



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

70 YEARS I ANS
1942-2012

CAMRT news

2013

Volume 31; Issue 1



Join us in St. John's for the
2013 CAMRT Annual
General Conference
Registration Brochure Inside

Publication Mail Agreement
No. 40068990
Return undeliverable Canadian
Addresses to Circulation Department

**Canadian Association of
Medical Radiation Technologists**
1000-85 Albert Street
Ottawa Ontario K1P 6A4
Tel: (613) 234-0012 or 1-800-463-9729
Fax: (613) 234-1097
www.camrt.ca



Eckert & Ziegler
Isotope Products



ProKem
Proprietary Chemistry
Unique Purification & Process
Patented Protection Processes
Mark Downer Co-67 in Uniform Source
Better Quality Control



WA JOHNSON
Instruments

Digital
Auto-Ranging



Tracerco



Rugged, waterproof
Computer Integrated
Dosimeter

Survey Meters

& Dosimetry

President/Chair of the Board
Amanda Bolderston, RTT, FCAMRT

President-Elect
Deborah Murley, RTR

Vice President/Alberta
Wendy Martin-Gutjahr, RTR

Secretary-Treasurer/ Manitoba
Brenda Badiuk, RTNM

British Columbia
Kelly Nystedt, RTT

Saskatchewan
Karen Davis, RTT

Ontario
Robin C. Hesler, RTR

Québec
Micheline Jette, t.e.m.n.

New Brunswick
Julie Cyr, RTR

Nova Scotia
Carol-Anne Davis, RTT, ACT

Prince Edward Island
T. Gailyne MacPherson, RTR, ACR

Newfoundland & Labrador
Dorothy Anne Bennett, RTR

Member-at-Large
Patricia Munro, RTNM

Member-at-Large
Kimberley Krueger, RTMR

Page 4 President's Message

Page 5 CAMRT Names New CEO
Focus on Inclusion and Diversity at CAMRT

Page 6 Leadership Development Institute

Page 7 A Day in the Life of a Nuclear Medicine Technologist

Page 8 Leadership Profile: MP Pat Davidson

Page 9 Making Imaging Mobile

Page 10 Including Frontline Radiation Therapists in the Future of Professional Radiation Therapy

Page 11 2013 Annual General Conference Registration Brochure

Page 15 PLI Corner

Page 16 Patient's Rights: What Are They and How Can We Meet Them?

Page 18 Manuscript, Schmanuscript: One MRT's Journey to Publication

Page 19 Hire Me!

Page 20 Cross-Country Check-Up

Page 21 Announcements



Leaders in the Making: a recap of CAMRT's Leadership Development Institute, page 6.



Congratulations to the BCIT radiation therapy students (the Accelerators!) and their friends who won the post-secondary team challenge in this year's CIBC Run for the Cure. More provincial highlights can be found on page 16.

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

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

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

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



On the cover: Photo courtesy of Destination St. John's, <http://destinationstjohns.com/>

DISCLAIMERS:

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

Advertising: Although all advertising material is expected to conform to ethical (medical standards), inclusion in this publication does not constitute a guarantee or endorsement of the quality or value of such product or of the claims made of it by its manufacturer.

PRESIDENT'S MESSAGE

Amanda Bolderston, RTT, FCAMRT



As a CAMRT member you have invested wisely by joining an association that delivers an impressive package of member benefits. These include a robust PLI program, special member pricing on high quality continuing education programs, informative publications that deliver news, points of view, and leading edge research to your desktop or your doorstep, to name just a few. Have you ever considered that the return on this investment, over and above the direct benefits listed, is the opportunity to personally contribute to the advancement of your profession? Your support of CAMRT also ensures that our association can undertake important, strategic initiatives that address current and future practice, and that raise our profession's profile on the national and international stage. Let's consider the latter, which we generally refer to as advocacy.

Over the past decade, the CAMRT leadership has increasingly focused its strategic thinking on the role that our organization plays as the national voice of the profession. Our vision of one voice, speaking for 12,000 multidisciplinary professionals on issues that are as diverse as the membership is a powerful one... and presents a significant challenge. Getting our messages across to governments, to our colleagues in other healthcare professions and to our patients effectively, however, is not exclusively the responsibility of the board and staff. Every member can contribute as an advocate for CAMRT and for our profession.



There are several pillars to our advocacy platform, and each offers an opportunity for member engagement. Take government relations as an example. During MRT Week this year, CAMRT was successful in securing an appointment with Dr. Colin Carrie, MP for Oshawa and parliamentary secretary to Health Minister Leona Aglukkaq. A team of staff and members was assembled to attend the meeting and to provide Dr.

Carrie with insight into the health policy issues that matter to MRTs - and to encourage him to join the weeklong celebration of our profession by presenting him with a MRT week kit. Mark Given, Director of Professional Practice and Elaine Dever, Director of Education are the two MRTs on the CAMRT staff team; they were joined by Andre Patry, a radiation therapist from the Ottawa Cancer Centre and Danielle Cardinal, a student in the Algonquin College Medical Radiation Technologist program, pictured above. Dr. Carrie, a chiropractor by profession, was welcoming and well prepared, and had blocked a full hour to cover a lengthy list of questions on topics ranging from appropriate imaging and interprofessional teams to clinical placement shortages and the employment picture for new graduates. Thanks to the articulately crafted responses of the MRTs in attendance, the meeting closed on a very positive note, including an invitation to return with ideas

about how we can work with Dr. Carrie and the federal government to address issues together. We assured him we will be back.

The Image of Care rebranding campaign is another advocacy pillar. We are seeing the emergence of brand champions in every corner of Canada, and you could be one. There are simple things you can do every day, like using the "NOD" approach, telling patients your Name, Occupation and what you are going to Do, referencing the imageofcare.ca website in your email signature line, and incorporating the Image of Care graphics and messages into your workplace communications. Or you can take it a step further, seeking out opportunities to raise your profession's profile through news articles or delivering presentations about MRT's essential role in the healthcare system to other professions. The more ways we share our brand promise, the more likely our brand will achieve the recognition our profession deserves.

One ambitious component of our strategic plan is the recognition of CAMRT as the authoritative voice that is sought after for expert commentary on relevant issues by stakeholders. I am happy to report this is an area where we continue to make good progress. In the last year, we have worked with members of the imaging team to co-author and publish a paper on Appropriate Use of Medical Imaging in Canada, and to address the issues outlined in the paper with Senators and MPs, as well as the media. We were encouraged by senior government officials to contribute to the work of the Healthcare Innovation Working Group of the Council of the Federation on appropriate imaging. This work is now well underway. We are regularly invited to review and comment on studies and white papers developed by the Canadian Association of Radiologists (CAR) and are currently involved in development of a functionally integrated continuum of care for Canada, led by the Canadian Nurses Association, the Canadian Medical Association and The Health Action Lobby. All of these activities involve input from members with the expertise to address emerging policy and practice issues. This is an important and vital area for direct member input so please be ready to respond if we call on you.

Our advocacy program doesn't fit neatly into your wallet the way your Mark's card for discounts on scrubs does... but it is a significant member benefit. Thank you for helping to make things happen.

Amanda

CAMRT NAMES NEW CEO

The Canadian Association of Medical Radiation Technologists (CAMRT) is pleased to announce the appointment of François Couillard, as its new Chief Executive Officer (CEO), effective February 4, 2013.

“François has the perfect combination of leadership experience and expertise in strategy development and execution to help shape the future of our organization,” says Amanda Bolderston, President and Chair of the CAMRT Board of Directors. “His history of success in stakeholder outreach and engagement, coupled with his understanding of the medical imaging industry, will be a great asset to CAMRT as we advance our strategic goals to strengthen the voice of the medical radiation technology profession and prepare members to practice in an evolving health care system that rapidly changes.”

Prior to accepting the position with CAMRT, Mr. Couillard served as President of Strategies & Direction Consultants, a consulting company he established in 2010. Before establishing his consulting practice, his career encompassed 25 years of achievements in healthcare, including nine years at MDS Nordion focused specifically in imaging and radiation therapy. He offers a breadth of experience leading large and complex non-profit organizations, having served as Chief Operating Officer of both the Canadian Red Cross and VON Canada. This is complimented by extensive marketing experience in the healthcare field in Canada and Europe, and in advising clients on communication and strategic positioning challenges in his consultation practice. Mr. Couillard

is a Certified Management Consultant, and holds an MBA in Marketing, International Business from McGill University. He also holds a Bachelor of Engineering (Chemical Engineering) from the Université du Sherbrooke.

Mr. Couillard enjoys working with communities of interest on high stakes issues. He has served on numerous advisory councils and boards, including Canada’s Advisory Council on National Security, Europe’s Association of Imaging Producers and Equipment Suppliers (AIPES) and the Canada-Belgium Committee. He currently serves as the Vice President of the board of the Ottawa Community Immigrant Service Organization, and on the advisory council of Hub Ottawa, a social innovation working space.

Mr. Couillard replaces Chuck Shields, who left CAMRT in August to serve as the first executive director of the U.S. based International Urogyneology Association.

The Canadian Association of Medical Radiation Technologists (CAMRT) is the national professional association for radiological, nuclear medicine and magnetic resonance imaging technologists and radiation therapists. CAMRT offers a suite of programs that advance the profession. These include certification, continuing professional development opportunities, publication of a journal, strengthening professional practice as well as advocacy to promote the effective contribution of MRTs in healthcare. Founded in 1942, CAMRT serves over 12,000 members. Find out more at www.camrt.ca.



THE FOCUS ON INCLUSION AND DIVERSITY AT CAMRT

(Developed through the Inclusion and Diversity session held at the Annual General Conference, June 9, 2012 with input from the CAMRT Board of Directors)

The CAMRT has over 12,000 members from coast to coast and from a wide array of backgrounds and personal orientations. What members all have in common is that they are the very image of care as they serve the public in the fields of medical diagnostic and therapeutic technologies.

The CAMRT inclusion and diversity initiative celebrates the individual differences among members and encourages them to learn the importance of, promote, internalize and act on the various dimensions of diversity both in working with their colleagues and in their professional activities. These aspects of diversity include culture, religion, politics, sexual orientation, ethnicity, race, gender, creed, language, socio-economic status, discipline and age.

The CAMRT respects the diversity of its members and stakeholders, and in an effort to maximize inclusion and celebrate our diversity, we will actively encourage an inclusive culture within our association.

This definition can be found online at: <http://www.camrt.ca/aboutcamrt/camrtvisionvaluesandmission/inclusionanddiversity/>.

2012 LEADERSHIP DEVELOPMENT INSTITUTE

by Sabrina Forth, MRT (NM)

The Leadership Development Institute (LDI) is a wonderful experience for those medical radiation technologists (MRTs) who play a leadership role in their workplace, take on daily tasks involving leadership, those who would love to learn more about the role of a leader, and/or those who would like to enhance their leadership skills. The definition of a leader is someone who takes on the role of showing others proper technique and who directs others in a selfless manner. To develop leadership is a great skill, helping you to increase your team cooperation, efficiency, and motivation. It can help you to become a better, more understanding person as a manager, supervisor, and/or co-worker.



It was so nice to meet people not only in your specific field of practice, but also meeting techs from different fields. There were 14 participants, including myself, who attended this year. We were involved in many group activities, and after the first day I felt like we were one big happy family. Not only did we have a wonderful time inside the meeting room learning about leadership skills, but we also had a great time together on breaks and on our group outings, such as the Haunted Ottawa Tour we all attended.

"I came away from the LDI with a new network of MRTs I can relate to and further communicate with when I need help or advice, and a new group of friends. The personal growth that I developed being a part of this amazing experience will not only help in my professional career but also in my personal life. I strongly recommend attending the LDI, and if you have applied in the past and were not selected...apply again! The experience is well worth it!"

—Jenna Bruderer, RTR, CTIC

The 2012 LDI was held in Ottawa, Ontario, at the Sheraton Ottawa Hotel. It was a three-day program filled with a lot of key information such as learning about personality dimensions, knowledge about how we as adults learn and the different learning styles, how to facilitate a good staff meeting in the workplace, how to better communicate, and learning how to coach others as a leader. Sylvie Lapointe of L2 Emergence facilitated the LDI. She is one of the most wonderful, enthusiastic presenters I have ever met. Her bubbly personality and personal stories made me feel very welcome and intrigued. Amanda Bolderston (President), Mark Given (Director of Professional Practice), Shaely Williams (Manager, Member Relations), and Phyllis Williams (Coordinator, Professional Practice) are the CAMRT members who we, as participants, had the chance to meet and who made the LDI possible. These members also shared their experiences, talked about the CAMRT, and provided information on CAMRT volunteer opportunities.

"The LDI for me was a journey to remember which provided me with tools, competence, capability, and confidence to stay on my game and strive towards excellence. The LDI allowed me to celebrate each participant's achievements, which bred positivity in me. I was inspired by all the MRTs in the room, each one of them have shown leadership in their respective roles; whether it is at the hospital or clinic they work at or at the provincial association they volunteer for. This made me more passionate about my profession and an even more vibrant individual."

—Komal Mazhar BSc, MRT(N)

The LDI not only taught me how to further my leadership skills, but it also taught me a lot about who I am. I learned why individuals might act and think the way they do. I also learned to accept that we are all different in the way we handle certain situations. For example, in high school some of your classmates may have been a bit quiet, never answering when the teacher asked questions to the class. This may not have been because they were shy or disinterested in the subject, but could have been because they needed more time than others to process their thoughts. We are all very different and some people are quick on their feet to respond, while others need time and a quiet environment to gather information before making a statement. Going through the different personality types taught me lots about others and their perspectives. Learning Personality Dimensions was an unbelievable experience because you could really identify everyone's labeled personality types during different activities that took place each day.

"I have nothing but good things to say about this program that Mark Given created. The information throughout the three days will assist me in this stage of my career and over the next 20 years. Each one of us now has a great network of young professionals throughout Canada that I am sure will last a lifetime. Thank you."

—Anna Robinson, RTR

To apply for future LDI's, you can go to the CAMRT website and search "Leadership Development Institute". Click on the appropriate link and it will provide you with information about the event and the criteria that must be met in order to apply. Look for the call for applications in Spring 2013.

A DAY IN THE LIFE OF A NUCLEAR MEDICINE TECHNOLOGIST

Jennifer Hiltz, BSc, RTNM

Unless you or a family member has ever been treated in a nuclear medicine department, its procedures and equipment are unknown to most. And, even for many healthcare professionals, what happens behind the lead-lined doors of nuclear medicine remains a little unclear. So let's take a look at what a typical day might entail for a nuclear medicine technologist (although I hesitate to use the word typical!).



Before any patient even sets foot in the department, there are several daily tasks that are performed by the technologist. This includes the quality assurance checks on the cameras and also the production of the radiopharmaceuticals required for each test performed that day. Depending on the size of the department, these tasks could take up to an hour and may be done by more than one technologist.

Next, the patients begin to arrive. Most nuclear medicine procedures take a considerable amount of time, so our patients plan to spend a few hours in the department or even to make a second trip back later in the day. Take, for example, one of the most common procedures done in nuclear medicine – the bone scan. Performed on patients for anything from a stress fracture to staging for cancer, there are dozens of bone scans done in departments of all sizes every day. The technologist is responsible for injecting patients with a radio-labeled phosphate and then scheduling their return for imaging approximately three hours later. The imaging of these patients could include anything from planar whole body scans to SPECT/CT scans of the low back and extremities.

The addition of CT capability has added a new facet to nuclear medicine. Anyone lucky enough to work in radiology will have an appreciation of how 'unclear' some nuclear medicine images appear; but, with CT added to the standard gamma camera, we can now pinpoint exact location of uptake seen on the images by fusing CT to it. The nuclear medicine technologist is now responsible for performing non-diagnostic CT scans along with the routine images.

Equally as common as the bone scan in nuclear medicine is the myocardial perfusion stress test. Used to evaluate ischemia, the patient is injected with a radioactive tracer at rest and again at exercise, with pictures taken at both states in order to assess the blood flow to the myocardium. This procedure requires a technologist (or two) to be guiding patients through the various steps involved in this test. Some departments will dedicate a camera solely to this one type of exam in order to maximize its efficiency.

Even though these two procedures account for much of the day's workload, nuclear medicine can also perform tests to evaluate the function of any organ system by simply finding a way to get the radioactive material to that

part of the body. This can be done by injection, ingestion, or even by withdrawing the patient's blood, adding the radioactivity to it and then injecting it back into them.

So now we have a little insight into what's happening in nuclear medicine on a daily basis, but we can't forget there are inpatients and urgent cases to fit in. This is not always an easy task when you consider some of these procedures can require an hour of camera time or more. And before we can close those lead-lined doors for the night, there are a few more tasks which need to be done. A quick survey of the department to ensure we haven't left any radioactivity behind is done using a handheld survey meter, and we also perform a check to ensure our hands are free of contamination. With these tasks completed, we leave prepared to do it all again the following day – unless, of course, the pager sounds in the middle of the night!

CAMRT's Specialty Certificate in Interventional Radiology

Interventional Radiology (IR) is an evolving practice requiring the integration of theoretical, technical, and clinical skills. The environment in an interventional imaging suite requires an inter-professional, collaborative approach to practice and patient management. This is also an area of imaging and therapeutic interventions where technology is rapidly changing affecting the quality of patient outcomes. To date, little professional development has been provided in this area for technologists and therefore based on the results of a needs assessment survey of technologists from across Canada, the CAMRT has developed a specialty certificate program in interventional radiology.

This Certificate in Interventional Radiology (CIR) is intended to provide a mechanism for medical radiation technologists (MRTs) to demonstrate knowledge and competence in the field of IR, to promote standards of excellence within this clinical area, and to identify those who have met a nationally recognized standard in the practice of IR.



CIR PROGRAM

Didactic Component:

CAMRT's Interventional Radiology 1 and 2 courses

- Interventional Radiology 1 is the prerequisite for registration into the clinical component
- Interventional Radiology 2 can be taken while doing the clinical component of the specialty certificate program.

Clinical Component:

The clinical component requires:

- candidates to be practicing in IR under the supervision of a clinical advisor
- completion of a Summary of Clinical Competence in the required timeframe

For more information:

<http://www.camrt.ca/cpd/specialtycertificates/certificateininterventionalradiology/>
or specialtycertificates@camrt.ca

LEADERSHIP PROFILE: MP PAT DAVIDSON

We are pleased to continue this series of articles featuring interviews with those who have started their careers as MRTs and advanced to high-level management or leadership positions within the healthcare field. We hope these profiles will lead members to consider their options in continuing professional education and to seek out opportunities for career advancement.



MP Pat Davidson was first elected as a member of the Conservative Party of Canada to the riding of Sarnia-Lambton in 2006. Subsequently, Pat was successful in her bid for re-election in 2008 and again in 2011. She currently sits as a Member of the Standing Committee on Fisheries and Oceans as well as the Standing Committee on Access to Information, Privacy and Ethics, of which Pat is the Vice-Chair. MP Davidson previously served as the Vice-Chair of the Standing Committee on the Status of Women.

Pat also plays an active role as a regional Co-Chair of the Conservative Energy Caucus, an organization comprised of Parliamentarians committed to the study and promotion of Canadian energy-related issues.

Since she started her career in medical imaging, Pat was recently invited to participate in Medical Imaging Team Day. We took the opportunity to ask her a few questions about her past as an MRT, and what she predicts for the future of the profession.

Why did you become an MRT? I always had an interest in the medical field. My mother was an RN, and since I knew I would not have the patience for nursing, MRT seemed an interesting and exciting field.

What drew you from being an MRT into public service? I retired when my son was born (no maternity leaves in those days) and my desire to work with people drew me to public service.

What have you enjoyed most about your career path and enjoy most about your current role? There are two things that I have thoroughly enjoyed; the never-ending learning curve, and the pleasure of dealing directly with people.

Do any of the skills you learned as an MRT come into play in your role as a politician? I believe MRTs share special abilities to listen and empathize. These are invaluable skills for a politician.

There are many issues/activities that an MP can devote time to. Why did you decide to get involved with Medical Imaging Team Day this past May? I was honoured to be able to participate with Medical Imaging Team Day in May 2012. These are extremely important professions and I was proud to help promote them and tell people I had been a small part of their history.

What advice do you have for other MRTs considering transitioning into roles beyond conventional MRT practice? I believe that MRTs and any other professionals also, need to follow their hearts and do what they will be happiest at. Everyone will reap the benefits of a worker who looks forward to the challenges each day can bring—keep your minds open and active. Change can be a good thing and needs to be approached positively.

What do you think are our greatest challenges as a profession, and how can we overcome them? I believe that you have a couple of major challenges as a profession. The first is the rapid pace at which technology is changing and the impacts that has for each of you. I think the second one is the changes in today's world when it comes to funding health care—the costs of equipment and the pace at which new discoveries are made are definite challenges.

WHAT'S NEW...

AT THE JOURNAL OF MEDICAL IMAGING AND RADIATION SCIENCES (JMIRS)

JMIRS now available on your iPad

All CAMRT members can use Elsevier JournalViewer app to browse the latest issues of JMIRS. Available for both iPad and Android, this app allows users to pin favorite journals to the app homepage as well as search for, bookmark and share articles, and view abstracts, full texts and PDFs.

Special March Issue

The first issue of 2013 is a special edition focused on radiation therapy, and will be available in March. It includes abstracts from the RTi3 Conference taking place March 1-2 in Toronto. In past years, we have printed the abstracts post-conference, but this year we are pleased to include them in the issue leading up to the conference.

Editor-in-Chief Recruitment

This is a voluntary (non remunerative), three-year renewable position. There will be a six-month transition commencing July 1, 2013, and then a three-year appointment from January 1, 2014-December 31, 2016. Applicants must submit their curriculum vitae, a cover letter outlining how their experience and credentials meet the specified requirements and three references. Applications are due by **March 1, 2013**. Queries and applications may be directed to editor@camrt.ca.

MAKING IMAGING MOBILE

Mobility is changing how we play, live and work. It is even changing how medical radiation technologists do their jobs. Calgary Scientific, a Calgary-based software company, has created advanced mobilized solutions to resolve what it considers to be one of the biggest problems in health care—mobility. Its two products, Resolution MD and PureWeb, enable health-care professionals to read images on their smartphones or tablets, including primary diagnostic reads that are FDA and Health Canada cleared.

Dr. Byron Osing, the company's CEO, explains why this is significant. "Digital images are massive, and they double in size about every 18 months," he says. "Data is harder to store, manage and send. Medical IT has one of the biggest 'big data' problems of any industry sector."

The company's products resolve important issues:

1. Every person using the solution can use a different device; all the data is accessible and none of it has to be pushed out to the device.
2. Security is ensured because it eliminates the possibility of patient data being compromised if a device is lost or stolen, which also reduces liability issues.
3. Collaboration in real-time enables several or many people to view or control the data simultaneously, which can facilitate diagnosis and treatment.

A person suffering a stroke is an example the company uses to explain the efficacy of its products. When a patient suffers an acute stroke, the prognosis often rests on how quickly the person receives expert care. Using a medical application to review brain scan images on a smartphone or tablet, doctors can quickly determine how to treat the stroke patient without having to be at the hospital. This is vital given that many smaller centres or towns have scanners but no local specialists to make critical acute care diagnoses.

In a typical hospital setting, there may be one full workstation for transcribing images, and with many different vendors, systems are not interoperable. Calgary Scientific's process takes imagery from a computerized tomography (CT) scan machine, MR, or any other type of modality scanner (not mammography), or from the PACs system where an image is stored, and loads it into a companion server when requested by a physician. The information is then presented virtually to the mobile application or Web browser, where doctors can zoom in on and manipulate imagery of any kind with the full power of an advanced visualization workstation.

This is called virtualization, or cloud computing. The technical approach enables the unique, high-resolution imagery to be used in time-sensitive and daily use situations because it can be loaded much more quickly, Osing explains: "Time is not only critical in emergency situations, but saving time in daily workflow scenarios is becoming one of the biggest issues in medical IT. Time is health, but time is also cost."

Calgary Scientific develops the software and currently licenses the technology to nearly 30 global software and equipment manufacturers, including Siemens AG, Fuji Synapse, AT&T,

Dell, Allscripts and others. In the global market, there are only three or four independent players, Osing says. Partnering with larger "brand name" companies has worked because hospitals are accustomed to buying products from the larger vendors, not smaller companies. That being said, Osing remarks that he's surprised how well known the company's products are at trade shows.

"At RSNA 2012, it was pretty clear we are the recognized global leader at what we do," he explains. "We've become not only the consistent technical barrier breakers in the industry, but also the safe, known supplier of this kind of product."

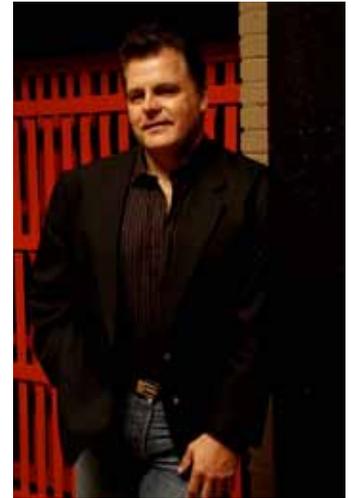
Its products are used in the US, Europe, Korea, Australia, South America and China, and have the potential to penetrate nearly every country given Calgary Scientific's global distribution partners and the software's 10 supported language options. Osing sees lots of opportunity for growth. In the US, for example, there are 7,000 hospitals with 250+ beds; in China, there are more than 80,000. Adoption has been slow in Canada, however; currently, there are no systems running. Osing attributes this to provincial purchasing practices, not a lack of desire by physicians for the product.

"We have Canadian physicians tell us their desire to use the product every day, they just can't get their hands on it," he says. That may change soon, given some RFPs recently released in Canada that the company's partners stand a good chance of winning.

Osing sees a bright future for the company; they now have 30 OEM and reseller partners. By the end of 2013, they envision transitioning from focusing on medical imaging to becoming a healthcare interactive enterprise (HEI) as the technology evolves from being able to locate and access across geography mainly imaging systems, and begins to support EMR, labs and other file types.

"The daily focus, though, is to continue to build a good company," Osing says.

For more information, visit www.calgaryscientific.com.



INCLUDING FRONTLINE RADIATION THERAPISTS IN THE FUTURE OF PROFESSIONAL RADIATION THERAPY

by Christine Baillie, B.Sc., M.H.S., RTT

Radiation therapy is a fast-changing, technology-driven profession. However, it is not immune to the skill degradation that many health occupations face as a result of technological advancement. New treatment modalities and complex treatment plans have changed the face of radiation therapy – making the overall treatment more complicated, but reducing the direct input of the therapist at the treatment unit into the technical aspects of the patient's care.

In recent years, the discussion of practice issues and development of the profession has focused on research scholarship and advanced practice. These activities support the professional status of radiation therapy, and provide opportunities for advancement and personal challenge for individual radiation therapists. While such initiatives have many positive outcomes for both the profession and individual members, current discourse on advancing the profession often leaves out an important demographic: the frontline or "general practice" radiation therapist.

An unintended consequence of current professional development initiatives may be a shift of status, respect, and career satisfaction away from the radiation therapist at the treatment unit. There is evidence that our nursing colleagues experienced these growing pains in their transition to academic and advanced professional practice, with the result that advanced roles were viewed as an escape from the "menial" role of bedside nursing. To avoid a similar outcome, our efforts to develop a profession that moves forward en masse must include a frank discussion about the changing role of the frontline radiation therapist. How can this role be both respected and enhanced for the benefit of individual radiation therapists, our profession, and our patients?

Many individuals and organizations recognize the need to fill the voids that have been left in radiation therapy practice, and have assigned new or expanded tasks to the radiation therapist. The next step is to address this at a higher level: creating a more cohesive direction for general practice radiation therapy by incorporating solutions into national dialogue and academic discourse. One challenge is to introduce tasks that constitute new professional skills, rather than focusing on new software and hardware related skills that are not specific to our body of knowledge in radiation therapy.

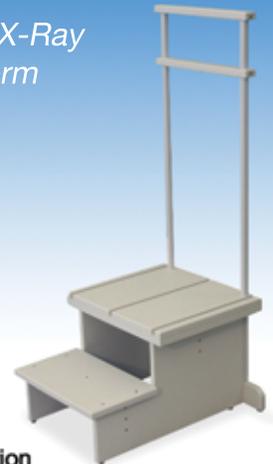
As we work to advance the profile of our profession, we must maintain respect and status for those working in all roles throughout our profession. The skills and knowledge of many of our frontline members often go undervalued and underutilized. As a result, many radiation therapists see the only option for getting ahead (recognition, professional development) as getting away: from the treatment unit, from direct patient care, or in some cases from the profession. Enriching the role of frontline radiation therapists and in turn valuing their contributions and expertise is one key to maintaining a strong, vibrant and well respected profession into the future.

"We must maintain respect and status for those working in all roles throughout our profession."

CiD clear image devices LLC X-Ray Patient Positioning & Panel Protection

1-Step, 2-Step & 3-Step X-Ray Patient Positioning Platform

- Weight-Bearing knee, feet, ankle imaging
- 450 lb weight capacity
- 3 CR panel locations
- 3rd Step Option brings platform height to 24 inches



Pedia-Poser

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



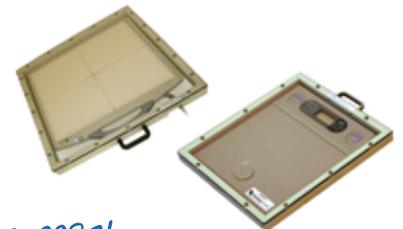
CR/DR Panel Protection

Unbreakable Polycarbonate faceplate, non-slip floor grips
Optimal positioning for standing, weight-bearing feet AP View
500lb capacity

Ultra-light DR Panel Protector



New!



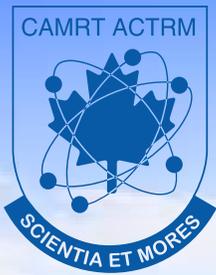
AVOID THAT \$80,000 OOPS!

Carbon Fiber construction, supports patient weight on DR panel over flexible mattress for hip, pelvis or chest X-ray of immobile or bedridden patients.

Call for 2011 Catalog!



734-645-2833 www.ClearImageDevices.com



REGISTRATION BROCHURE

Register online
and you could win
an iPad.

Details below.

Colourful Newfoundland Awaits!

71st CAMRT Annual General Conference

May 22-25, 2013

St. John's, Newfoundland and Labrador

CONFERENCE HIGHLIGHTS

- **Engage** your mind in a wide variety of relevant and innovative plenary and discipline-specific education sessions presented by leaders in the medical imaging and radiation sciences field. Consider attending the leadership or education pre-conference workshop.
- **Share** in the tradition of the Welch Memorial Lecture presented by Irene O'Brien RT(R), AC(R), BVocEd., MDE, Dean, School of Health Sciences at the College of the North Atlantic, Qatar.
- **Expand** your network and share your experience and knowledge with other MRTs from across the country.
- **Discover** the latest technologies and products at the many exhibits booths.
- Fulfill your CE credits by attending accredited educational sessions.
- **Support** the excellent work of the CAMRT Foundation at the annual Roentgen Ramble, the Foundation Raffle and the Newfoundland-style Pub Crawl.
- **Explore** the sites, shops, and culinary delights in the beautiful city of St. John's.

Have fun dining at a traditional Newfoundland Kitchen Party hosted by the Newfoundland and Labrador Association of Medical Radiation Technologists (*ticket required – spaces limited*).

Raise a glass and support the CAMRT Foundation Newfoundland style. Join the **Pub Crawl on George Street**, nationally famous for its 41 pubs and bars housed within 2 blocks (*ticket required for drinks and appetizers – spaces limited*).

Dine and dance at the annual President's Banquet and enjoy local Newfoundland fare (*ticket required*).

****REGISTER ONLINE and BEFORE APRIL 3rd to be eligible for a draw for an iPad or a CAMRT full length course****

Hosted by
the Newfoundland and Labrador Association of Medical Radiation Technologists

For more information, visit: www.camrt.ca/conferences/2013agc/

CONFERENCE INFORMATION

All education sessions, registration, and the exhibition will be held at the Delta St. John's Hotel and Conference Centre. Please visit the conference website (<http://www.camrt.ca/conferences/2013agc/>) for up-to-date program information, including registration times, speaker information, presentation titles, and objectives.

REGISTER ONLINE

Online registration will open mid-February at <http://www.camrt.ca/conferences/2013agc/>. Providing your credit card has been approved, you will immediately receive a confirmation receipt of your registration.

Early Bird Rate: on or before April 2, 2013

Regular Rate: April 3-May 1, 2013

Onsite Rate: Online/onsite registration will re-open May 22, 2013

Registration fee includes:

- Admission to the education programs, poster sessions, and exhibition
- Access to industry satellite symposia
- Copy of the final program
- *Welcome Reception
- *Pre-conference registration: buffet lunch, scheduled breaks
- *Conference registration: buffet lunch in the exhibit hall and officially scheduled breaks from Wednesday, May 23 to Saturday, May 25 (lunch not provided Saturday)

*Approximate value \$175

CONTINUING EDUCATION CREDITS

Continuing education credits (hours) will be pre-assigned to all qualifying sessions. Technologists may use these credits to fulfill any CE requirements by a professional association or regulatory body. Please refer to the online preliminary program for credit (hours) assigned to each session.

ACCOMMODATION

(cut-off date: **April 16, 2013**)

Delta St. John's Hotel and Conference Centre (\$205 - \$280)

120 New Gower Street

St. John's, Newfoundland

1-709-570-1614 / 1-888-793-3582 Tel

1-709-570-1622 Fax

djsreservations@fortisproperties.com

Please quote code **GCCAMRT0513**

AIRLINE TRAVEL

Air Canada

A 10% discount has been offered by Air Canada

Code QC9ZQXN1 (not applicable on Tango or Executive tickets).

WestJet

WestJet has offered a conference discount of 10%. Please quote **Code CC6764**.

Please call 1-888-493-7853. Discount not available for online tickets.



photo courtesy of St. John's tourism



INSTRUCTIONS:

1. Register online (payment by credit card only) from mid-February to May 1, 2013. Check online for details or complete this form and submit for processing.
2. A separate form must be completed for each registrant. Please photocopy this form if you need additional copies.
3. **Payment may be made by cheque until April 15, 2013** (cheques must be received by April 30, 2013). After April 15, 2013 payment must be made by credit card only. Forms received without payment or postmarked after May 1 will not be processed. Registration will reopen onsite May 22, 2013.
4. Your CAMRT membership for the current year must be paid in full at the time of registration in order to obtain a member rate.
5. Requests for cancellation or substitutions must be done in writing to info@camrt.ca. Refunds will be processed AFTER the conference.
 - Full refunds before April 1, 2013 less \$50 administration fee;
 - 50% refund from April 1 to May 1, 2013 less \$50 administration fee;
 - No refunds after May 1, 2013;
 - Substitutions are permitted until May 1, 2013. A \$50 administration fee must be paid at time of substitution. CAMRT will not process any refunds for substitutions.
6. From time to time, photographs of conference events will appear in promotional materials. Unless you revoke this permission in writing to the CAMRT, you agree to the use of your likeness in such materials by virtue of registering for the conference.

RETURN TO:

CAMRT

10th Floor, 85 Albert Street
Ottawa, ON K1P 6A4
Fax: 613-234-1097

REGISTER ONLINE

www.camrt.ca/conferences/2013agc/

QUESTIONS?

Call: 1-800-463-9729 OR Email: info@camrt.ca

REGISTRATION INFORMATION

Please help us keep your membership information up-to-date by completing all of the information below.

CAMRT Membership #: _____ I prefer all correspondence to go to my: Work Home

First Name: _____ Last Name: _____

Discipline/Specialty (please check all that apply):

<input type="radio"/> Radiological Technology	<input type="radio"/> CT	<input type="radio"/> Mammography
<input type="radio"/> Interventional Radiology	<input type="radio"/> Nuclear Medicine	<input type="radio"/> Magnetic Resonance
<input type="radio"/> Radiation Therapy	<input type="radio"/> Management/Leadership	<input type="radio"/> Education

Work Address

Facility Name: _____ Department: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Email: _____

Home Address

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Email: _____

BADGE INFORMATION / DELEGATE INFORMATION

First Name: _____ Last Name: _____

Primary Work Institution/Facility: _____ City: _____

SPECIAL NEEDS (Diet, accessibility, allergies, etc.):

(It is your responsibility to identify yourself to the server concerning your dietary requirements) _____

(A) CONFERENCE PROGRAM REGISTRATION (Onsite registration fees will apply after May 1)**Full Conference Registration**

(Pre-Conference Workshop and Conference) - May 22-25

	Early Bird (on or before April 2)	Regular (April 3 to May 1)	Onsite (opens May 22)	Total:
Members	\$595	\$650	\$680	_____
Members - Senior**	\$195	\$195	\$195	_____
Non-Members	\$725	\$775	\$815	_____

Please select only **ONE** concurrent workshop: Education Leadership/Management**Conference Registration - May 23-25**

	Early Bird (on or before April 2)	Regular (April 3 to May 1)	Onsite (opens May 22)	Total:
Members	\$450	\$525	\$550	_____
*Members - Students/Senior**	\$95	\$95	\$95	_____
Non-Members	\$650	\$725	\$760	_____
Institutional Pass	\$725	\$775	\$815	_____

(Organizations may purchase an Institutional Pass, which allows any one person at a time from that institution to attend the conference.)

*Student membership is free; Senior membership is only \$35.

**Senior fee: The senior fee is available to any full practice qualified member who has been a CAMRT member for 30 or more years, and/or has reached the age of 55 years, whichever occurs first and who is no longer directly or indirectly involved in the practice of the profession of medical radiation technology.

Daily Conference Registration - May 23, 24, 25

	Early Bird (on or before April 2)	Regular (April 3 to May 1)	Onsite (opens May 22)	Total:
Members	\$200	\$250	\$265	_____
Non-Members	\$300	\$345	\$360	_____

Please specify day(s) for daily registration Thursday, May 23 Friday, May 24 Saturday, May 25 (\$50 discount for Sat., May 25)**Pre-Conference Workshop Registration - May 22**

	Early Bird (on or before April 2)	Regular (April 3 to May 1)	Onsite (opens May 22)	Total:
Members	\$175	\$225	\$235	_____
Non-Members	\$350	\$395	\$415	_____

Please select only **ONE** concurrent workshop: Education Leadership/Management**(B) SOCIAL EVENTS** Tickets should be ordered in advance as a very limited quantity will be available for purchase onsite.

	Early Bird (on or before April 2)	Regular (April 3 to May 1)	#	Total:
CAMRT Foundation Pub Crawl Fundraiser (Wednesday, May 22)	\$60	\$70	_____	_____
Host Committee Event: Newfoundland Kitchen Party (Thursday, May 23)	\$65	\$75	_____	_____
President's Banquet (Friday, May 24)	\$90	\$110	_____	_____

Please select **ONE** entrée Birch-Brined Spring Chicken Duo of Atlantic Salmon Vegetarian Chef's Selection**(C) PAYMENT METHOD** Payment must accompany the registration form. Forms will not be processed until full payment is received.

SUBTOTAL (A + B)	\$	_____
ADD 13% HST	\$	_____
GRAND TOTAL	\$	_____

 Cheque or money order payable to CAMRT
(NSF cheques subject to a \$50 administration fee) VISA MasterCard

Card Number: _____ Expiry Date: (MM/YY) _____

Card Holder's Name (as it appears on the card, please print): _____

Cardholder's Signature: _____

Authorizing signature must be the same as the name appearing on the credit card

GST #: 106842750

 Do NOT include my name or email in the delegate list provided to conference sponsors/exhibitors

PLI CORNER

What is Professional Liability Insurance (PLI)?

Professional liability insurance (PLI) is insurance that protects a professional, in the instance of a claim or allegation against that professional, from being held personally liable for damages resulting from a negligent act (error or omission) arising out of the practice of that individual's profession.

Two Common PLI Myths

Myth #1: *"I have been practicing for years without incident. I am careful and diligent in my practice; it won't happen to me."*

"I never thought it would happen to me."

These are the most commonly spoken words by members who have an actual or potential claim brought against them. The times have changed. With the advancement of both technology and education, the public and the legal system expect more from health care professionals. A claim, whether valid or frivolous (as is increasingly the case), can be devastating financially to the health care professional that does not have sufficient PLI coverage.

Myth #2: *"I don't need personal PLI because I'm covered by my employer's policy."*

Many employees have some PLI coverage through their employer or union. However, there are instances where their employer or union-provided coverage is insufficient:

- Your employer's insurance may be subject to a large deductible, greater than your total defense and settlement costs.
- If your employer is not jointly named in the claim, they may not be motivated to cover you.
- Your employer's insurance has a shared limit of liability for all employees. If your claim arises toward the end of the policy period, will the limit already be exhausted?
- Similarly, self-insured health care facilities could exhaust their claims reserves.
- Most employer policies will only cover the settlement for damages for malpractice. They may not cover legal defense before a disciplinary committee or criminal defense costs. CAMRT's policy covers both. Note however, to receive reimbursement for criminal defense costs, you must be found not guilty. This is the case for all policies that provide criminal defense coverage.
- If you give any advice or treatment outside of your employment, your employer's policy will not cover you. A personal PLI policy (such as through your CAMRT membership) is mobile and "follows" you wherever you work or volunteer in Canada.
- Smaller independently owned facilities often don't carry PLI for their employees.

Consider this: Cost/benefit

The average legal defense cost reimbursement is approximately \$5,175. This is what you would pay even if you were not found to be guilty of negligence. That is equivalent to 23 years of CAMRT membership dues alone or, if your CAMRT

dues are tied with your provincial association dues, it would be equal to approximately 12 years of national and provincial membership dues (provincial fees vary).

With that, consider that you are not only receiving PLI protection with your membership dues, but many other benefits of membership as well:

preferred rates on continuing professional development courses and the CAMRT annual general conference, worth on average \$250 per course or conference; exclusive access to listservs and other discussion forums, job listings, professional practice resources and guidelines, grants and scholarships through the CAMRT Foundation, discounts on scrubs at Mark's (formerly known as Mark's Work Warehouse), and preferred rates on home, auto and other insurance (through some provincial programs).

Membership in your professional associations also ensures that the profession has a voice, both nationally and provincially, advocating on your behalf where key health care decisions are made, and it ensures that work can continue to evolve and advance the MRT profession for all disciplines.

Most importantly, however, you benefit from the message that is conveyed when you invest in and join your professional body, which is: *"I am a professional, and as a professional I am passionate about what I do and excellence in the delivery of patient care."* Now who can put a price on that?

"I am a professional, and as a professional I am passionate about what I do and excellence in the delivery of patient care."

DID YOU KNOW...



Members of the CAMRT can receive pro bono legal advice in the event of a formal claim or complaint?

In order to reduce the risk of civil claims or disciplinary complaints against medical radiation technologists, AON Reed Stenhouse Inc., and the CAMRT have arranged for pro bono legal advice service provided by Bell, Temple, Barristers and Solicitors.

As part of this program, Bell Temple will provide up to 30 minutes of confidential advice by telephone to all medical radiation technologists participating in the CAMRT Professional Liability Insurance Program administered by AON Reed Stenhouse Inc.

If you are a full practice or limited member with the CAMRT and you need advice or have questions regarding potential civil claims or disciplinary complaints, we can help.

For more information on this pro bono program, please contact membership services at 1-800-463-1097 ext. 223 or email, swilliams@camrt.ca.

PATIENT'S RIGHTS: WHAT ARE THEY AND HOW CAN WE MEET THEM?

by Anne Cheesman MRT(R), CBI, BA

The patients we serve have become savvy healthcare consumers. They have rights and privileges under both a legal and moral standard. We are obligated to treat our patients with dignity, understanding and respect. What are their rights, what are our rights and how do we serve both masters?

Patient Rights

- To participate in developing their plan of treatment in your care.
- To receive an explanation of services in accordance with the treatment plan.
- To participate voluntarily in and to consent to treatment.
- To object to, or terminate, treatment.
- To have records protected by confidentiality and not be revealed to anyone other than designated medical personnel without written authorization. Confidentiality may only be broken under the following conditions (state laws will vary):
 - If the therapist has knowledge of child or elder abuse.
 - If the therapist has knowledge of the client's intent to harm oneself or others.
 - If the therapist receives a court order to the contrary.
 - If the client enters into litigation against the therapist.
- To have access to their records.
- To receive clinically appropriate care and treatment that is suited to their needs and skillfully, safely, and humanely administered with full respect for their dignity and personal integrity.
- To be treated in an ethical manner free from abuse, discrimination, mistreatment, and/or exploitation.
- To be treated by staff who are sensitive to one's cultural background.
- To be afforded privacy.
- To be free to report grievances regarding services or staff to a supervisor.
- To be informed of expected results of all therapies prescribed, including their possible adverse effects (e.g., radiation, compression, etc.).
- To request a change in therapist.
- To request that another clinician review the individual treatment plan for a second opinion.

Confidentiality

Confidentiality is a fundamental tenet of medical care. It is a matter of respecting the privacy of patients, encouraging them to seek medical care and discuss their problems candidly, and preventing discrimination on the basis of their medical conditions. The technologist must not release information without the patient's consent to anyone but designated healthcare professionals involved in their care. However, confidentiality, like other ethical duties, is not absolute. It may have to be overridden to protect individual persons or the public (*if the therapist has knowledge of child or elder abuse, if the therapist has knowledge of the client's intent to harm him/her self or others, if the therapist receives a court order to the contrary, if the client enters into litigation against the therapist*). Before breaching confidentiality, the technologist should make every effort to discuss the issues with the patient's primary healthcare provider and healthcare team. If breaching confidentiality is necessary, it should be

done in a way that minimizes harm to the patient and that heeds applicable legislation.

Confidentiality is increasingly difficult to maintain in this era of computerized record keeping and electronic data processing, faxing of patient information, third-party payment for medical services, and sharing of patient care among numerous medical professionals and institutions. All healthcare personnel should be aware of the increased risk for invasion of patients' privacy and should help ensure confidentiality. Within our own institutions, we all must advocate policies and procedures to secure the confidentiality of patient records.

Discussion of the problems of an identified patient by professional staff in public places (for example, in elevators or in cafeterias) violates confidentiality and is unethical. Outside of an educational setting, discussions of a potentially identifiable patient in front of persons who are not involved in that patient's care are unwise and impair the public's confidence in the medical profession. When caring for patients who are well known to the public we should take extra care to remember that we are not free to discuss or disclose information about a patient's health without the explicit consent of the patient.

In the care of the adolescent patient, family support is important. However, this support must be balanced with confidentiality and respect for the adolescent's autonomy in health care decisions and in relationships with health care providers. We should poll our facilities to assure ourselves of the laws governing the right of adolescent patients to confidentiality and the adolescent's legal right to consent to treatment.

Occasionally, during the performance of our duties we receive information from a patient's friends or relatives and are asked to withhold the source of that information from the patient. We are not obliged to keep such secrets from the patient. The informant should be told this and discouraged from sharing this information with us and strongly urged to address the patient directly and to encourage the patient to discuss the information with the physician. We **MUST** use sensitivity and judgment in deciding whether to use the information and to reveal its content and source to the patient's referring physician. We are always obligated to act in the best interests of the patient's care.

Informed Consent

Any unauthorized touching of a person is battery, even in the medical setting. The patient's consent allows all healthcare professionals to provide the care we offer. Consent may be either expressed or implied. Expressed consent most often occurs in the hospital setting, where written or oral consent is given for a particular procedure. In many medical encounters, when the patient presents for evaluation and care, consent can be presumed. The underlying condition and treatment options are explained to the patient, and treatment is rendered or refused. In medical emergencies, consent to treatment that is necessary to maintain life or restore health is usually implied unless it is known that the patient would refuse the intervention.

The doctrine of informed consent goes beyond the question of whether consent was given for a treatment or intervention. Rather, it focuses on the content and process of consent. The healthcare provider is required to provide enough information to allow a patient to make an informed judgment about how to proceed. The presentation should be understandable to the patient, should be unbiased, and should include any medical recommendation. The patient's or surrogate's concurrence must be free and un-coerced.

The principle and practice of informed consent rely on patients to ask questions when they are uncertain about the information they receive; to think carefully about their choices; and to be forth-right about their values, concerns, and reservations about a particular recommendation. Once a course of action is decided on patients should make every reasonable effort to carry out the aspects of care that are in their control or to inform the medical team promptly if it is not possible to do so. We are obligated to ensure that the patient or the surrogate is adequately informed about the nature of the patient's medical condition and the objectives of, alternatives to, possible outcomes of, and risks involved with a proposed treatment.

Competency

All adult patients are considered competent to make decisions about medical care unless a court declares them incompetent. In practice, however, physicians and family members usually make decisions without a formal competency hearing in the courts for patients who lack decision-making capacity. This clinical approach can be ethically justified if the physician and healthcare team have carefully determined that the patient is incapable of understanding the nature of the proposed treatment; the alternatives to it; and the risks, benefits, and consequences of it.

When a patient lacks decision-making capacity (that is, the ability to receive and express information and to make a choice consonant with that information and one's values), then, an appropriate surrogate should make decisions with the clinician. Ideally, surrogate decision makers should know the patient's preferences and act in the best interests of the patient. If the patient has designated a proxy, as through a durable power of attorney for health care, that choice should be respected. When patients have not selected surrogates, standard clinical practice is that family members serve as surrogates. Some jurisdictions designate the order in which family members will serve as surrogates. Medical professionals and facilities should be aware of all legal requirements for surrogate appointment and decision making. In some cases, all parties may agree that a close friend is a more appropriate surrogate than a relative.

Reasonable care must be taken to ensure that the surrogate's decisions are consistent with the patient's preferences and best interests. When possible, these decisions should be reached in the medical setting by physicians, surrogates, and other caregivers. Surrogates should understand that their decisions should be based on what the patient would want, not what

surrogates would choose for themselves. If disagreements cannot be resolved, hospital ethics committees may be helpful. Courts should be used when doing so serves the patient, such as to establish guardianship for an unrepresented, incompetent patient; to resolve a problem when other processes fail; or to comply with the law.

Most adult patients can participate in, and thereby share responsibility for, their health care. Physicians cannot properly diagnose and treat conditions without full disclosure of patients' personal and family medical history, habits, ongoing treatments (medical and otherwise), and symptoms. The obligation to confidentiality exists in part to ensure that patients can be candid without fear of loss of privacy. All medical professionals and the facilities that serve the patient must try to create an environment in which honesty can thrive and all concerns and questions are elicited.

The Patient and the Medical Record

Ethically and legally, patients have the right to know what is in their medical records. Legally, the actual chart and film record is the property of the physician or institution, although the information therein is the property of the patient. Most laws guarantee the patient personal access to the medical record. The physician must release information to the patient or to a third party at the request of the patient. The institution or physician should retain the original of the chart and radiographic studies and respond to a patient's request with copies unless the original record is required by law. To protect confidentiality, information should only be released with the written permission of the patient or the patient's legally authorized representative.

Summary

The patient is in our hands for a good deal of their treatment. We are obligated to act in a responsible manner toward them. We are entrusted with a great deal of sensitive information; the patient puts her faith in our professional behavior. Know your rights and responsibilities and understand your patient's rights and obligations. Our job is getting more and more diverse with complicated medical legal implications. Ask your ethics department what your facility's policies are. Protect yourself, your patient and your facility.

References

1. PATIENT'S BILL OF RIGHTS: Compiled by: Margaret Smith, 2002: A: Canada, 1./c & 2./b
2. The Rights of Patients, George J. Annas, 2004, ISBN978-0809325153
3. Medical Ethic Today: The BMA's Handbook of Ethics and Law, 2007, ISBN9780727917447

MANUSCRIPT, SCHMANUSCRIPT: ONE MRT'S JOURNEY TO PUBLICATION

by Bronwen LeGuerrier, RTT

As a first-time author of a peer-reviewed, published article I hope to share a bit of insight into the whole process. My journey into research and publishing began almost five years ago during my undergraduate radiation therapy program in British Columbia. Although I had never experienced full-out academic rejection, it was only a matter of time! I did get conditional acceptance when I submitted my article, but the conditions were that I rewrote the entire paper. I learned a lot from the experience, and what follows are a few of the lessons that have stuck with me.

There are so many reasons to publish scientific studies that it would be hard to write them all down in a single sitting. Your toes might go numb. But I'd like to argue that reasonably good motivation to publish is for the love of learning and sharing your knowledge with others seeking such information. Fascination with the process of research and the subject of radiation therapy tattooing is why I put my head down and pushed through the roadblocks towards peer-reviewed publication.

I have several guidelines that I would like to share with regard to making the whole process easier. I'll start with a mention of investments, and in particular, your investment of time. Research will almost always take longer than expected and thus my rule is to multiply all time estimates, no matter how generous, by three. Regardless of how small your project is, if you're truly interested in the subject the further your adjacent branches of knowledge and inquiry will spread as you learn about topics around the periphery of your main interest. A well-rounded approach is important to have, and thus I encourage you to explore the different avenues that will add to, and broaden your wisdom.

When you begin, your wisdom may be meager, so your job will be to find someone who will serve as an inspiration and source of guidance to you while you navigate the unfamiliar world of research. I cannot overstate the importance of mentors. I lacked this valuable resource, and in hindsight I can now say that having one would probably have greatly decreased my frustration. They may come in unlikely shapes and sizes, but mentors are lurking out there just waiting to be asked all the questions exploding out of your brain!

If you're lucky enough to find someone who will support and guide you through the manuscript writing and publishing process, the next steps are to lay the foundation before you jump into either activity. At first it may seem trivial, but when you consider the amount of time one will put into completing a research project and then writing about it, the process of scientific research is a major undertaking. Start by understanding the style of the journal that you might submit to, and reading the "Instructions for Authors" page on their website. Find writing and referencing software that will integrate seamlessly with each other and allow you to write effortlessly in the style accepted by your chosen journal. Nerdy? Yes. Practical? Absolutely. Finally, set some goals. Make sure they are attainable and measurable. Set your long-term goal (example: submit paper to certain journal by this date), and then work backwards, creating smaller, shorter-term goals that will keep you on track and create motivation from frequent achievements. Review your goals regularly to be sure that your path is still aligned with your intended final goal.

Once the beast has been written and you submit it, congratulate yourself for realizing the awesome milestone of completing a research project, writing about what you observed and learned, and submitting it to share with the world! But then prepare for the worst. Imagine getting the nastiest rejection letter possible, and be humble. Then, if anything better than the worst happens, you'll beam with joy. Most importantly, respond to your reviewers and editor gracefully. Take time away from the rejection/conditional acceptance letter right after you read it (walk away, go nap, eat a good meal, then re-read it) and before you respond. Be sure to leave emotion out of your response, and try not to take it personally. Finally, remember that reviewers are people who, out of the goodness of their hearts, volunteer their time to help you improve your article. This effort, in turn, improves the quality of literature within our profession. Change what you agree with, defend your work when their statements are rubbish, and above all, thank them for their time.

Research is expanding at an unprecedented rate in all areas of science. Although there are a lot of good studies, there are definitely a few suspect pieces of literature out there. Therefore, I would like to stress that if you plan to do research, do it because you love it, and take pride in the subject that you are learning about. Get excited. Improve practice. Become an expert. You are working towards discovering and sharing new information that the world has not yet heard of!

But don't trudge on if you hate it. Life's too short, and there are many other things that you could be doing that will put a smile on your face. So find something that drives you and jump in.



**HOME STUDY COURSES IN ALL
ASPECTS OF DIAGNOSTIC
MEDICAL ULTRASOUND
INCLUDING**

**BREAST, MUSCULOSKELETAL,
ABDOMEN, OBSTETRICS, GYNECOLOGY,
ECHOCARDIOGRAPHY, NEUROSONOLOGY
AND VASCULAR**

WWW.BURWIN.COM

**1-877-625-5297 (Central Time)
1-800-322-0737 (Atlantic Time)**



HIRE ME!

by Tammy McCausland

As 2013 begins and you look ahead to what the year will bring, you are likely thinking of graduation and landing your first job. How exciting it will be to put your skills to use! But how do you make yourself stand out? Tips and suggestions will be provided over the next few issues to help you with your job search. We focus first on networking and online job searching.

1. Network, Network, Network!

Statistics suggest that as many as 85% of jobs are not advertised. You may be wondering: well, how do I find them, then? Networking is the best route to landing a job, and generally results in better pay. Here are some simple rules of thumb for networking:

Get on LinkedIn: LinkedIn is a great tool for networking with other professionals, for connecting with people who may work at a hospital or other place of employment, and for gathering information on prospective employers.

- Make sure your profile is updated with your latest skills, your contact details, etc. If possible, ask a few people to write recommendations, but make sure they are relevant to your career goals.
- Join groups related to your profession. It can help you get connected to someone who may be hiring or to learn about positions.

Think about who you know and get in touch: Make a list of people you know: family, friends, classmates, clinical supervisors, your dentist, your mechanic, etc. Since he's not in your field, you may not think your mechanic knows anyone in radiation therapy or nuclear medicine, but think of all the people whose cars he services. Let people know you will be graduating soon and are looking for opportunities. Ask if they may know someone in your field; if they do, ask if they can introduce you.

Do information interviews: For many people, information interviews can be intimidating. **The cardinal rule: Don't ask people for a job!** Information interviews are about asking people about their experiences (which they generally like to share): How did you get here? What advice would you have for me? Do you know of anyone else I could talk to? Do you mind if I get in touch with you again? Preferably meet someone in person, say for a coffee; otherwise, a quick phone call of 15-20 minutes works. Try to come away from an information interview with three contacts. And don't forget to say thank you! Send a card in the mail and keep in touch, especially with those who prove most helpful.

Volunteer: Volunteering is a great way to broaden your network of contacts and it also looks great on your resumé. Opportunities to network abound: check with CAMRT, your provincial association, or your local hospital.

2. Online Job Searching

You can find jobs online, too, but don't spend all your time searching and applying hoping to land a job. Hundreds of other people may be doing that, too. Consider the many places you can check online: the websites of hospitals and other prospective employers; provincial healthcare agencies; the CAMRT job bank; and job search engines like *indeed.ca* and *simplyhired.ca*. If you find a job you're interested in, try to find someone who currently works there or worked there previously who might be able to connect you, or at least give you some information. It's best to make connections through people; someone may be able to pass your application along. At the very least, try to find a name to address the letter to.



CAMRT's Specialty Certificate in Breast Imaging

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

The Certificates in Breast Imaging – Screening (CBIS) and Diagnostic (CBID) program – are designed to provide a mechanism to acquire knowledge and clinical competence and will be recognized by a designation that will be sought after by technologists and encouraged and advocated by employers.

This program provides an excellent opportunity for continuing professional development and a means for the healthcare community and the public to recognize MRTs who have achieved a high level of competency in a practice area.

Certificate in Breast Imaging– Screening (CBIS)

Eligibility Requirements:

- CAMRT's Mammography 1 and Mammography 2 courses

CBIS PROGRAM Didactic Component:

- A written competency-based test of 100 multiple choice questions. This test will reflect current practice in breast screening.

Clinical Component:

- Summary of clinical competence, consisting of the following sections:
- Assessment of quality control testing
- A log of 20 quality two-view CC & MLO mammogram cases
- Verification of the completion of 500 two-view CC & MLO mammogram cases

Certificate in Breast Imaging– Diagnostic (CBID)

The CBID will focus on diagnostic imaging and special views, special procedures (such as core biopsies, needle localisations, galactograms, stereo, mammatome and vacuum biopsy) as well as alternate imaging modalities, including ultrasound and MRI.

Eligibility Requirements:

- CAMRT's Mammography 1 and 2 courses
- CAMRT's Imaging Breast Pathology course

CBID PROGRAM

Didactic Component:

- A written competency-based test of 100 multiple choice questions. This test will reflect current practice in breast imaging.
- Breast Cancer: An Overview Quick Self Study

Clinical Component:

- A summary of clinical competence which includes a list of various breast imaging procedures which must be completed and verified by a clinical supervisor.

For more information, visit <http://www.camrt.ca/cpd/specialtycertificates/> or email specialtycertificates@camrt.ca.

CROSS-COUNTRY CHECK-UP

News from the SAMRT

2013 Executive & Council:

- Peter Derrick – President
- Bashir Jalloh – Vice - President
- Ken Weber – Past - President
- Allison Adair
- Renee Belitski
- Jo-Anne Couture
- Jessica Mclean
- Bonnie Caven – Public Representative
- Richard Derzaph – Public Representative
- Karen Davis – CAMRT Director

2013 Spring Conference

“Medical Imaging – It’s What’s on the Inside that Counts”
April 26-27, 2013, Painted Hand Casino, Yorkton, Saskatchewan
Accommodations available at the hotel, Home Inn & Suites, at the reduced conference rate

For current, up to date information on the SAMRT, please visit the website at www.samrt.org.

Update from the MAMRT

- The 2013 MAMRT AGC will be held in Winnipeg May 3 & 4, 2013. Location still to be determined.
- Ad-hoc committee for bylaw review continues to work on recommendations for bylaw amendments to be brought forward at the 2013 AGC.
- The current cycle of the MAMRT Strategic Plan expires December 31, 2012. A survey is being circulated to members in early December. Results of the survey will be used to assist the MAMRT Board of Directors in formulating the new Strategic Plan.
- The MAMRT held its annual Recognition Ceremony on November 4 to welcome new members to our profession, recognize their achievements as well as recognize the achievements of our current members.
- In the spring of 2013, the MAMRT will be participating in career symposiums in both Brandon and Winnipeg.

From the Prince Edward Island Association of Medical Radiation Technologists



President Tanya MacKay presenting the Award of Excellence to Karen MacDonald

The PEIAMRT presented its annual Award of Excellence during MRT Week in November, to Karen MacDonald, who is a mammography technologist at the Queen Elizabeth Hospital in Charlottetown. Karen has also been a long standing member and supporter of our profession. In 1982, Karen was one of the founding directors of the PEIAMRT. Since that time Karen has been very active in the association and has held numerous roles such as vice-president and secretary. This year is Karen’s 5th year as registrar, and this is a role into which she puts countless hours. Karen is a great educator and mentor and has a quiet, confident demeanor. This has been particularly true over the last few months as the mammography department has been dealing with significant staffing issues. Karen has excellent patient care skills and goes above and beyond to make patients as comfortable as they can be in what is often a stressful situation. The PEIAMRT truly feels this year’s award could not have been provided to a more deserving candidate.

OAMRS News

The Ontario Association of Medical Radiation Technologists (OAMRT) has merged with the Ontario Society of Diagnostic Medical Sonographers (OSDMS) becoming the Ontario Association of Medical Radiation Sciences (OAMRS).

The merger has brought about some exciting new changes including a new logo and a newly branded website. Please visit our new website, www.oamrs.org, to check out our new look.

OAMRS 2013 Annual General Conference

Join us at the 2013 AGC to learn about best practices, new technology and cutting edge research. Share ideas and network with other members of the Medical Radiation Sciences Community in a multidisciplinary forum. Program streams this year will include Radiological Technology, Nuclear Medicine, Radiation Therapy, MRI and Ultrasonography. General preconference workshops will also be available.

White Oaks Resort and Spa
April 26-27, 2013, Niagara-on-the-Lake

Registration will open early in 2013. For more information, visit: medicalimaged.ca.

Sponsorship opportunities are still available. If you are interested in sponsoring the 2013 AGC please go to medicalimaged.ca to download a Sponsorship Package.

News from the BCAMRT

BCAMRT Strategic Planning Documents – 2012-2016

The BCAMRT board of directors and key stakeholders met in early October to frame a strategic plan for 2012-2016.

Overhauling the BCAMRT Website – We Need Your Blogs

We are overhauling, modernizing and upgrading the BCAMRT website which will be available for use and viewing sometime in February 2013. We are planning a blog section – yes, we want your opinions! Members can write short blogs on any number of topics. If you want to write a blog for our new website, just let us know at office@bcamrt.bc.ca.

Member Recognition

BCAMRT is working to improve its member recognition programs, for launch in April 2013. If you know of anyone who you would like to nominate for an award because of their contribution to the profession, let us know at office@bcamrt.bc.ca.

BCIT Students Win Run for the Cure Challenge!

Congratulations to the BCIT radiation therapy students (the Accelerators!) and their friends who participated in this year’s CIBC Run for the Cure post-secondary team challenge. Team members won the challenge by raising just under \$5000. The students hosted several special events such as a car wash, bake sale, and a Clubbing fundraiser.

ANNOUNCEMENTS

Register Now for the 2013 CAMRT Annual General Conference

Come join us in St. John's, Newfoundland for the 71st Annual General Conference (AGC) on May 22-25, 2013. Take part in an exciting program filled with inspiring plenary speakers and thought-provoking sessions focusing on your discipline. Peruse the many exhibits and poster presentations. Enjoy the famous Newfoundland hospitality at our many social events.

André Picard, one of Canada's top health and public policy observers and commentators, and a health reporter for the *Globe and Mail* will kick off the conference. He will focus on what's happening in Canada's Health Care System and its relevance to you as an MRT.

Join us for the annual Welch Memorial Lecture delivered by Irene O'Brien, Dean of the School of Health Sciences at the College of the North Atlantic in Qatar.

Conference and registration information can be found in the insert in the center of this Newsletter. Online registration will open in mid February. Watch for updates online at www.camrt.ca/conferences/2013agc.

Notice of Meeting 71st Annual General Meeting

Thursday, May 23, 2013 - 16:00 to 17:30
(to be confirmed)

The 71st Annual General Meeting (AGM) of the Canadian Association of Medical Radiation Technologists will be held at the Delta St. John's Hotel and Conference Centre, St. John's, NL.

Preliminary Agenda

1. Call to Order and Roll Call
2. Opening Remarks - CAMRT President and Chair of the Board
3. Approval of Minutes of the 70th Annual General Meeting of June 8, 2012
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 2013 AGM Workbook, a comprehensive document containing relevant information and reports discussed during the meeting. Copies of the AGM Workbook are provided to all annual general meeting attendees. The AGM Workbook will also be available on the members' only section of the CAMRT web site by early April 2013 (www.camrt.ca). Should you be unable to attend the Annual General Meeting, you may appoint your vote by proxy. The proxy form and relevant information will also be available on the members' only section of the CAMRT web site by early April 2013. Completed proxy forms should be received in the CAMRT office no later than 5:00 p.m. on Monday, May 13, 2013.

2013 CAMRT Essay & Exhibit Competition Deadline Fast Approaching

Begin working on your submission for the 2013 CAMRT essay and exhibit competitive awards now! Choose from several categories in which to enter and be the winner of a cash prize and commemorative trophy. Seize the opportunity to showcase your talent this year!

In the essay competition, MRTs who are CAMRT members can participate in the E.I. Hood Award, while students enrolled in accredited medical radiation technology training programs can participate in the L.J. Cartwright Student Award. Both MRTs and students may participate in the Dr. Petrie Memorial Award, the Sister Mary Arthur "Sharing the Light" Award and the CR/PACS Technology Award. The Bayer MR Award is open to medical radiation technologists working in the field of magnetic resonance within an accredited institution, and who are CAMRT members.

In the exhibit competition, MRTs who are CAMRT members can choose to participate in the George Reason Memorial Award or the Philips Award, while students can submit an exhibit presentation for the Dr. Marshall Mallett Student Award. Medical radiation technologists in the field of magnetic resonance who are CAMRT members can participate in the Bracco Diagnostic Canada MR Poster Award.

PLEASE NOTE: Submission to all categories must be received by 5:00 p.m. on Friday, March 29, 2013!

For more information on the Awards Program, please visit the CAMRT website at: <http://www.camrt.ca/aboutcamrt/thecamrtawardsprogram/>, or contact Myrtle Shields at mshields@camrt.ca.

CAMRT Education News

Available Spring 2013!

Applications of Medical Laboratory Tests in Nuclear Medicine

This Quick Self Study (QSS) is an applied pathology course discussing the application of medical laboratory tests in nuclear medicine. This QSS discusses clinical significance of laboratory tests in NM by examining the biochemistry of a certain medical laboratory test and the related pathology. There will be a focus on the skeletal system and the respiratory system.

This QSS will allow the NM technologist to enhance their clinical proficiency. They will be able to acquire and apply the knowledge presented in this QSS to maximize patient care goals and health outcomes in a clinical setting.

Upon completion of this QSS, the MRT will:

- Be knowledgeable in medical laboratory tests associated with NM procedures
- Realize the impact of specific laboratory test results on NM procedures
- Understand why it could be important to obtain and chart laboratory test results
- Understand the importance of laboratory tests results to the radiologist
- Maximize patient care goals in a clinical setting

This QSS is applicable to nuclear medicine technologists across Canada and worldwide. To access our listing of courses, please visit the CAMRT website and select "Continuing Professional Development."

And this year's Speaker Competition Winners are...

Each year, the CAMRT selects two MRTs in its speaker competitions. One MRT is selected to speak at the ASRT Radiation Therapy Conference, and the second at ASRT@RSNA. Here are the 2012 winners.

Gaylene Medlam, RTT, is the 2012 ASRT Radiation Therapy Conference speaker competition winner. She will be presenting "Developing and Maintaining a Culture of Safety in Radiation Therapy." Here is an overview, in Gaylene's words:

My talk focuses on how we in Canada have moved away from the "blame game" with regard to error reporting and into an era of using that information for process improvement. We can learn from these errors as long as the professionals involved feel that it is 'safe' to report the events. I will discuss how at Peel Regional Cancer Centre we

ANNOUNCEMENTS

have used this information to improve and adapt our QA checks to be more proactive. We have also put together a team that monitors and acts upon the events and provides information to a multi-disciplinary committee to oversee recommendations. The presentation will also show how we can use different methods to provide interprofessional education on errors and safety culture so that we can learn together. The content of the talk is not just on the approach of my own work environment, I also hope to fit this into the context of the quality movement across Canada, which includes the work being done by the Canadian Partnership for Quality Radiotherapy (CPQR). I am hoping that this opportunity will result in sharing between CAMRT and ASRT members around the topics of quality and patient safety in the future.

Lynelle Yutani, RTR, is the 2012 ASRT@RSNA speaker competition winner. She will be presenting "Understanding the Oz Effect - Understanding & Mitigating the Impact of Commercial, Social and Government Media Driven Health Information on Medical Imaging." Here is an overview, in Lynelle's words:

I was inspired to write this presentation after the Dr. Oz "incident" from 2011 (when he erroneously told all women they should wear thyroid shields during their mammogram) went viral in the media and online. It really illustrated a need to better understand social media; and to develop a more dynamic range of reactions to social and mass media information within medical imaging, indeed - all of health care. Technologists are on the front lines; dealing with patient and client demands for new procedures and increased radiation safety. Regardless of the fact that these patient demands may be ungrounded in science, complete misinformation, or in clear conflict with established best practices; the imaging technologist is often the first one to navigate this potential minefield when interacting with our clients and patients. In an effort to demonstrate compassionate and innovative solutions, I shared many of my personal experiences as a mobile mammography technologist for BC Cancer Agency in the British Columbia interior, uniquely filtered through the perspective of a US trained technologist. I tried to show that with a little humor, increased patient personal responsibility, clear understanding and definitions of radiation risks versus benefits, and a system of reporting that identifies patient demands as a causative factor for tracking repeat/reject analysis can combine to not only mitigate the negative effect of media misinformation, but improve the patient/client relationship for all of us. Most importantly, I hope I was able to demonstrate that imaging professionals can learn to navigate misinformation while providing compassionate, respectful, and tolerant patient care.

Canadian Institute for Health Information (CIHI) - Medical Radiation Technologists in Canada, 2011

The Medical Radiation Technologist Database (MRTDB) (http://www.cihi.ca/CIHI-ext-portal/internet/en/document/spending+and+health+workforce/workforce/other+providers/hhr_radiation) provides a source of quality information for registered medical radiation technologists in Canada. The Spending and Health Workforce team at the Canadian Institute for Health Information (CIHI) is pleased to present Medical Radiation Technologists in Canada, 2011, available online at: http://www.cihi.ca/CIHI-ext-portal/internet/en/document/spending+and+health+workforce/workforce/other+providers/hhr_radiation.

This report provides the most recent statistics on the MRT workforce, including information on the distribution, demographics, geographic, education, certification, and employment dimensions of the MRT workforce in 2011.

History of Radiography - Help Needed!

Karen Shanks, a specialist radiographer working in Scotland, is undertaking a project to increase the general awareness of radiography worldwide, and she needs your help. She is collating a book on the history of radiography, which she hopes to release on November 8th, 2013 - World Radiography Day.

Karen is looking for stories, pictures, anecdotes or any other relevant information relating to the history of radiography in Canada.

Aimed for the general public, the book will be informative, humorous, and thought-provoking. As part of this project Karen has also involved a local academy and a colleague has already sent some information to them. In addition, Karen is planning to produce a workbook suitable for school use with input from local high schools. The project already has the backing of several radiologists and a selection of authoritative figures in the field of radiology and academic fields who are willing to write a foreword for the book, and have provided input into the school workbook.

For more information, please contact Karen at k.shanks@me.com.



Attention all graduates and former staff/friends of "the Eastern Ontario School of X-ray Technology"

We will be holding a reunion celebration event to celebrate the life of our school on Saturday, October 26th, 2013. There will be an open house during the day to come and visit with former classmates, instructors, and fellow technologists and an evening banquet to wrap up our day - all held at the Marriott Residence Inn Hotel in downtown Kingston, ON. Hotel accommodation available through the Marriott for those travelling from out of town - details on this and more, to follow in upcoming announcements.

YOU CAN HELP!! If you are a former graduate of the school, mention this event to any former classmates that you may still have contact with and let them know it is happening.

For general information, contact: Richard J. Woods, EOSXT Clinical Coordinator at woodsrs@kgh.kari.net or Tracey Ottenhof, Clinical Instructor at ottenhot@hdh.kari.net.

Story Idea? Topics to Cover? Let Us Know!

The CAMRT has recently made changes to the newsletter to better serve you. It's 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.

We've also made changes to the layout to make it more reader-friendly.

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 editor@camrt.ca.



The first-ever digital broadband MR is changing expectations, and lives. That's the power of Philips Imaging 2.0.

Thanks to Philips Imaging 2.0, a revolutionary new imaging approach, the Philips Ingenia 1.5T and 3.0T MR systems* set a new standard in clarity, speed and expandability. Ingenia captures and digitizes the signal closest to the patient to improve SNR by up to 40%. Easier coil handling and improved patient comfort help increase productivity by up to 30%. And, Ingenia is designed to meet the growing needs in oncology imaging. Discover the revolution in MR technology at www.philips.com/Ingenia30T.

*now available for sale in Canada.

PHILIPS
sense and simplicity



Discover the Benefits of a Healthy Career

Total Rewards

CML HealthCare provides comprehensive compensation and benefit packages.

Commitment to Patient Care

Flexibility & Mobility

Full time, part time, and casual positions are available to fit your lifestyle. As Canada's largest provider of diagnostic imaging services, CML HealthCare offers a variety of medical imaging modalities: MRI, CT, Nuclear Medicine, Ultrasound, X-Ray, Mammography, Fluoroscopy, and Bone Densitometry.

.....

Recruiting Now!

X-Ray / BMD Technologists and Mammographers

If you are interested in joining a stable, growing company that maintains a true dedication to patient care, we'd like to hear from you. To find out more about employment opportunities, visit our website.

.....



Lab Services | X-ray | Ultrasound | Mammography | MRI

www.cmlhealthcare.com

 [@cmlhealthcare](https://twitter.com/cmlhealthcare)