we have proposed for conferences and events will further promote growth and commitment to research as our collaborations and shared events with other professional groups expand. The dissemination of important findings are enhanced by local provincial collaborations and shared online content, amplifying accessibility. In addition, increased participation in meetings overall will help to foster the curiosity and enquiry that is so important for research.

So, as we embark on another year, the year where we will mark the 75th anniversary of the CAMRT, I encourage you all as members to take whatever steps you can to stimulate this growth of our profession: start a small project, present new ideas to your colleagues, take part in national conversations on topics of interest using CAMRT's Communities of Practice, celebrate the initiatives of others, innovate, collaborate, and contribute in any possible to your profession and culture of research.

Happy 2017!

Link up with me on [LinkedIn](#) or follow me on Twitter [@KarenFader](#)!

A handwritten signature in black ink, appearing to read 'Karen Fader'. The signature is fluid and cursive, written over a white background.

# 75 Years of CAMRT



In 2017, CAMRT is celebrating the 75th anniversary of its inception. From the concerted effort of a small group of provincial leaders in 1942, the enduring association was born.

The timeline depicted here shows just how quickly and dramatically change has occurred for this profession over the last 75 years. While new technologies and even entire disciplines have emerged, the CAMRT has been a constant for medical radiation technologists (formerly called radiological technicians). It is striking to look at some of the original objectives of the young national society:

*"to provide standards and training facilities to meet the present-day needs of the radiologic technician"*

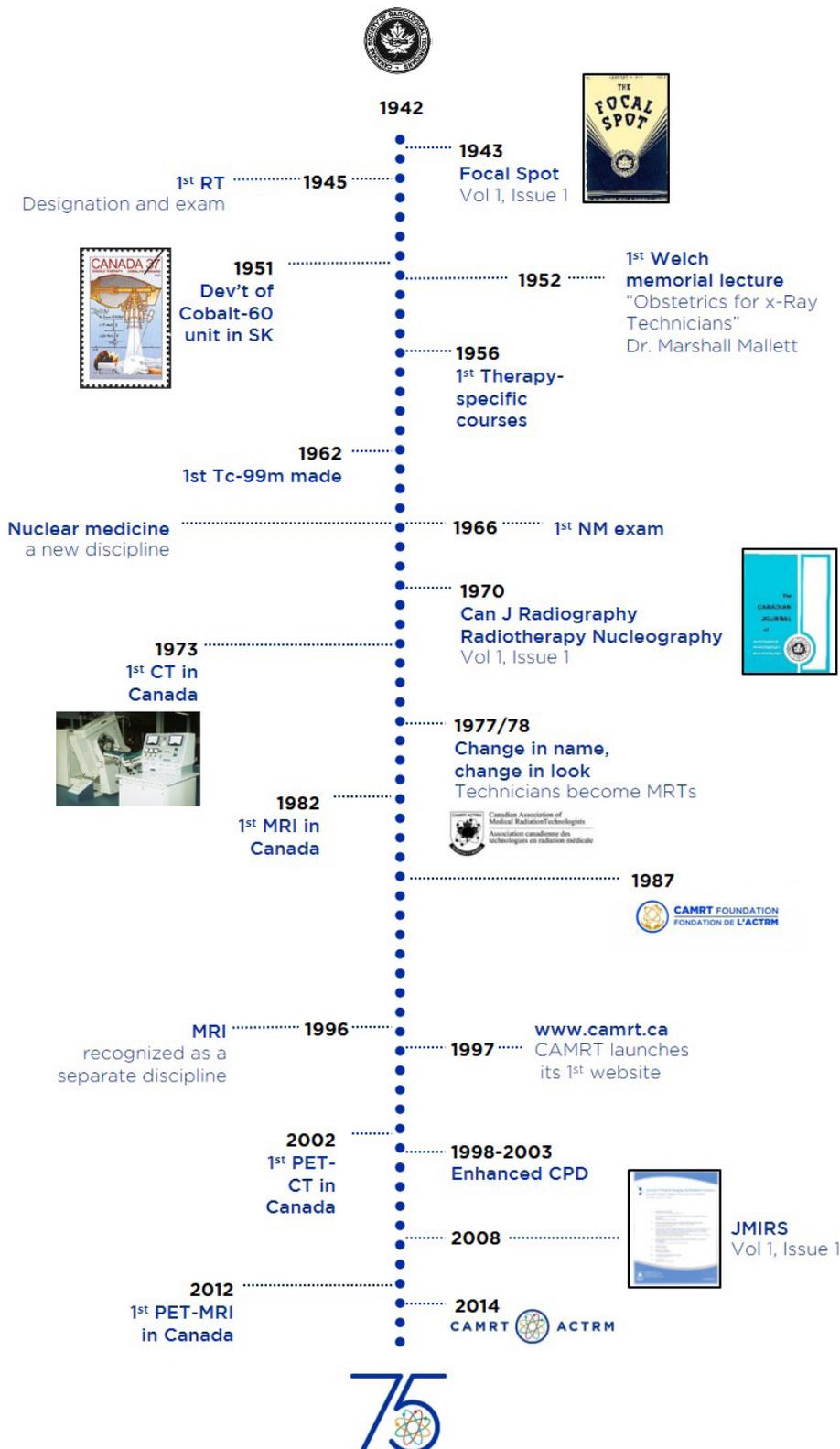
*"to promote and encourage the science and art of radiological technique and to consider and discuss all subjects pertaining to it"*

Although these goals may have changed in scope over the years, they remain very close to the mission and vision of the CAMRT, and show how the association has provided a solid foundation and support for the Canadian MRT in a landscape of ongoing change.

Throughout the year, and across all our communications channels, we will take the opportunity to highlight some of the many changes that have marked the association and the profession of medical radiation technology over the last three-quarters of a century.

Look for these retrospectives as well as other events and activities to celebrate the CAMRT 75th Anniversary:

- The 75th iteration of the national AGC: CAMRT-OAMRS Annual General Conference in Ottawa, April 28-30
- Monthly contests and prizes for CAMRT members
- And more...



# Join us in Ottawa this April!



Join your fellow MRTs at the 2017 CAMRT-OAMRS Annual General Conference in beautiful Ottawa—you will be treated to an excellent mix of inspiring plenary lectures, educational sessions, innovative technologies, networking opportunities, and fun-filled social events. [Register before February 28th](#) to take advantage of our early bird prices!

## Scientific Program and Pre-Conference Workshops

Be sure to check out the more than 100 presenters lined up for this conference, as well as the four pre-conference workshops presented by CAMRT and OAMRS. New information is being added to the [website](#) daily.

## Hotel and Travel

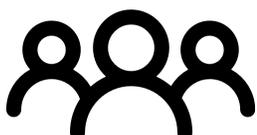
Book your room today! Due to Canada's 150th birthday celebrations in Ottawa, our host hotel, the [Westin Hotel](#) will be filling up fast. Be sure to take advantage of our [discount codes](#) for travel and ground transportation.



**CANADA 150**  
1867-2017

## Social Events

Catch up with old friends, meet new ones and network with other professionals at the many great social events during the Conference, such as the Welcome Reception, the Presidents' Event and the Foundation Night. Tickets are required for the two evening events and space is limited, so [register today!](#)



## Guest Speakers

This year our guest speakers discuss everything from creating a just culture, to the compatibility of humour and cancer, and the quest for Hakuna Matata - there is something for everyone! The names of additional guest speakers will be posted to the conference website at [www.camrt.ca/agc](http://www.camrt.ca/agc).

## Welch Memorial Lecture –

**Lisa Di Prospero, MRT(T), BSc, MSc**



Lisa has recently been appointed the Interim Director for Practice-Based Research and Innovation at Sunnybrook Health Sciences

Centre. Previous to this appointment, she was the Professional Leader and Manager of Education and Research for Radiation Therapy at the Odette Cancer Centre at Sunnybrook Health Sciences Centre (since 2010). She is an Assistant Professor in the Department of Radiation Oncology and Associate Member at the Institute of Medical Sciences, School of Graduate Studies at the University of Toronto. She serves as Editor-in-Chief of the *Journal of Medical Imaging and Radiation Sciences* (JMIRS).

**Plenary Speaker - Gretchen L. Conrad, PhD, C.Psych**



Dr. Gretchen Conrad is a Clinical and Health Psychologist, employed at the Ottawa Hospital since 1993, working

in variety of contexts within mental health: general in-patient and out-patient Psychiatry, the Eating Disorders Program, the Early Psychosis Intervention Program and , for the last 2 years, she has been Acting Chief of Psychology. Throughout her career she has advocated for youth mental health.

She served as co-chair of the Early Psychosis Intervention Ontario Network (EPION) from 2009-2013, and she helped develop the Ontario Standards for Early Psychosis Intervention. Currently she is on secondment to the Transitional Aged Youth (TAY) Service, Royal Ottawa Mental Health Centre, developing and implementing a program for youth with moderate to severe concurrent disorders.

**Plenary Speaker - Rajiv Samant, MD, FRCPC, "Are Humour and Cancer Compatible?"**



Rajiv is a radiation oncologist at The Ottawa Hospital and an Associate Professor in the Faculty of Medicine at the University of Ottawa. He has been caring for cancer patients for over 25 years,

and has gained much wisdom from his patients and colleagues during that time. As a teacher, educator and researcher interested in improving how we deal and communicate with patients and their families, he believes patients need to be treated on an individual basis with dignity, respect and kindness as well as with a good dose of humour where circumstances allow for levity to enter a too-often serious world.

**Conference Plenary – Dr. Nicole Dhanraj, “Emotional Intelligence and the Implications for Radiology Technologists”**



Dr. Dhanraj began her career in radiology as a diagnostic imaging and CT technologist in the US Army where she spent four

years before advancing to a position as Technical Director for a small radiology outpatient practice in the civilian world. Her background also includes IR and MRI. She is considered a subject matter expert on the technical, managerial and operational aspects of healthcare. She is dedicated to issues such as global radiology, macroeconomics, poverty, entrepreneurship, and women’s affairs. She currently works as a researcher, educator and radiology professional. Nicole received her Bachelor’s Degree in Psychology from St. Martin’s University and her Master’s in International Relations, graduating magna cum laude from Troy State University. She earned her doctorate with an emphasis in Organizational Management from Capella University.

**Plenary Speaker - Ann Mitchell, RN, BNSc, MEd., “Creating a Just Culture in Healthcare”**



Ann has worked in maternal newborn care for 28 years as a Neonatal Intensive Care Nurse, Coordinator with PPESO (now CMNRP), and Director

of Obstetrics, Gynecology, Newborn Care and Pediatrics at Kingston General Hospital. She joined The Ottawa Hospital in 2009 as the Director of Obstetrics Gynecology and Newborn Care. She recently completed a 5-year joint Director role with CHEO, responsible for the NICU, Neonatal Transport Team and Neonatal Follow-up Clinic. Ann is passionate about patient safety, quality improvement and creating a Just Culture for employees.

**ASRT Speaker Regina Ley, RT(T), “The Quest for Hakuna Matata: My Journey into Community Global Outreach”**



Regina Ley 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. She knows better than most that access to treatment is the key to surviving cancer. She recently worked as an ASRT Foundation Community Outreach Fellow in Kenya to help improve patient care. Regina has been a radiation therapist for 25 years. She works for Memorial Sloan-Kettering Cancer Center in New York, where she was treated for Hodgkin’s disease at the age of 20.



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# Advocacy Report

## CAMRT Day on Parliament Hill 2016

On Thursday November 17, members of the CAMRT took to Parliament Hill in Ottawa for a series of meetings with federal government MPs and officials. In all, members of the Board, together with CAMRT staff, took part in 13 meetings.

Over the day, CAMRT members shone a spotlight on the MRT profession and the important role it plays in the Canadian healthcare system, while relating this more poignantly to MPs as they shared their own stories from working with patients. The aim was to highlight the strengths of the MRT profession and the CAMRT as collaborative partners for decision making in healthcare, and to showcase some of the recent and innovative practices undertaken by CAMRT and its members across the country.

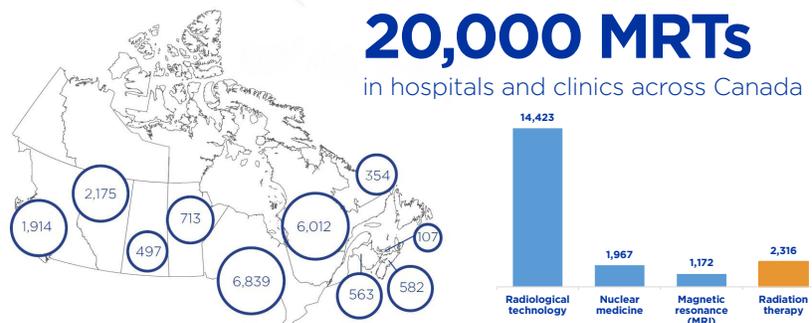


Ginette Pettipas Taylor with Canadian Association of Medical Radiation Technologists  
 17 November 2016 · © [Like Page](#)

I was pleased to meet with members of the Canadian Association of Medical Radiation Technologists. I was surprised to learn that Canada has 12,000 medical radiation technologists, and that New Brunswick has 621. Thank you for playing such a vital role within our health care system!

[Like](#) [Comment](#) [Share](#)

Over the past year, the new Liberal government has continually identified innovation as important for both development in the Canadian economy, and for the sustained success and growth of the healthcare system. To make sure MPs and officials left their meetings with an understanding of how innovative the MRT profession really is, CAMRT Board members enthusiastically presented many of the innovative recent undertakings of the association and its members. Among these was the



**30 Million** medical imaging exams each year in Canada

**70,000 Canadians** Undergo radiation therapy every year

*"critical to diagnosing, monitoring and, in some cases, treating a vast array of illnesses and conditions..."*

*"an essential tool in the cure and palliation of cancer..."*

**1 in 3 Canadians** access medical imaging every 6 months

**50% of cancer patients** will undergo radiation therapy over the course of their treatment



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

recent and visionary work undertaken in Ontario to develop a fully sustainable model for advanced practice in radiation therapy, and its potential to be spread and scaled to other parts of the country and into areas of need in the other disciplines within the profession.

Excitement hit during the day too, as some "procedural shenanigans" led to the need for a vote on the floor of parliament. It was all hands on deck for both the Board and the meeting planners behind the scenes, as we worked to

reschedule meetings, re-locate and fit things in to some very tight schedules. The MPs took this all in stride, as these interruptions and competing demands are commonplace to them. For those attending, it added to the experience of hustle and bustle on the Hill.

Your CAMRT Board members were very well received, and the messages they delivered found a receptive audience on the Hill. The November meetings have led to a number of opportunities to move forward with advocacy and

action, both on advanced practice in medical radiation technology, and in several other areas of interest to the MRT profession. It was the first time in a while that CAMRT visited Parliament Hill in such force, and based on the success of the day, we look forward to many more opportunities to raise awareness about the essential role of the MRT profession in the Canadian healthcare system in the future.

*Note: The CAMRT was grateful for the support of Impact Public Affairs in planning the event and coordinating the many moving parts during the day. Meetings were taken with: Irene Mathyssen, NDP, Irene Mathyssen, NDP MP (ON); Hon Lawrence MacAulay, Minister of Agriculture and Agri-Food; Brad Trost, Conservative MP (SK); Mélisa Ferreira, Aide to Brigitte Sansoucy, NDP MP (QC); Darshan Kang, Liberal MP (AB); Sonia Sidhu, Liberal MP (ON); Ginette Petitpas Taylor, Liberal MP (NB); Christina Lazarova, Policy advisor to Minister of Health Jane Philpott, Sean Casey, Liberal MP (PEI); Nick Whalen, Liberal MP (NL); and Taleesha Thorogood, Policy advisor to Leader of the Opposition Rona Ambrose.*

**Firsthand reports from #CAMRTHillDay**

Interested in our social media posts from the day? Check out the hashtag [#CAMRTHillDay](#) or follow us on Twitter [@CAMRT\\_ACTRM](#).

**Grassroots Advocacy Award**

While we are proud of our advocacy efforts in Ottawa, we are also keenly aware that much of what we accomplish together as a profession relies heavily on the actions of many of you locally as you work tirelessly to promote and advocate for the advances in the profession. The CAMRT is seeking to recognize this with its new Grassroots Advocacy award. Nominations have closed for 2017, but information about the award and nominations for future years can be found on the [Honorary Awards section of the website](#).

**Breanne Teasdale** @BTeaser\_11 · 17 Nov 2016  
That's a wrap for #CAMRTHillDay ! What a fantastic opportunity that we've been so lucky to have! Thank you @CAMRT\_ACTRM for the experience



4 6

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**Deborah Murley**  
17 November 2016 · Ottawa

Thanks to Minister MacAulay for meeting with CAMRT Board members and his support for MRTs in providing improved health care



Like Comment Share

39

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**Nick Whalen** · NickWhalenMP · 17 Nov 2016  
Learning all about leaning radiation oncology with Breanne, Liz and Meena from @CAMRT\_ACTRM #CAMRTHillDay



7 8

# MRT Week 2016

It's a wrap! Another MRT Week has come and gone, and all we can say is this was one of the greatest yet. We had incredible participation and engagement from our members and enjoyed seeing the MRT community come together and share their profession with the world.

We asked MRTs to tell us what kind of events they were planning on hosting during MRT Week. They celebrated by:

- Hosting continuing education events
- Educational lunch, learning sessions, and breakfast from the Radiologists
- Staff BBQ luncheon with cake and games
- Guess the Tech contest
- Department T shirts and a display

And much more!

## Contest Entries and Winners

MRTs are an essential link between advanced technology and compassionate patient care. So this year, for our MRT Week contest, we asked MRTs how **YOU** are the essential link. We wanted to know how you or your team go the extra mile to provide excellent care to patients in medical radiation technology. What exactly does being an MRT mean to you? Our members had to submit their contest entry in the form of a photo, video or written entry (from a tweet to a 200-word summary) before November 30th, 2016 to win one of our great prizes, which included Visa and Tim Horton's Gift cards and gift certificates for CAMRT CPD.

We would like to thank everyone who participated in the "I am the Essential Link" contest. We had quite a few contest entries and we have to say they were all incredibly creative and insightful in their own way. Although we wish everyone could be a winner, we could only select 8 winners from our random draw.

## Congratulations!

- **Caitlin Gillan**- \$100 Visa Gift Card
- **Briana Strilchuk**- CPD Full Length Course
- **Carmen Chan**- CPD Quick Self Study
- **Crystal Bevans**- CPD Quick Self Study
- **Ralph Yeung**- Tim Hortons Gift Card
- **Jennifer Carey**- Tim Hortons Gift Card
- **Joanne Peterson**- Tim Hortons Gift Card
- **Amanda Bolderston**- Tim Hortons Gift Card

## Image of Care Statistics

MRT Week 2016 was a great success for MRT engagement online. Our Facebook engagement has more than doubled vs. 2015, and the number of sessions on our [imageofcare.ca](http://imageofcare.ca) website over MRT week exceeded previous years by more than 50%. This helps us to get our message out to patients and lets us know we are on the right track when it comes to interacting and engaging our valued members. We appreciate all the people who liked, shared, commented and reacted to our various Facebook and Twitter posts.

Although MRT Week only comes once a year, we encourage MRTs to always celebrate and educate others on their profession.

For any additional questions or inquiries please email our Communications Coordinator Jessica McGregor at [jmcgregor@camrt.ca](mailto:jmcgregor@camrt.ca).

Be sure to check the MRT Week Guide on the CAMRT website to help plan your events in 2017. We look forward to next year's MRT Week **November 5-11!**



Medicine Hat MRI department



North Shore Health Network in Blind River, Ontario



Health Science North Hospital in Sudbury Ontario



Team photo from Brant Community Healthcare System

## The Essential Link

A friendly smile, my name, I explain...

*I am the essential link.*

A kind word, warm blanket, not one of the herd...

*I am the essential link.*

Compassion, trust, cry if you must...

*I am the essential link.*

Knowing their stories, their horrors, their glories...

*I am the essential link.*

Injections, technique, center on the photopeak...

*I am the essential link.*

Mark, start, you will not glow in the dark...

*I am the essential link.*

CAT scan, PET scan, sometimes hard to understand...

*I am the essential link.*

Patients galore, a profession I adore...

*I am the essential link.*

Lucky for me, it's not hard to see that I am the essential link.

A poem written by: Crystal Bevans



Staff from CancerCare Manitoba



Health Science North Hospital in Sudbury, Ontario



Quinte Healthcare Belleville General Hospital Bake Sale



Staff from CancerCare Manitoba

**Check out the video submissions for the MRT Week Contest!**

**Michelle Rodrigues:** <https://www.youtube.com/watch?v=Ucu4vPpUvUg&feature=youtu.be>

**Jennifer Carey:** [https://www.youtube.com/watch?v=Wzn8eAzcQ\\_Y](https://www.youtube.com/watch?v=Wzn8eAzcQ_Y)

**Christie Eley:** <https://youtu.be/aN6zTz5IVM>

# Provincial Reports

## Newfoundland



We are pleased to introduce our new NLAMRT Executive (pictured above).



The Bert Price Memorial Award for Professional Achievement was awarded to **Stephanie Pearson, RTR** (pictured above with president Nicole Jenkins).



The NLAMRT Mentoring Award was awarded to **Maxine Reddigan, RTR**.

Congratulations to the winners!

## Manitoba



Members of the Manitoba Association of Medical Radiologic Technologists celebrated MRT week a bit early this year, inviting members, their coworkers, friends and families to attend one of two Manitoba Moose games.



Discounted tickets were offered to members who enjoyed watching the Moose play (and win both games!), getting some screen time on the scoreboard, and wearing the Moose toques they received as a gift from the Team. Over two games, 89 tickets were sold, and members all had a fantastic time. The Board of the MAMRT also had a special surprise for members, who received recognition of their attendance on the scoreboard during the 2nd intermission.



Over MRT Week, the MAMRT Facebook page posted images of various MRT-related equipment from our Historical Archives. Members were invited to guess what the items were, and submit their answers for a chance to win gift cards and MAMRT tumblers. In all, three members took home some prizes for their extensive knowledge of historical

MRT equipment. Congratulations to Joel Tumaliuan, Christine Alexander and Erin Wady!

The Board also presented the first of two Tech Nights at the MAMRT Office to educate members on the benefits of self-regulation, as we continue to advance our application for the creation of a College of MRTs in the province. Questions are welcome, we want membership to understand the benefits and reasoning behind our push to become licensed in Manitoba.



Lastly, the MAMRT is now on Twitter! Give us a follow @MAMRTPR for the latest news and notes from the Manitoba Association!

*Submitted by Jordan Veale, RTR, CAE, MAMRT Director of Communications and Public Relations*

## Saskatchewan



2017 Spring Conference – March 24 & 25, North Battleford, SK

Executive President – **Allison Kahl, RTR**  
Vice-President – TBD  
Past-President – **Bashir Jalloh, RTNM**

## Alberta



### ACMDTT 2017 Conference – Moving Forward Together

The 2017 ACMDTT Annual General Conference is scheduled for April 7-8, 2017 at the Deerfoot Inn and Casino in Calgary, AB. As the only professional development event designed specifically for Alberta's medical diagnostic imaging and therapeutic community, it represents an opportunity for individuals to choose from over 35 talks on trends, technologies and best practices and network with peers from across the province. Register today at [www.acmdtt.com](http://www.acmdtt.com).

### Diagnostic Medical Sonography

The Health Professions Act has been amended: Diagnostic Medical Sonographers (DMS) will now be regulated through ACMDTT. Regulation of DMS/mandatory registration can take place only after Alberta Health has amended the Medical Diagnostic and Therapeutic Technologists Profession Regulation, which is currently underway. ACMDTT is proud to be playing a role in this forward-thinking initiative to bring DMS into becoming members of a self-regulated environment. This is a major achievement for all members of the medical diagnostic and therapeutic community and reflects the significant contributions all practitioners regulated by ACMDTT make within Alberta's health care system.

### New CEO

In September, after many hours of interviews, a candidate emerged whom

the Council CEO Selection Workgroup agreed on unanimously. ACMDTT welcomed Karen Stone, BA, LLB, LLM as the new CEO/Registrar of ACMDTT. Council believes that Karen's expertise in government relations and her background in non-profit organizations and law and governance will continue the College's legacy of professionalism and leadership.

### Council elections

ACMDTT Council is currently recruiting for new Council members for 2017. Presently, there are four Council vacancies to be elected by the membership. The election results will be announced at the AGM in April 2017. In accordance with the Bylaws, these positions must be filled by one member from the ENP specialty, one from the nuclear medicine specialty and two from any specialty. Three elected members will serve three-year terms from July 2017-June 2020 and the nuclear medicine position will serve a one-year term from July 2017-June 2018. We welcome all interested regulated members to submit resumes and bios to the Nominating Committee c/o ACMDTT. All candidates will be interviewed and will be assessed for skills required within the Council skills matrix.

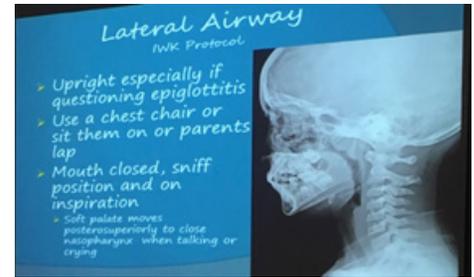
## Prince Edward Island



What better week to have a province-wide diagnostic imaging education day than CAMRT's MRT Week. The tag line of "An Essential Link... delivering care through technology" was written for us. It described our interprofessional sharing of expertise and patient services among some of our provincial health care partners and how they interact with our profession. We set the tone by starting the day with a talk on providing quality imaging in the radiological discipline – the "how and whys" of getting it right.

Our friends from Respiratory Therapy described how technology has also changed their practice in the size and sensitivity of "their lines". We were made aware they know they need us, but their inside voice is saying .... "Don't pull out

the lines!"; "You are in the way"; "You have a job to do". That honest realization that our patients need us both.



Next, we had a talk on trauma patients from the first on-site EMS professional. They take on advanced roles and have a robust continuing education component, reassuring us that our patients come to us safely. They shared changes in stabilization techniques.

We then moved to the bread and butter of the radiology world, chest imaging. Dr. Neilson spoke of the four (not fifty) shades of grey indicating Pus, Blood, Water, and Tumour. The importance of positioning and the impact of rotation on the image, affecting the patient diagnosis. He also spoke of lines and the importance of our clearing the chest of them, we can keep our lines straight. Physiotherapy joined us to share post-op guidelines for patients visiting our departments.

One of our fellow technologists shared her imaging experience as a pediatric MRT. She gave many tips on how to make the experience of our littlest patients as calming as possible.

To wrap up the day we had the Health PEI Medical Microbiologist and Infectious Diseases Consultant speak about antibiotic resistance/ infectious diseases as they relate to diagnostic imaging. We were tested on some of the more interesting cases provincially, and our Medical Physicists showed us how we can all practice good radiation safety. We concluded with a lively game of "Who wants to be a Millionaire". Our MRT teams were tested on questions developed for family physicians by our Chief Radiologist. It was entertaining for the whole room, and the teams were close, showing that learning can be fun.

Submitted by Deborah Murley, RTR



imaging for a variety of specialties including, but not limited to: neurosurgery, oncology, urology, cardiology, respiratory and gastroenterology. We also service family practice clinics, fracture and arthritis clinics, pre-op clinics and several specialty outpatient clinics.

St. Michael's is a stroke and level 1 adult trauma centre, and our stroke and trauma patients



## Get to know: **Rajeev Nair**

*Rajeev Nair, RTR, XSO (Cert) is a Medical Radiation Technologist/Medical Technical Specialist at St. Michael's Hospital in Toronto. He also works as a Radiation Protection/Interim Clinical Coordinator in General Radiography/CT.*

### **How long have you been working at St. Michael's?**

I've been working at St Michael's hospital for 11 years. I started right after graduation in 2005.

### **Can you tell us about a typical day in your department?**

The medical imaging department at St. Michael's is a busy place. Patients and visitors often comment on how chaotic it seems. However, we pride ourselves in our ability to meet our patient's imaging needs while providing quality patient care, ensuring patient safety and adhering to best standards of practice. We have very skilled and creative teams of technologists, nurses and radiologists who consider our patient's needs a priority.

Our imaging modalities include general radiography, CT, interventional radiography, ultrasound, mammography, nuclear medicine and MRI. We provide

often have specific and in-depth medical imaging needs. We also meet the medical imaging needs of a large inpatient population and intra-operative procedures. As St. Michael's is a teaching hospital affiliated with the University of Toronto, in addition to radiologists, technologists, nurses and clerical staff, the department also has several residents, fellows and medical imaging technology students.

### **What does your role as Interim Clinical Coordinator in General Radiography/CT entail? How do you handle this above and beyond your regular duties?**

My role as Clinical Coordinator is to facilitate the hands-on, clinical education for our general radiography students. The goal is to take what they have learned in class and successfully apply it to a clinical setting.

Through the clinical education component, students learn to identify patient needs and practice appropriate patient care while performing imaging procedures. They learn to work independently, as well as cohesively with a team, develop interpersonal and

conflict resolution skills, and master core competencies set out by the CAMRT. Ultimately, the goal is that the students have the knowledge and develop the skill set to be successful clinicians.

I dedicate a couple of days a week to this role where I either work directly with students, seek feedback from other technologists who have worked with the students, perform student evaluations or hold image critique sessions where students have an opportunity to present cases they have worked on.

### **It was MRT Week recently - did your department plan any activities to celebrate?**

MRT week festivities can be modality-specific activities or larger events that include several modalities. In x-ray, lunch and learn sessions are held for the staff. Lunch is catered and clinicians are invited to give a talk about their area of expertise. This year's topic was pediatric x-ray imaging and served as a refresher for staff who in general are not exposed to non-adult patient populations in day-to-day practice, owing to St. Michael's primarily adult patients. The week is always capped off by an annual photo contest, in which all medical imaging staff may compete, and the top 3 winners are chosen by a panel of their peers.

### **What is your favorite part of the job?**

While it's hard to pick a favourite part of the job, the one thing I enjoy very much is the patient interaction and education elements. For example, patients often arrive for a CT scan with limited knowledge of what the test entails. They can understandably be nervous or apprehensive. Screening a patient prior to IV insertion for a contrast enhanced CT allows me to provide the patient with one-on-one education about their test, and it gives them an opportunity to ask questions to assuage any fears. It goes a long way towards making their experience a positive one.

# A Look at Member Satisfaction



In April 2016, the CAMRT conducted a survey to evaluate member satisfaction with our products and services, determine the value of these products and services, and identify member needs that are not currently addressed through existing programs, products and services. The survey completion rate increased by 8% this year. Overall, the findings of the 2016 survey were similar to the findings of the member satisfaction survey conducted in 2015.

In terms of satisfaction and value, 84% of respondents are satisfied with their CAMRT membership and 71% would recommend CAMRT membership to others (this is an increase of 1% over 2015). 85% of respondents felt that the CAMRT represents their values and ideals as a healthcare professional.

Members were surveyed on various programs and services offered by the CAMRT and the following rated highest in member satisfaction:

- Best Practice Guidelines
- Professional Liability Insurance
- Website
- Newsletter
- *Journal of Medical Imaging and Radiation Sciences*

The three most important learning and advancement programs identified by the respondents are quick self studies, full length courses and the specialty certificate program. Over 70% of the respondents view these programs as moderately, very or extremely important.

### You asked...we listened!

As a result of both the 2015 and 2016 member satisfaction surveys we have been able to enhance your membership experience with the following:

- [A career portal](#) that provides members with job listings and convenient access to tools and resources designed to support you at every stage of your career
- Continuing Professional Development (CPD) at your fingertips, with a [new searchable repository](#) customized to your needs, and cataloguing learning and advancement opportunities available across Canada

We are excited to announce **several new partnerships** to enhance our current suite of member discounts:



CAMRT members can take advantage of a **10%** discount on all online orders from Scrubs Canada. Members can choose from a wide variety of stylish medical uniforms, lab coats and quality comfort footwear by Dansk. Use promo code "CAMRT" under coupons at checkout. [Save Now!](#)



CAMRT members receive a **30%** discount on voice and data, along with an up to **\$300** device subsidy on each new smartphone activated on their account. Members can add up to 9 family members with the Your Choice CAMRT Membership Program. Find out more [here](#).



CAMRT members and up to 4 family members can save close to **\$400** off the regular individual membership rate at any GoodLife Fitness across Canada (or Énergie Cardio in Quebec). [Register Today!](#)

### Coming Soon!

Keep checking the CAMRT website and your emails for news about:

- A refreshed Best Practice Guidelines website
- Enhancement to the PLI program for full, limited and temporary practice members
- Further additions to the Career Portal
- A new, interactive online platform that will facilitate interdisciplinary Communities of Practice to collaborate, exchange knowledge, ideas and best practice information.

This is just the beginning... expect even more for your membership dollars in 2017!

# Professional Accountability in the New Age of Healthcare

Submitted by Alan Thibeau, Professional Practice Manager, Medical Radiation Technology, Ottawa Hospital



**V**irtually every profession assumes that its members are accountable to something. MRTs are accountable for their individual decisions and actions, as well as for the consequences of those actions. In situations where an MRT does not have control over the decisions or actions of other healthcare professionals, we are not accountable for these actions. When faced with such challenging situations, we should seek appropriate assistance in a timely manner, to ensure the best possible outcomes for our patients.

What exactly is accountability? Simply put, accountability is being answerable for something that I do. Normally, accountability places an emphasis on keeping agreements and performing tasks in a respectful manner. It is also about truth, learning and continuous improvement. Without accountability, organizations are incapable of achieving and sustaining high performance. Accountability has gained a lot of attention in recent years and has become a major consideration for all healthcare professionals. There are different models of accountability, each focusing on specific domains. For the purposes of this article, I will focus

on professional accountability. When healthcare professions are accountable, patient outcomes may be dramatically and positively impacted. Professional accountability may then be described as the ability and willingness to assume responsibility for one's actions and for accepting the consequences of one's behaviour and actions.

## Who am I accountable to?

As an MRT, I am accountable to numerous entities [1] :

**I am accountable to my professional college and/or association.** As a regulated healthcare professional, my college has defined standards of practice, which I am obligated to be familiar with and to abide by. Active involvement with my professional college and association will foster this form of accountability as well as a respect for its purpose.

**I am accountable to my patients.** When a patient is in my care, all accountability for their best outcomes is in my hands. This responsibility is a tremendous privilege that all healthcare professionals share. Therefore, I should take every possible measure to ensure that I have the knowledge, skills and judgment to perform my responsibilities proficiently.

When I develop a philosophy of continuous learning, I ensure that I maintain my proficiency. On a regular basis, I should ask myself if there are areas of my specialty that I am less familiar with and require additional training or education. I should also ensure that every aspect of this care is safe and that the amount of radiation that I administer is appropriate and optimized for the required procedure. I should allow my patients to participate in their own care by ensuring their full comprehension and by actively involving them whenever possible. I should also respect my patient's individual choices, ethnicity, gender, race, religion and sexual orientation. With every act that I perform while conducting my duties, my intentions should be altruistic and with the patient's best interest in mind.

**I am accountable to the other members of the healthcare team.** Whether these members are MRTs, nurses, physicians or any other professional, they are counting on me to do my job to the best of my ability. I may have very specialized and unique skills, without which the delivery of care cannot efficiently proceed. Others are counting on me to utilize active teamwork and use respectful communication skills in the provision of



care. This form of effective collaboration is becoming increasingly important in financially restrained working environments. My team is counting on me to identify and confront errors and to then communicate strategies that will help avoid such unfavourable outcomes. My patients are also expecting higher quality and more efficient care, which is only achievable when we work well together.

***I am accountable to the hospital or clinic that I work in.*** I represent the face of the institution that I am employed with. I should always portray a professional manner and possess a high regard for quality. There are very few work environments that are perfect and without annoyances. With this in mind, I must act as an advocate for my place of work by always communicating positive sentiments about my employer to my patients.

***Finally and most importantly, I am accountable to myself.*** I can do this by always taking good care of my physical, mental and spiritual health. In so doing, I will present a happier and more positive professional presence for my patients and colleagues. By taking full responsibility for myself, I take back control of my own environment and I also contribute to a healthier work environment for others. By aligning my personal and professional standards, I will achieve greater personal gratification and a sense of purpose in my workplace. By nature, we pay more heed to actions rather than to words. Therefore, my professional and ethical behaviour will have a tangible impact on my colleagues and patients.

### **Obstacles to professional accountability**

What happens when our professional duty and management instruction collide? Unfortunately, not all workplace environments are conducive to candid feedback from staff. As a result, I may be fearful that when I bring concerns forward I will be penalized or judged negatively. Departmental politics and dysfunctional interpersonal dynamics may make it difficult for individuals to speak up when things go wrong.

As a new member of a team, I may not feel comfortable speaking against colleagues with more seniority. When long-standing problems are continually ignored, I may also have a tendency to become cynical or negative. I desire to work cohesively with my team, but certain members may not be receptive to change or may even resist team playing. Those that don't want change may adhere to an attitude of "if it ain't broke, don't fix it".

### **How do I respond to these challenges?**

To begin with, I should have a good understanding of my professional scope of practice and responsibilities. I should also always strive to find more effective and safer ways of doing my job. When I consistently aspire to higher levels of excellence and active teamwork, I will win the trust and respect of my colleagues and management team. It is true that change does not always happen as quickly as it should, but when I stay the course, it will eventually happen. With this in mind, I should always persist when I feel that an issue is important enough that it must be addressed. Trust is a powerful tool that can empower us in times of doubt and transition. When I extend trust to others, I become part of a cultural change solution.

### **How can we foster a culture of professional accountability?**

O'Hagan et al [2] described six important steps that organizations can take to foster a culture of professional accountability:

Creating a cultural shift in any organization requires a strong commitment from the leadership team. Fair managerial practices and standardized procedures help to instill trust and promote best practice approaches that will encourage individual professional accountability.

Cultural shifts that focus on punitive approaches rarely achieve even the most noble of objectives. Rather, changes to workflow should emphasize improvements in quality, safety and patient satisfaction. Such changes should never occur at the expense of employee well-being and/or safety. Including frontline MRTs with change

plans will help to ensure a smooth transition and staff engagement with change.

Healthcare environments that focus on exceptional patient care initiatives also lead towards a satisfied and engaged team, where fewer preventable medical errors occur.

Effective employee performance management allows an organization to measure performance as it relates to established standards and goals. It is difficult to hold someone accountable if they don't fully understand what is expected of them.

Organizational change almost always causes employee fear and anxiety. This effect can be significantly minimized through various modes of supportive staff communication, proper training and appropriate staff involvement in the decision-making process.

Without up-to-date supportive infrastructures, change can often be a painful experience for those involved. For example, top-down organizational communication may often be lacking in detail and fail to consider all aspects of the change. In addition, failure to properly address resultant workload issues and inefficiencies will reduce staff compliance with change.

With a renewed focus on patient centered approaches to care, we as medical radiation technologists have a tremendous opportunity to raise public awareness of our many contributions to this cause. By taking more pride in our profession and by being fully accountable for our actions, this acknowledgement may reach its full realization. Let's all strive to be fully accountable for the amazing care that we continue to provide every day!

### **References**

1. Arnold, L. (2002). Assessing professional behavior: yesterday, today, and tomorrow. *Academic medicine*, 77(6), 502-515.
2. O'Hagan, J., & Persaud, D. (2009). Creating a culture of accountability in health care. *The health care manager*, 28(2), 124-133.



*Evolving Practice is an ongoing series that explores the ways in which Canadian MRT practice is being shaped by innovation and change. In this instalment we spoke to CAMRT Directors Elaine Dever and Mark Given to hear about the advances in technology they witnessed at the recent Radiological Society of North America (RSNA) conference, and the impact it could have on education and practice.*

## Can you tell us a bit about your responsibilities as representatives for the CAMRT at RSNA?

**ELAINE:** As the Director of Education attending the RSNA, it is my responsibility to select and attend educational sessions that relate to the direction CAMRT would like to take in the revision and development of new CPD opportunities for members. The RSNA is a rich venue for getting informed on new procedures, improving patient care outcomes, and the use of new modalities. The opportunity to attend both radiologist and technologist presentations is valuable – hearing their perspective and learning how their results impacted practice. People from all over the world present, so this is not just a North American perspective, and you appreciate the value of collaborating internationally with our peers. We get the opportunity to discuss entry-to-practice standards in different countries, CPD development, and to uncover CPD opportunities in other countries for our members.

**MARK:** It is a busy conference – we attend various talks, visit the impressive tradeshow, meet with related societies, and ran an information booth. The hands-on aspect is what makes attending RSNA such a rich experience – getting to see the new equipment models and talking to the vendors; chatting with members; talking to society representatives that we normally only hear from by email or phone and getting the inside track on what direction the radiologists are heading – getting an idea of what might affect us downstream.

## Every year we hear from RSNA attendees about the vast tradeshow floor and the impressive technical advances on display – can you describe a few of the most exciting things you witnessed?

The most exciting attraction on the RSNA floor this year for us was machine learning, which is poised to transform healthcare: in the way we work, our productivity, and our well-being. Leading the way is IBM Watson (of Jeopardy fame), which has been learning to translate the large amounts of data collected from medical imaging devices and other sources into knowledge for more informed decision making. As an imaging solution, Watson has the potential to help clinicians analyze and cross-reference information from all parts of the patient record, including image data, lab results, and other data sources. It can compare images to the patient's history, as well as populations of similar patients to identify disease and potential treatment. Watson's cognitive power will revolutionize image interpretation, and it is just beginning!

In addition to this, we had the opportunity to see improvements across all imaging technology, ways in which big data will enable sharing across facilities, and saw some new techniques to reduce dose and maintain high quality imaging.

## What might these new technologies mean for the future of the profession?

All these new technologies make us realize the need for interdisciplinary education. The automation is significant—we need to find a new balance between knowledge of the operation of the equipment and the delivery of healthcare as imaging technologists and therapists. We must profile ourselves as patient care providers who operate equipment, not the person who just acquires the images. We need to put more emphasis on MRT collaboration with our peers, become better educators for our profession, and enhance our knowledge and identification of disease processes.

## You mentioned that you attended several talks during the conference – can you tell us about some of the highlights?

There were a number of sessions on 3D printing and the value of establishing the Imaging Department as the home for this technology. The ASRT@RSNA presentations featured technologists speaking on “The Team Approach to Patient Centred-Care”, certification and education, and the Canadian exchange presentation by Jessy Abed on “MRI Guidance for Prostate Cancer” was fascinating (see page 19 for more on Jessy's talk).

## Why should technologists consider attending and/or presenting?

**MARK:** A brochure doesn't cut it – if you can find a way to attend, the conference represents an opportunity to gain the insight to influence where practice is headed. You can get hands-on with new equipment, talk to vendors and techs who are using it, and see how it could be applied in ways that you may not have thought of.

**ELAINE:** The education sessions are comprehensive and vast with presentations are varied and on all aspects of imaging. And visits to vendors can provide insight on improved imaging modalities and techniques, CPD options, working abroad, accessory equipment, reporting systems and all other related aspects of the imaging world.

What's more, the opportunity to present and add to your portfolio that you spoke at an RSNA is very rewarding. CAMRT provides this opportunity through the ASRT @ RSNA exchange program. See <http://www.camrt.ca/mrt-profession/professional-recognition/>.

# Where Worlds Collide between Radiation Therapy and MRI Technology

Submitted by *Jessy Abed, RTT, MHS*

I was fortunate to be selected to speak at RSNA in 2016 as part of the CAMRT collaboration with the ASRT (American Society of Radiologic Technologists). This imaging-focused meeting provided me with an hour-long forum to share some of the clinical research our group is involved in at the Princess Margaret Cancer Centre. My talk, "MRI Guidance for Prostate Cancer: A Radiation Therapist's Perspective," was divided into five sections:

- An overview for standard prostate cancer treatment using radiation therapy
- The concept of interventional radiation treatment and how it incorporates MRI guidance
- An overview of the MRI prostate cancer interventional program at my institute
- The tumour-targeted versus whole gland approach for prostate radiation therapy
- An overview of our newest innovation, the MRgRT (Magnetic Resonance Guided Radiation Therapy) Suite

The crux of the presentation was to emphasize the importance of MRI guidance in interventional prostate brachytherapy (internal) radiation. The concept of interventional radiation treatment was adapted from our radiology colleagues, as the need for an increase in focused delivery of dose to the prostate called for the use of in-room guidance to allow for target dose escalation. MRI imaging allows for better delineation of anatomic structures with excellent soft tissue contrast. Therefore, implementing MRI guidance into the process would provide a treatment option that provides better visualization of areas with high tumour burden, allow for better dose escalation and, at the same time, minimize the dose to organs at risk.

A number of our clinical trials investigated the use of MRI guidance for prostate brachytherapy, including our "Target" trial. Evidence shows high rates of recurrence for prostate cancer despite improvements with treatment

For more information on the MRgRT suite, please refer to the following publication: *Jaffray, D., Carlone, M., Milosevic, M. et al. A Facility for Magnetic Resonance-Guided Radiation Therapy. Semin Radiat Oncol 24:193-195, 2014.*

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**"...the MRI scanner is housed in the centre of the space and travels on rails into the brachytherapy suite on one side and the external beam treatment room (linac) on the other side..."**

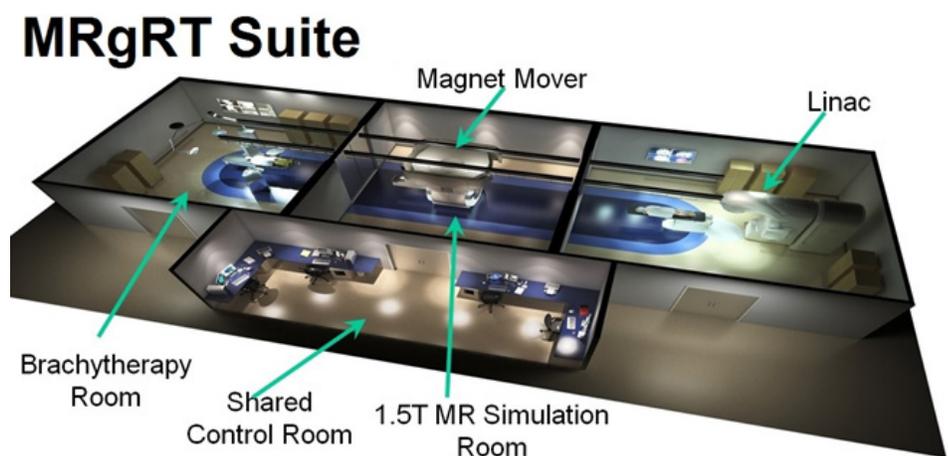
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delivery and a decrease in treatment-related toxicities, so there is motivation to improve local control. One of the approaches for doing so is by increasing the dose to the gross tumour volume (GTV), which is our tumour-targeted approach. The standard for this site is the whole-gland approach. By providing the sensitivity of various MRI sequences coupled with MRI-guided biopsies, there will be a higher performance in defining these GTV targets.

Our MRgRT suite affords us the opportunity to provide MRI guidance for treatment, as the MRI scanner is housed in the centre of the space and travels on rails into the brachytherapy suite on one side and the external beam treatment room (linac) on the other side of the MRI suite.

Our brachytherapy program for prostate treatment continues to see patients and, in the coming months, we will commence external beam treatments using MRI guidance for a number of sites, including prostate.

I am grateful that I had the opportunity to share this exciting role that MRI has within the realm of radiation therapy. I feel honoured to have represented our profession as well as my institute to a large MRI and radiology audience. Both before and as a result of my presentation, I had the pleasure of meeting other allied professionals who were keen to learn more about what my group was doing and to share their work in their respective fields and institutes.



As I have learned from my research role, sometimes we attempt to reinvent the wheel; but, if we talk to other healthcare professionals, we realize we can often indirectly incorporate their models or concepts into ours. One of the other highlights of the conference for me was spending hours exploring the various vendors and understanding what their products do and how it could relate to radiation therapy. Our profession is constantly evolving, which provides a number of exciting new opportunities—but even more so, allows for improved patient outcomes and quality of care. I am proud to be a radiation therapist and look forward to the future of our profession.



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# A New Graduate's Experience at the 19th ISRRT World Congress



*Submitted by Ikken Aisin RTR, BSc*

During the 19th International Society of Radiographers and Radiological Technologists (ISRRT) World Congress in Seoul, Korea this past October, I presented my literature review, "The Diagnostic Value of CT and MRI on Detecting Peripheral and Central Vertigo." CAMRT CEO François Couillard and President Karren Fader were very supportive and attended my presentation.

The purpose of my research was to compare the accurate rate of CT and MRI, and to discuss the relevant clinical applications. Initially, the idea of researching this topic came from a personal experience of a vertigo episode. When choosing an imaging modality for diagnosis, the ER physician and the radiologist had different opinions, so I started looking for more information to gain a better understanding of vertigo. With a literature search, I found that MRI was proven to have overall higher accuracy in detecting both peripheral and central vertigo. Currently, CT is the first choice modality in clinical practice. However, some patients may need MRI if findings from the CT are inconclusive. To save unnecessary radiation and healthcare costs, a physician has a great responsibility when selecting the right

imaging modality for the right patient. In addition, because central and peripheral vertigo present with different clinical signs, knowing the differences is the key to making diagnosis more efficiently. The paper can be found on the BCAMRT website or my personal website (<http://ikkenaisin.wixsite.com/home>).

Among the many amazing sessions I attended, I especially enjoyed "Global Look at Justification and Optimization" presented by Donna Newman, the ISRRT Director of Professional Practice. According to Newman, as the last professionals to see the patients before imaging, MRTs have a responsibility to justify and optimize the radiation dose being delivered. In the didactic portion of my education, radiation safety was emphasized in every subject and class. However, during my clinical practice, I have observed that many of the healthcare professionals are so focused on performing procedures that some of us overlook the justification of prescribing radiation to our patients. For instance, portables are ordered for inpatients that are capable of getting to the imaging department; duplicate x-rays may be performed if patient history isn't checked; and patients who receive regular imaging tests are not always monitored for accumulated dose. I absolutely agree that we need to follow ALARA principle, and I think it is our duty to foster good communication to ensure other professionals practice safe and knowledgeable use of radiation as well.

There is still significant room for improvement in safety practice. At ISRRT I was encouraged to speak with manufacturers and companies who are making progress to facilitate safety practice—many that I have met at the conference are building radiation-reduction features into their equipment, and some of the PACS vendors now have web-based radiation dose management systems to analyze and monitor dose data for each patient.

As a new MRT, I am comfortable working in general x-ray. I have come to realize that there are areas that I still need to improve; for instance, operating room (OR) work and fluoroscopy. I believe devoted practice in these areas is crucial to help one to become proficient, but clinical training at these specialties sometimes can be less accessible. However, at ISRRT I found out that virtual reality technology could be a solution to these problems—I stopped by the VR booth and simulated a pelvis x-ray. What a great alternative option for practicing positioning, and possibly saving some time waiting for an available x-ray lab!



In addition to attending great sessions, exploring the ISRRT tradeshow, and presenting my research, I was invited to tour a major medical facility in Korea—the Samsung Medical Center—which provided me an opportunity to observe how medical professionals manage their stressful workload in a complex environment. Attending a conference like this right after graduation was absolutely eye-opening for me. Thanks to the British Columbia Institute of Technology, I was privileged to go on this trip with full sponsorship.

The 20th ISRRT conference will be held in Trinidad and Tobago in 2018. I certainly look forward to attending this type of conference again!

# Creating a CTSIM course



*In our last issue, we profiled Rob Gamberg, a long-time volunteer and educator who was instrumental in the creation and maintenance of CAMRT's series of computed tomography (CT) courses. For this issue we spoke to another pioneering member of the CTIC committee, Tammy Currie, to hear about the radiation therapy perspective.*

## **How and when did you first start volunteering for the CAMRT?**

I remember getting a call one day from Rob Gamberg—I was at work—and he asked me to be part of the initial discussions with CAMRT about a CT Specialty Certificate. That was in about 2000 I believe, and of course I had to say yes, and we were off on a fantastic journey. What a great opportunity to have radiation therapy involved right from the beginning in a CT Specialty Certificate! We starting meeting shortly after, and completed the initial groundwork for what is now the CT Specialty Certificate. The group is still going strong—I finished my last term with this group this year and have left the Radiation Therapy portion in very capable hands. It has been an amazing learning experience, the CAMRT team has been very supportive and of course I have had the opportunity to meet and get to know some fantastic people that have been part of this group over the years, especially Rob!

## **When the CT1 course was first offered in 1996, the committee was surprised at the level of interest from radiation therapists. This is when you were asked to create a CTSIM component – how did you and the committee go about creating this course?**

Yes, the interest from radiation therapists did take the CAMRT by surprise! CT Simulators, at that time, were becoming very common in radiation therapy departments and most of the therapists had minimal, if any, CT education as part of their initial certification / education. When the group started to meet to discuss the specialty certificate, it soon became apparent that we needed something more specifically for radiation therapists. CAMRT offered me the opportunity to create a CT Simulator Quick Self Study course, as well as add some radiation therapy-specific content to Rob's existing courses.

## **In our interview with Rob, he mentioned you were "indefatigable" – can you tell us how this attitude has served you as a volunteer and in practice?**

Not sure I have ever been described as "indefatigable" before! CAMRT does great work and treats its volunteers very well; and, along with a purpose, goal and an extremely interesting topic, it was not hard to keep the energy level high within the group.

Rob has been great to work with—we made quite a team!

I am at my best when I am learning and busy; as a volunteer and in my career in radiation therapy, which is a fast paced ever changing and advancing profession, I have been very fortunate to have had that exact opportunity—constantly increasing my knowledge and skills and to be able to feel like I have made a worthwhile contribution to both.

## **What do you see as the future for radiation therapists and CT education?**

CT education is part of the core curriculum for radiation therapists and is now part of our everyday practice. There are still advances in CT technology, such as cone beam CTs on linear accelerators that will always keep the radiation therapist community looking for more learning opportunities! Therapists are still taking the courses and still doing the Specialty Certificate and I don't think that will ever slow down!

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# Continuing Professional Development Highlights

## QUICK SELF STUDIES NOW AVAILABLE

### PET/CT Guided Interventions

#### 3.0 Credit Hours—Category A Credit

This quick self-study introduces the learner to alternative uses of this hybrid technology for PET/CT guided biopsies and PET/CT guided radiation therapy. The benefits, limitations and challenges of each intervention are explored, case studies are presented to demonstrate clinical relevance, and the impact on patient treatment and care is discussed.

The quick self-study concludes with a brief discussion of potential use of PET/CT-guided interventions in the future.

This course is appropriate for any healthcare professional looking to expand their knowledge in innovative applications of hybrid modalities.



### Stroke and CT Perfusion

#### 3.0 Credit Hours—Category A Credit

Stroke is a serious health issue that affects thousands of Canadians and is the second leading cause of death in the world. Thanks to advances in diagnosis and treatments, survival rates for stroke patients over the past decade have significantly improved. Since the decision

to treat stroke is largely influenced on the basis of imaging, this quick self-study will focus on the role of CT in acute stroke.

This course will include a discussion on types of stroke, recognizing them on non-enhanced CT, the role of CT

angiography and an explanation of CT perfusion. The role of CT perfusion for indications outside of acute stroke will also be explored.



### Cardiac CT – UPDATED AND REVISED

#### Credit Hours—Category A Credit TBD

In the era of multi-detector, multi-slice, ultra-fast CT units, cardiac CT now plays a central role in multi-modality imaging of heart disease alongside echocardiography, coronary catheterization, nuclear medicine and MRI. As lower radiation doses are

routine, it is also a vital screening tool in the diagnosis and prevention of heart disease.

This quick self-study is a practical learning module for the advanced procedure of cardiac CT. Discussed

in detail are: when cardiac CT is the test of choice and why, understanding the complex 3D anatomy of the heart, reconstruction and imagine planes and optimizing patient preparation and imaging protocols to competently perform cardiac CT.

## QUICK SELF STUDIES IN DEVELOPMENT

\*The Life Cycle of the Breast

\*Stereotactic Ablative Radiotherapy

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

## FULL LENGTH COURSES COMING SOON

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### PET/MR

#### Credit Hours—Category A Credit TBD

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Innovations in medical imaging can have a significant impact on patient care, treatment, and prognosis. One of the newest diagnostic modalities being explored by clinicians is PET/MR imaging. There are significant challenges in combining these two technologies, whether it is fusion and co-registration of previously acquired images, or true sequential and hybridized imaging using a PET/MR scanner. It is a complicated area since one modality requires high-energy radiation while the other

modality is based on magnetics; each component has its unique requirements and instrumentation, which need to be considered in department design, patient safety, and workflow.

This full-length course will introduce learners to this exciting modality that is beginning to establish a role in clinical research and patient care. Like PET/CT, PET/MR combines the strengths of PET imaging with the strengths of MRI – sensitive functional information

combined with highly-detailed anatomical information. This course will be particularly useful to MRTs who are cross-trained in nuclear medicine/PET and MRI, but will be comprehensive enough for all CAMRT members who have an interest in advanced medical imaging technologies. No prerequisites are required, and links will be provided for case studies discussed in the course contents.

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### An Introduction to Research

#### Credit Hours—Category A Credit TBD

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Have you ever wanted to perform research in your field, but been unsure where to start and how to finish? Research does not have to be daunting; it is just a matter of following a step by step process to help it make sense!

This course is an introduction to research for allied health professionals. It explains why research is important in allied health and details different types of research. It provides a basic understanding of research principles, designs and processes, enabling the beginning researcher to design a simple research study from start to finish, and apply the results to improving clinical practice. After course completion, health

professionals will be able to focus their research, whether of a quantitative or qualitative type, develop a hypothesis or aim statement, and design data collection and data analysis strategies for the specific types of research studies. They will also be provided with the knowledge to perform a literature review and critically review published research articles for validity, reliability and bias; skills useful for performing research and for evaluating the quality of research studies that are available in professional journals. Ethical concerns in research and the use of research ethics boards will be discussed. Health professionals will learn how to compile results from acquired research data sets and derive

conclusions. Dissemination techniques, such as how to write up research for scientific journal publication, conference presentation, or in poster format, will also be reviewed. Financial support is an integral component of research; approaches to funding will also be included in the course.

If you are interested in conducting research or simply want to know more about the research process, start by taking this continuing education, credit approved Introduction to Research course, and you will be able to utilize the research process with confidence.

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

# Changes in Interventional Radiology Courses & Dosimetry Certificate



## New

### **Prerequisite for Interventional Radiology 1 Course**

**Effective Winter 2018** a PREREQUISITE challenge exam in vascular anatomy will be required by **all candidates** prior to taking the Interventional Radiology 1 course. This vascular anatomy exam will become a mandatory requirement to Interventional Radiology 1 due to a major revision where the anatomy content has been greatly reduced, more pathology added as well as the addition of the role of the IR technologist.

**Therefore, anyone planning to take Interventional Radiology 1 in Winter 2018 must register for and complete this prerequisite exam in Fall 2017.**

At that time, candidates interested in taking Interventional Radiology 1 will have to register for and successfully complete a multiple choice exam testing their knowledge of the complexities of

the human vasculature. A minimum pass mark of 75% will be required and candidates will have two additional attempts within a two-year timeframe to rewrite the exam (if necessary).

A **Preparation Guide** providing guidance for studying and information about the exam will be provided upon registration to assist with this self-directed study. Educational materials and electronic resources will also be provided. Upon completion, candidates will be able to identify, describe, label, and list all relevant human vasculature and relate this knowledge to the further study in interventional radiology.

The goal of this exam is to assess candidates' knowledge of vascular anatomy of organ systems, and describe blood flow as it relates to both arterial and venous circulation.

### **Changes in Dosimetry Certificate**

Dosimetry 1 (or equivalent) will continue to be the prerequisite for Dosimetry 2. Effective Fall 2017, all candidates wishing to obtain the Dosimetry Certificate (CDC) must first successfully complete Dosimetry 2 to be eligible for the CDC registration. The 5-year timeline allowed to complete all certificate program requirements will then begin with the successful completion of Dosimetry 2. Following completion of Dosimetry 2, candidates can register for the certificate program and work on the SCC and simultaneously take Dosimetry 3.

This change in eligibility will allow the candidate more time to focus on the clinical components, which include a Summary of Clinical Competence and a Research Project. For more information, contact [specialtycertificates@camrt.ca](mailto:specialtycertificates@camrt.ca).

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# News from the JMIRS

## JMIRS Patient Experience Issue Now Available!

Check out the latest edition of the [Journal of Medical Imaging and Radiation Sciences](#) – this special “Patient Experience” issue includes a lovely winning cover image from University of Alberta radiation therapy student, **Mai Vo** (pictured below). This issue was compiled with help from our Guest Editor, **Angela Turner, RTT, BA, MHSc**, from Sunnybrook Health Sciences Centre, who contributed an editorial on person-centered care. Be sure to read the feature article “Cancer, from the other side” by **Janice Wilson, RTT**, who describes her experiences undergoing cancer treatment.

We want to hear your thoughts on this issue, and on the topic of “the Patient Experience” in general – please send your comments to the Managing Editor at [editor@camrt.ca](mailto:editor@camrt.ca), to be published in a subsequent edition.

## JMIRS Call for Papers for 2017

The topic for our next special issue is **Image Guided Therapy**—we will be targeting articles from multi-disciplinary perspectives from all over the globe. Please send your ideas or questions to Carly at [editor@camrt.ca](mailto:editor@camrt.ca). Final papers will be due by **May 1, 2017**, to be submitted through the journal’s online system.

## Interested in volunteering as a peer reviewer?

The JMIRS is always recruiting interested volunteers to participate in the peer review process. Contact [editor@camrt.ca](mailto:editor@camrt.ca) with an expression of interest and we will create your account! You get to read the latest papers in your area of expertise and practice your critical review skills. After each completed review, the peer reviewer receives educational credit letters that can be applied to your provincial CPD program. New to research? We are happy to start you off slowly and pair you with experienced reviewers for your first review. We recently published a guide for new and experienced reviewers alike, [Systematically Reviewing a Journal Manuscript: A Guideline for Health Reviewers](#) – be sure to check it out for tips!

## Apply for a CAMRT Research Grant!

Fostering research and publication through education and funding is a key activity in support of the CAMRT’s commitment to promotion of professionalism. CAMRT annually awards a research grant of up to \$5,000 for original research related to the medical radiation sciences. **The deadline for applications is April 1, 2017.** See the [CAMRT website](#) for more information.

In addition to an annual research grant, the CAMRT Foundation also offers several educational grant opportunities. Check out [the website](#) for application information!

## Join the international Twitter journal club (#MedRadJClub)!

The group posts one (open access) article a month for discussion, chosen on rotation from the three relevant professional journals (Canada’s *Journal of Medical Imaging and Radiation Sciences*, Australia’s *Journal of Medical Radiation Sciences* and the UK’s *Radiography*). The article authors are invited to join the chat, moderated by a subject expert. For more information, guest blogs, past chats and a “how to tweet” primer visit the [#MedRadJClub WordPress site](#).



# Announcements



## Notice of Meeting- 75th Annual General Meeting

The 75th Annual General Meeting (AGM) of the Canadian Association of Medical Radiation Technologists will be held at the Westin Hotel, Provinces Ballroom, Ottawa, Ontario, **Friday, April 28, 2017, 15:40 to 17:10.**

[Find out more](#)

## Advertise in the CAMRT News!

Published quarterly, the CAMRT Newsletter is a benefit of membership. It is the window on the profession of medical radiation technology in Canada. Interested in advertising in the CAMRT News? Contact us today: [jmcgregor@camrt.ca](mailto:jmcgregor@camrt.ca).

View our new [2017 Media Kit](#)

## Update Your Membership Information

You can help us to ensure our records are up-to-date by updating your contact information online. This includes name, e-mail, and address changes, as well as publication preferences.

Do you prefer to receive a hard copy of the newsletter or simply get a notification when it is available online?

Let us know! Questions? Contact us at [CAMRT-ACTRM@camrt.ca](mailto:CAMRT-ACTRM@camrt.ca).

## New Career Opportunity with CAMRT! Director of Education

We are getting a start on the search for CAMRT's next Director of Education to lead our entry-to-practice certification and continuing professional development programs during what will be a particularly dynamic period – **could that person be you?**

Find out [more!](#)

## Story Idea? Topics to Cover?

It is our goal to bring you more member-focused stories and relevant articles from across the country to keep you up-to-date on issues and developments across the profession. Do you have a story idea or a topic you would like us to write about? Do you know someone who would make a great profile story? We welcome your feedback and suggestions. Please email us at [jmcgregor@camrt.ca](mailto:jmcgregor@camrt.ca)

## ISRRT Chesney Research Award – Call for Grant Application 2017

Starting 2017 to commemorate the Chesney sisters who left in their will a legacy to ISRRT we will name the ISRRT Research Award as the ISRRT Chesney Research Award. **Deadline: 30 April 2017.** Full details of the Research Award Guidelines and application form can be downloaded from the ISRRT website: [www.isrrt.org](http://www.isrrt.org).

## Apply now for CAMRT Foundation Scholarship and Grants!

**Deadline: April 1, 2017**

[William Doern Leaders of Tomorrow Scholarship](#)

[CAMRT Foundation Grant Application](#)

## Submit your entries to the CAMRT Competitive Awards – Essay & Exhibit

**Deadline: 15 February 2017**

[Submit Now!](#)



## Attention Ontario MRTs- Apply now for an AHPDF education grant!

Allied Health Professional Development Fund, is now accepting applications for [education grants](#) for professional development activities completed between **April 1, 2016 and March 31, 2017.**

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October 7<sup>th</sup> in Montreal, QC:  
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