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

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

Number 1	December 5	Last week of January
Number 2	March 5	Third week of April
Number 3	June 15	Last week of July
Number 4	September 7	Third week of October



On the cover... Photos from the 2017 CAMRT-OAMRS AGC held in Ottawa, ON.

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President's Message

A Look Back at the AGC

The CAMRT 75th AGC was an amazing celebration! Ottawa is a beautiful city, and the location in the heart of the Capital could not have been more perfect. The scientific program was full, diverse, and of high quality. The social events were well attended and entertaining. To showcase the accomplishments of our members, we had a Celebration of Excellence reception. In this issue, we offer a quick recap of the conference events on pages 12-17, including a listing of our award winners. For myself, it was a tremendous experience rich with learning, networking, and information gathering. So much so, that it will likely take me the next year to explore and act on the topics, ideas, and issues that have me curious and motivated.



Reflecting on our Image

In celebration of the 75th anniversary, CAMRT posted a picture of a conference brochure from many years ago. It said, "We care about our image" and it was a

We need to think about how we want to be viewed and, therefore, seen, as a member of the team contributing to patient care and management.

picture of a technologist with a piece of equipment and a patient. It struck me that we have, in fact, changed our focus and how we define ourselves, which is evident by our current branding. We now see ourselves as "The very image of care." Looking at the pictures associated with this slogan, it is a technologist or therapist with a piece of equipment and a patient. Visually, without the words, it is

open to a similar interpretation. However, we have chosen words that best reflect who we are now and how we practice.

To take this thinking even further we need to recognize that the equipment used, although advanced, is just a tool. We have a tendency to identify ourselves as a CT technologist, an MR technologist, or a dosimetrist. Within our own group, it may make sense and be a simple way to describe our area of practice. However, is it really best to be identifying ourselves by our tools? I would suggest not. Instead, we need to think about how we want to be viewed and, therefore, seen, as a member of the team contributing to patient care and management.

When we speak of ourselves, it should be as clinicians, practitioners, providers. What we do as we engage, educate, and care for our patients is what defines our practice. Concentrating on our contribution, not the tools, will shift the focus and illuminate the true value of our practice. However, we should not dismiss the fact that we are experts in making extremely technical equipment execute life-impacting diagnostic studies and therapies. It is exactly that blend of nurturer and geek that makes us unique:)

Evolving Practice

The focus of our practice is made even more evident when we consider roles that require more autonomy, in-depth patient education, critical decision

making in patient management, and additional formal education. These pillars of advanced practice are based on care of the patient and not highly advanced technology, so it stands to reason that the foundation of our practice is also patient focussed.

These aspects of advanced practice were identified by some key therapists



and, after a decade of tireless effort by a core working group, the CAMRT APRT Certification Process has gone live! With three therapists having already completed the program, the hope is that more will follow as different roles are recognized as advanced practice. See page 9 for more information, and to hear from our newly certified APRTs! All the work already done, and preliminary discussions held with individuals and groups, bodes well for the imaging group as CAMRT embarks on a project for APMI Certification.

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

CEO's Update: Trends, Opportunities & the CAMRT

Submitted by François Couillard

It is mid-June and I have finally ended a two-month stretch of meetings. It seems like this year was particularly intense. I have attended conferences and meetings outside the office just about every week since April 21st. Why does the CEO of a national association spend so much time interacting with outside organizations? To inform the association of trends and create opportunities that support our strategic goals. Let me give you a snapshot of what transpired from my spring meetings.

International meetings: European Congress of Radiology (ECR) - Vienna and Society of Nuclear Medicine and Molecular Imaging (SNMMI) - Denver

The ECR is one of the best radiology conferences in the world. I attended this meeting with Karren Fader, our President. It was a true success, with a record attendance of 25,000 participants. This is now a global meeting, not just European (the ESR boasts 69,000 members worldwide). Not only did we attend a lot of very informative sessions, but we also met with many international sister societies, like the ISRRT, the SCOR, and the EFRS. Did you know that most European countries are in the process of standardizing education programs to a 4-year undergraduate with integrated programs (radiological sciences, nuclear medicine and therapy all in one)? Did you know that the title of our profession is being standardized to 'Radiographer' in most European countries (with a few exceptions, like France and Greece)? There are many innovations coming out of Europe. For example, the University of Bradford is experimenting with motion capture technology that is translated into a software program, which allows MRTs to practice positioning and check technique without actual radiation exposure.

The SNMMI is the equivalent of the RSNA for nuclear medicine. Karren Fader and I spent a lot of our time there with the leadership of international and national

organizations, like the EANM, the CANM, and the ANZSNM. The major theme of the conference was the renaissance anticipated in nuclear medicine from the commercialization of theranostics, individualized therapies that combine diagnostic and therapeutic capabilities in a single agent. The renewed interest in nuclear medicine agents is much needed, as utilization has been dropping since 2006 for SPECT isotopes. There were many sessions on isotope supply and it was reassuring to see all the work being done to ensure a stable future supply of Tc-99m. During this meeting, we concluded an accord with the SNMMI for a speaker exchange program. We also reached an agreement with the ANZSNM who will make our scientific journal, the JMIRS, their official publication.



Canadian national annual conferences: Canadian Association of Nuclear Medicine (CANM); Canadian Association of Radiologists (CAR); and Canadian Interventional Radiology Association (CIRA)

I was invited to give a talk on the economics of Mo-99 production at the April CANM annual conference in Toronto. Karren Fader and I had a very productive meeting with the CANM leadership where we discussed plans for a joint conference in 2018. The conference had a special industry focus. There is impetus to sustain investments in the modality. Prices must go up to ensure profitability and guarantee Canadian access to isotopes and cold

kits. The challenge in the years to come will be to find a way to fund these price increases in an environment under economic pressure.

The next day, Karren Fader and I flew to Montreal to attend a stakeholder session organized by the CAR during their annual meeting. The session featured 3 panelists from different regions of the country debating the virtues of private imaging clinics—no clear consensus emerged.

In early June, CAMRT's Director of Membership, Karen Morrison, and I drove to Montreal again to meet with the new Executive Director of CIRA during their annual meeting. Daniel Lapointe has a wealth of expertise in association management, he wrote two textbooks on the topic in Quebec. He reiterated his support to our 2018 joint conference. We had an excellent chat about collaboration opportunities in the areas of education, advanced practice, and advocacy.

Regional conferences: British Columbia, Manitoba, and Quebec

Every year I try to attend 2 or 3 provincial conferences to meet our members and support local organizations. BC did not have a provincial conference this year. Instead I attended the 2017 West Coast Imaging Conference put together by two very energetic CAMRT members, Lorie Marchinkow and Rosey Manhas. There, I gave a talk about "the changing role of the technologist" and promoted the education offerings of the CAMRT. I also visited our members at the Vancouver General Hospital and BC Cancer Agency.

In May, I took a quick 24-hour trip to Winnipeg to attend the MAMRT Annual General Conference. It had record attendance. Members were very engaged and debated many important motions.

Again in May, I spent several days in Rivière-du-Loup, to participate in the annual conference of OTIMROEPMQ. This is always the largest provincial

conference in our field. This year, close to 500 participants attended the meeting. Again, I ended up on the program, and gave a talk to the nuclear medicine stream. I spent 2 days at our booth and met many potential new members. There was a lot of interest in our education programs. I was able to correct the

misconception among many Quebecers that they have to take the CAMRT exam in addition to OTIMROEPMQ's exam to become CAMRT members.

I am very pleased with the results of these many outreach activities. They helped build bridges with other

organizations and individuals, and created opportunities for our members. They are assisting in promoting our education programs, research, and influencing and evolving practice in Canada and around the world. They are essential to continuing to evolve as a better association for our members.

Advocacy Update

Advocacy is an important function of the CAMRT. The association uses a number of different opportunities, from participation on important committees to meetings with stakeholders in government and elsewhere, to represent the views and priorities of MRTs across the country.

Committee and Collaborative Advocacy Activities

Your association has been working hard to represent your views and priorities with different stakeholders in government, in other healthcare professions, and elsewhere.

The CAMRT has been playing an increasingly prominent role at HEAL (Organizations for Health Action). CAMRT CEO François Couillard, a member of the HEAL management committee for several years, has recently been elected as official co-chair of HEAL. This is an important success for the association, as it not only guarantees that CAMRT continues to have MRT views heard at the influential HEAL table, but also that the CAMRT name will become more and more associated with initiatives for change in health.

In addition to HEAL, the CAMRT continues to be involved and lead a number of other committees:

- The Medical Imaging Team, which remains an important venue for discourse with our peer organizations in imaging
- The Multistakeholder Working Group on Medical Isotopes, giving MRTs a voice in influential discussions about medical isotope supply

- Canadian Partnership for Quality Radiotherapy
- Canada Safe Imaging
- Choosing Wisely Canada, a new initiative for CAMRT, for which the association will be preparing several recommendations on appropriateness in medical radiation technology (see page 7)

CAMRT Advocacy

Government relations at the federal level (with both elected officials and members of the public service) is a growing area of activity and advocacy for the organization. Following the success of the 2016 CAMRT Day on the Hill, the organization, through its Board, its leading members, and its staff, has held a number of meetings. The most recent round of meetings between CAMRT staff and government MPs this June gave CAMRT the opportunity to talk in substantial detail about its initiatives in advanced practice and appropriateness.

Planning is underway to ensure a number of meetings between CAMRT representatives and government officials throughout the fall of 2017 to push forward on advanced practice and appropriateness.

The CAMRT Advocacy Advisory Council (AAC) meets once a year to discuss emerging issues in medical radiation technology, and to set the association's advocacy priorities. This year, the AAC, in concert with the CAMRT Board, has identified the areas of advanced practice and appropriateness as priority advocacy areas. If you have a passion for moving the profession forward and an interest in

advocacy, the AAC is currently looking for new members from all disciplines. To learn more and to apply, please visit: <http://www.camrt.ca/blog/2017/07/06/become-a-member-of-camrts-advocacy-advisory-council/>.

Grassroots Advocacy Award

While we are proud of our advocacy efforts in Ottawa, the CAMRT is also seeking to recognize the tireless advocacy of its members across the country with its Grassroots Advocacy award. Nominations for this award will be opening soon -- information can be found on the [Honorary Awards section of the website](#).

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CAMRT joins Choosing Wisely Canada!

Submitted by Karen Born, PhD, Knowledge Translation lead, Choosing Wisely Canada and assistant professor at the Institute of Health Policy, Management & Evaluation at the University of Toronto

As practicing medical radiation technologists, do you ever see a patient and wonder ... was this test or procedure that they underwent really necessary? Was the risk from false positives and radiation exposure worth it to improve their health? You are not alone in those questions. A recent [Canadian Institute of Health Information report](#) found that up to 30% of all health care in Canada offers no value to patients and can do more harm than good. Unnecessary care is driven by a complex web of factors related to the pressure of clinical work, uncertainties, and the systems that deliver health care services.

This is the driving motivation of the Choosing Wisely Canada campaign that was launched in 2014. The campaign's mission is to help clinicians and patients engage in conversations about unnecessary tests and treatments. This can be really difficult, and Choosing Wisely Canada has resources to help you.

Choosing Wisely Canada is clinician-led, and at the core of the campaign is the belief that it is a clinician's professional responsibility to use health care resources responsibly. Canadian clinicians have taken up the call with the majority of national medical professional societies releasing or actively working on evidence-based lists of recommendations, 'Things Clinicians and Patients Should Question'. Other national clinician associations have joined the campaign, with recently-released lists from the Canadian Nurses Association, Canadian Association of Critical Care Nurses and Canadian Society of Respiratory Therapists.

Other national clinician societies such as the Canadian Pharmacists Association are currently working on developing lists of recommendations.

It is worthwhile reviewing the [lists of recommendations](#), as approximately a quarter of recommendations are related to imaging practices. For example, 4 out of 11 recommendations on the Family Medicine list are related to imaging. These include:

"Don't do imaging for lower-back pain unless red flags are present."

"Don't order screening chest X-rays and ECGs for asymptomatic or low risk outpatients."

"Don't routinely do screening mammography for average risk women aged 40 – 49. Individual assessment of each woman's preferences and risk should guide the discussion and decision regarding mammography screening in this age group."

"Don't order DEXA (Dual-Energy X-ray Absorptiometry) screening for osteoporosis on low risk patients."



MORE IS
NOT
ALWAYS
BETTER

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Canada 

The recommendations on this list and all Choosing Wisely lists are developed using the shared principles that they include tests, treatments, and procedures that are frequently used and expose patients to harm, are evidence-based, and are within the scope of practice of that group of clinicians.

Having the Conversation with your Patients

Choosing Wisely Canada is much more than just lists of recommendations ... we also have tools and resources to help you talk to patients about unnecessary care. We have plain language information for patients that offers advice on how they can avoid unnecessary testing or treatment. Choosing Wisely Canada has a publicly facing campaign, 'More Is Not Always Better,' that is designed to increase public awareness about unnecessary care through posters and multimedia. This includes a simple tool, the 'Four Questions'.

Posting the 'Four Questions' poster in your reception areas and exam rooms can encourage patients to ask questions about whether that test, treatment, or procedure is really necessary.

The Choosing Wisely Canada Four Questions to Ask Your Health Care Provider:

1. Do I really need this test, treatment or procedure?
2. What are downsides?
3. Are there simpler, safer options?
4. What happens if I do nothing?

Join the Implementation Community

In addition to offering tools for having conversations with patients, we also offer support for implementing Choosing Wisely recommendations into your practice or organization. Local practice environments differ and clinicians across Canada are implementing recommendations in many innovative ways. Interprofessional collaboration is essential to improving quality and safety, and reducing unnecessary care.

There is a wide spectrum of implementation, from education and awareness raising activities to hard coding in recommendations to order sets or Electronic Medical Records.

Clinicians who have implemented Choosing Wisely Canada recommendations and had a measurable impact have also developed [Toolkits](#) that are free to download. These contain information, ideas, and tools on how to get started on similar implementation projects. Toolkits span inpatient medicine and primary care, and more are being added. Check out the campaign website to access these toolkits.

We hope that the recommendations, patient materials, and implementation resources help you start to think about how you can incorporate Choosing Wisely into your practice!

The CAMRT is excited to be a part of the Choosing Wisely Canada campaign. The association is currently in the process of developing its own list of MRT-focused recommendations with informed stakeholders. These recommendations will inform care and help to further promote appropriateness in the profession.



Certificate in interventional radiology (CIR) seeking replacement committee member

There is currently one (1) vacancy for a Radiological Technologist on the Certificate in Interventional Radiology Committee.

Interested Candidates must:

- Be currently working in interventional radiology and have a minimum of 3 years' experience
- Be a full practice member of the CAMRT
- Can attend an annual 2-3-day spring meeting in Ottawa
- Have a valid CIR designation and/or a CIR designation in progress
- Have completed the CAMRT's Interventional Radiology 1 & 2 courses and/or Certificate program

would be an asset

- Have prior writing experience with strong writing skills

This is a 3-year term with the option to renew for another 3-year term.

Please forward a current resume, a covering letter outlining how you meet the above selection criteria and two references by **September 22, 2017**.

For more information and/or submission of application, please contact Melanie Bérubé, Manager, Continuing Professional Development at mberube@camrt.ca or by fax at 613-234-1097.

Advanced Practice in Radiation Therapy: Certification in Canada!

CAMRT is excited to announce the completion of its Advanced Practice Registered Technologist (APRT) Certification pilot. More exciting still, we are pleased to announce our first advanced practice therapists! We had three radiation therapists from palliative and head and neck specializations successfully complete all three phases of the APRT Certification pilot. All three also receive the distinct honour of being the first MRTs in Canada to carry the APRT(T) designation after their names.

On this landmark occasion for the profession, we wanted to highlight these three individuals and let them relay their experience from the pilot and their thoughts on advanced practice in medical radiation technology.

Lori Holden



Well, I can honestly say I am both proud and relieved to have completed the APRT Certification pilot process and become a certified Advanced Practice Radiation Therapist!

What a journey it was, partaking in all three phases of the APRT Certification. From the initial portfolio assembly, to the case submissions and, finally, to the challenging oral exam, each step seemed to build on the last, culminating in the “putting it all together” exam.

At first, each task seemed quite daunting. Deciding on how to present the previous 5 years’ worth of experience and knowledge into a portfolio format seemed insurmountable, but with the help of the guidebook and mentors, it

was achievable.

I was fortunate enough to have been working many years within the palliative and stereotactic radiosurgery programs, making the case submission write ups quite attainable. Demonstrating the required competencies within these cases, however, did add that extra challenging piece!

And last, but certainly not least, the oral exam. Trying to decide what to devote some extra “study time” to, and trying to predict what the focus of any one question within the three-hour exam would be was a very nerve wracking experience.

I am excited for what this does for our Radiation Therapy profession. It gives a different opportunity for those RTs wishing to expand their practice to a higher and recognized level. With nursing and other allied health professions offering an advanced practice option, I think it’s very important to also have a certified APRT(T) title. It puts all disciplines on the “same playing field” and has the potential to further collaborations on yet another level.

If you are interested, I strongly encourage you to apply for this APRT certification or, if you feel you aren’t quite ready, reach out and enquire as to how to prepare yourself and gain some of the necessary requirements. You won’t regret it.

Finally, I did want to congratulate the certification development team on such an accomplishment, representing years of work! From vision to fruition — congratulations!

This work would not have been possible without the many contributions from the candidates, the APRT(T) Certification Committee, as well as contributions from Cancer Care Ontario, the Canadian Association of Radiation Oncology and the Canadian Organization of Medical Physicists. The CAMRT thanks all of you for your support.

What’s more, the CAMRT is also excited to announce that Advanced Practice Certification in Radiation Therapy is now officially open! To learn more, please visit: aprt.ca: If you are interested in applying for Certification, please be sure to review your eligibility and relevant certification materials (Certification Handbook, Competency Profile, etc.). For any enquiries, please contact Katherine Smith at ksmith@camrt.ca.

Michelle Lau



It has been exciting to be part of the Certification pilot process for the past 1.5 years – it is, after all, Canada’s first-ever MRT qualification program through which radiation therapists can gain the APRT(T) designation after successfully demonstrating their extended scope of practice through portfolio development, clinical case defence, and oral examination. As radiotherapy technology advances and the need for symptom management through continuity of care increases, radiation therapists are taking a bigger role in radiation medicine.

This was the ideal time to introduce the concept of advanced practice in our growing field.

Like any new practice development, there is a learning curve for all stakeholders involved, and I am grateful to be a pioneer in this journey. Having had a similar experience as one of the graduates of the first baccalaureate Medical Radiation Sciences program for Radiation Therapy [2002] at the University of Toronto, there were numerous opportunities for me to provide meaningful feedback for process improvement and fine-tuning. It was motivating to be part of it all, and I look forward to contributing more to the certification process in the near future, as continual development will definitely solidify APRT(T) practice and its place in cancer care in the country and worldwide.

Lilian Doerwald-Munoz



I have been a radiation therapist for 16 years, and for the last 8 years I have worked as a clinical specialist in the treatment of head and neck cancers. I chose to complete APRT Certification because I wanted to obtain national credentials as an advanced practitioner. It was a chance to challenge myself and an opportunity to expand my current scope of practice. I highly recommend this certification process for individuals who are also seeking a new challenge, and are interested in pursuing higher education in radiation therapy.

As an advanced practice candidate, the CAMRT provided me with a mentorship service. I found my mentor extremely helpful in terms of navigating the program and preparing me for the oral examination. Along with the mentoring service, the certification process equips you for success by providing a comprehensive handbook. The handbook guides you in completing each of the three phases of the certification process; preparing the portfolio, selecting the clinical cases, and studying for the oral examination.

At times, pursuing APRT Certification was demanding, but in my experience all the work you do throughout this process really comes together to prepare you to undertake this challenge and any future challenges that you may encounter while practicing at an advanced level. What I found most rewarding upon completion of the certification work was the confidence in the skills and knowledge I gained to work as an advanced practitioner in radiation therapy.



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The Path to Appropriate Imaging

Submitted by Stephanie Schofield, RTR



When I was 22, I began my career as an x-ray technologist performing general imaging. I felt I was contributing to the health and wellbeing of patients; my images would provide a diagnosis or alter care. It was rewarding, and over the years there were exciting changes such as evolving from film to CR to DR, and witnessing the technology of CT, MRI, and PACS transform DI departments across Canada. Then, one day, 20-plus years later, I came to the sad realization that the DI path I was on had changed into something that I did not like anymore; I was no longer contributing to patient care in a way that felt appropriate, beneficial, or cost effective, and it was killing my soul.

In 2016, I got an email from the organizers of the COMP Winter School asking if I would participate in the upcoming 2017 conference, the first Winter School to explore general radiography. I was asked to present "The Path to Appropriate Imaging: A NS Technologist's Perspective." I had presented this at the 2016 CAMRT conference and CAMRT Director of Education, Elaine Dever, had recommended me to the COMP committee. I was truly honored.

So how did I go from soulless to speaking? Well, I realized that doing audits of the work that we do as x-ray technologists around appropriateness

helps people listen. So instead of just complaining (although I still do that), I decided to share our audit results, our stories, and our hopes for being better patient advocates.

My audits were simple; they were based on my coworker's opinions on what was appropriate to them as healthcare professionals. We looked at over-ordering, inappropriate ordering, requests with no pertinent clinical history, and errors. I talked about what it meant to feel angry, unqualified, apathetic, and helpless as a technologist trying to do what is best for the patient when it sometimes seems like it is us

move around the room and learn about other attendees' publications and current work, and engage in small conversations around thought-provoking ideas. This gave people who may not like to speak in large groups an opportunity to have their work shown, and provided a chance for informal questions and answers.

Communication was a topic that was frequently mentioned, and the importance of open communication between all the groups within diagnostic imaging departments was discussed. When physicists talk about low dose, it is based on the imaging requested being appropriate; and, when a technologist

When a technologist talks about their experiences with inappropriateness and dose concerns, it helps physicists to understand why technologists may be concerned with low doses.

against the world. I talked about the future, Choosing Wisely, and working as a collaborative team with other health professionals and clinicians to change ordering practices. We cannot wait for radiologists alone to change the system, we must be involved. I talked about the truth of appropriateness: we make rules and lists, but we do not follow them, and we need to start.

I was honored to speak alongside Dr. W. Miller, President of the CAR at the time, regarding our perspectives on appropriateness. I was nervous, but the support in that room was incredible. I was also invited to facilitate a workshop and participate in a panel on radiation safety. They even invited me to speak in the mammography workshop that happened prior to the Winter School.

This was one of the most interesting conferences I have ever attended. I found the idea of bringing radiologists, physicists, and medical radiation technologists together to discuss issues from different perspectives to be enlightening, educational, and rewarding. One of my favorite things was when we divided into smaller groups to

talks about their experiences with inappropriateness and dose concerns, it helps physicists to understand why technologists may be concerned with low doses.

I met some amazing people whom I will be pestering with questions in the future, and look forward to seeing them again. At the end of the conference, when each group was asked what they would take away, I was personally mentioned for my enthusiasm and as an example of good communication, since I constantly talked about the great relationship I have with the physicist that I work with, and our team approach.

I left the conference feeling much better about my path than before. I realized the path to appropriate imaging may be long a one, but it will not be a lonely one.



Conference Recap

2017 CAMRT-OAMRS AGC

Another year has come and gone... from social gatherings to all the fantastic educational sessions, this year has proven yet again to be one for the books. The 2017 CAMRT-OAMRS Annual General Conference (AGC) ran from April 27-30th in Ottawa, Ontario.

We Got Social!

The AGC brought many laughs and good times, and also created opportunities for social gatherings and meetings. AGC attendees had the opportunity to enjoy some good food, drinks, and good company at The Heart & Crown in the Byward Market Thursday evening, where they danced the night away. Attendees also socialized between presentations during lunch and breaks and spent some time in the exhibit hall where they checked out this year's vendors. You could feel the buzz in the air as everyone got together.



Foundation Activities

The CAMRT Foundation once again hosted their annual Roentgen Ramble run/walk for attendees and had their annual raffle, where fantastic prizes were won. See page 17 for more Foundation updates.



CAMRT Awards

The CAMRT awards were given out at the Celebration of Excellence Reception, where cocktails and appetizers were enjoyed. Roentgen even made an appearance! See pages 14-15 for a full listing of winners.



CAMRT and OAMRS Presidents' Event

As the evening continued after the awards ceremony, attendees moved into the grand hall for the Presidents' Event, where great food and laughs were shared, not to mention an absolutely hypnotizing performance from CAMRT member Joyce Warren.



CAMRT Annual General Meeting

The CAMRT AGM took place on Friday April 28th and was filled with questions and fantastic insight for the future.



Educational Sessions

The AGC was filled with plenary lectures and education sessions dabbling in breast imaging, interventional radiology, sonography and much, [much more](#).



Commemorative Lectures

Lisa Di Prospero took our breath away with her fantastic Welch Memorial Lecture, *Being Comfortable with Uncomfortable*.

Lisa took us on a journey of discovery that helped us realize that reframing the sense of being uncomfortable as an energy can be harnessed and leveraged, rather than being intimidating.



OAMRS also had the Mary F. Cameron Lecture, presented by Debbie Havill. This talk explored the impact - positive and negative - individuals have within our world of medical imaging and therapy using anecdotes, documented research and our stories.



Introducing our New Board of Directors

The new Board of Directors was announced at the AGC in Ottawa this year. These individuals are instrumental in developing policies and in the continuing implementation of the strategic plan. Changes are effective as of July 1, 2017. See table of contents for full board listing.



Check out what everyone was up to over the course of the conference by viewing [#camrt_oamrs17](#) on [Twitter](#) and [Facebook](#).



2017 CAMRT-OAMRS Annual General Conference- Record of Attendance

MRTs who attended the 2017 CAMRT-OAMRS Annual General Conference in Ottawa, Ontario may now view their Record of Attendance.

[View it now](#)

2018 and Beyond

Check out the new 2018 Conferences and Events model page and watch the webinar.

Conference and Events Page: <http://www.camrt.ca/events/2018-conferences-and-events-model/>.

Webinar: https://www.youtube.com/watch?v=Z-pzjRTxsD0&feature=youtu.be&utm_

We Celebrated the 75th Anniversary of CAMRT's Inception

As you know, we are celebrating our history and getting members involved through varied and fun contests on historical themes throughout the year.

We made sure to celebrate at the Annual General Conference this year, with historical highlights of CAMRT throughout the years.

A large, four-paneled poster was displayed in the foyer just outside the exhibit hall for members to admire, and pore over for photos of colleagues and friends.

For those that couldn't attend, we have launched a new history section of the CAMRT website that shares the information from the panels and more. [Check it out!](#)



Award Winners



Awards of Excellence

Radiological Technology	Jennifer Garrow, RTR <i>Program: Fanshawe College, ON</i>
Magnetic Resonance Imaging	Jennifer Guertin, RTR, CTIC, RTMR <i>Program: Red River College, MB</i>
Nuclear Medicine	Kaylee J. Gardner, RTNM <i>Program: SAIT Polytechnic, AB</i>
Radiation Therapy	Lisa Adey, RTT <i>Program: CancerCare Manitoba, MB</i>

Competitive Awards- Exhibits

Dr. Marshall Mallett Student Award	Dominique Zwicker and Derek Garson (NS) Exhibit: Limitations of Bariatric Imaging
Dr. Marshall Mallett Student Award, Certificate of Merit	Katelyn Bellerose and Mikiko Morris (AB) Exhibit: Unwrapping a Mummy: Advancing Radiologic Imaging Technology as a Non-Invasive Tool for Anthropological Research

Competitive Awards- Essays

Bayer MR Award	Susan J. Crisp, RTNM, RTMR and Krista Dawdy, RTT (ON) Essay: Building an MRI Safety Culture From the Ground Up
Sister Mary Arthur "Sharing the Light" Award	Lysa Nicole Lever, Student (NS) Essay: Bone Palliation Therapy for Castration Resistant Prostate Cancer
L J Cartwright Student Award	Deanna Lee Burns, Student (NS) Essay: 90Y Radioembolization: A Safe and Effective Option
L J Cartwright Student Award, Certificate of Merit	Anastasia Gasheva, Student (AB) Essay: Looking Into an Improved Lateral Wrist View: Qualitative and Quantitative Investigation of the 20° Axial Lateral Wrist X-Ray View
Dr. Petrie Memorial Award	Katherine Hurley, Student (NS) Essay: Peptide Receptor Radiotherapy in the Management of Progressive and Symptomatic Neuroendocrine Tumours with High Somatostatin Receptor Expression

Competitive Awards- Speakers

CAMRT Speakers, 2017 ASRT@RSNA Conference	Sidsel Pedersen, BASc, RTR (AB) and Virginia Marie Sanders, RTR (AB) Presentation: It's the Parts that Matter
ASRT Speaker, 2017 CAMRT-OAMRS Conference	Regina Ley, AS, RT(T) (USA) Presentation: The Quest for Hakuna Matata: My Journey into Community Global Outreach
CAMRT Speaker, 2017 ASRT Radiation Therapy Conference	Jill Sutherland, MHS, RTT (MB) Presentation: Enhancing the Patient Experience: Driving Continuous Quality Improvement through Patient Reported Outcomes

Board Recognition

Outgoing Board Member presentation	Julie Cyr, RTR (NB)
Past President presentation	Deborah Murley, RTR (PEI)
President's Medal	Robert Gilbert, PhD (NS) Associate Professor, Dalhousie School of Health Sciences

CAMRT Honorary Awards

The CAMRT Honorary Awards are a collection of awards presented to members at the pinnacle of the profession. The winners of these awards earn the highest recognition from their association by their dedication, commitment and exceptional contributions to our profession. These awards were presented at the Celebration of Excellence at the 2017 CAMRT-OAMRS AGC in Ottawa.

The Award for Early Professional Achievement, honouring a CAMRT member who, at an early stage in their career, has provided inspiration and leadership to their colleagues by acting as a role model of professionalism and/or volunteerism was presented to **Steven Brown, RTT.**



The Steward of the Profession Award, honouring a CAMRT member who has advocated for and worked to advance the profession at both the national and provincial levels was presented to **Brian Liszewski, RTT.**



The Dr. Marshall Mallett Lamp of Knowledge Award, honouring a CAMRT member who has made a significant contribution to the profession and/or association at a national level in the field of education was presented to **Sarah Kristensen, RTT.**



A New CAMRT Life Member
In 2017, the prestigious CAMRT Life Membership was awarded to **Patricia Munro, RTNM.** Trish inspired generations of MRTs as an educator in Nuclear Medicine at the QE11/Dalhousie Program in Halifax, NS, retiring last year. As a volunteer, she was deeply involved with the CAMRT. From the development of certification exams and CAMRT Best Practice Guidelines, to competency profile revision, to the Education Advisory Council, she was an active contributor to many important CAMRT initiatives.



In addition, she was a leader both in her province (as long-time Board member and NSAMRT President) and nationally as CAMRT Board member from 2008 to 2014. Those she inspired the most noted that it was her effervescent energy, evident at once, that caused others to follow her lead.

Trish joins a prestigious group of Life Members that have shaped and defined the CAMRT over the years.

Life Membership at CAMRT represents the highest form of recognition

by one's peers and is designed to honour a member of the CAMRT with distinguished service to the Association. A Life Member is an individual who has supported their profession and professional association at the provincial, national and international levels throughout their career, and whose leadership has served to motivate others to become involved in professional activities.

A New Honorary Life Member
In 2017, the CAMRT also awarded the equally prestigious Honorary Life Membership status to the long-time, dedicated, and soon-to-be-retiring Director of Education at CAMRT, **Elaine Dever, RTR, ACR.**

Elaine received this honour in recognition of her contributions made over 50 years in the field of medical radiation technology. Over 25 years as a volunteer with both the NBAMRT and the CAMRT, Elaine served on every type of committee. She was president of the NBAMRT from 1989-91 and became a Board member for CAMRT in 1999. For the last 12 years, Elaine has been leading from within as the Director of Education at the national association, where she has transformed and modernized the association's CPD and certification. The improvements she has made for all of us, through her contributions as technologist, educator, staff director, mentor, committee member, and MRT leader are truly amazing, and are appreciated by us all at CAMRT ([See all previous Life Members](#)).



CAMRT Foundation Updates

Activities at the AGC

The CAMRT Foundation Board would like to thank all of those who came out to support the Foundation at the AGC in Ottawa.



On Thursday evening, we hosted nearly 100 people at our annual Pub Night. The theme of the evening was "Red and White and Plaid and Denim and Toques and Birthdays" (Canada's 150th, CAMRT's 75th, and the Foundation's 30th!)

The event took place in a great space at the Heart and Crown Pub, in the Byward Market. Playoff hockey was followed by live music that had people dancing well into the night. Great prizes were available to be won throughout the night, as well as a 50/50 draw, which earned the Foundation \$187.00.

On Saturday morning, 15 Roentgen Ramblers got out at 7:00 am, raising money with a 2.5 km walk or 5 km run.



Unfortunately, the route was flooded, but detours were made and all participants returned safely!

Everyone received a Roentgen Ramble t-shirt sponsored by AngioDynamics. **Jenna Bruderer** was awarded a Samsung Galaxy tablet for raising the most money. This makes her the best fundraiser for the second year in a row.

Saturday evening during the President's Banquet, we hosted our Annual Foundation Raffle. This year we had over 40 prizes, including gift cards, jewelry, and electronics. A second 50/50 draw also took place, earning us another \$187.00.

Preliminary estimates suggest we raised over \$6,000 this year. We would like to thank all our members for their generous support.



Grant and Scholarship Recipients

This year we received an overwhelming 21 scholarship applications. The total amount of grants and scholarships awarded was over \$26,000.

The recipient of the 2017 William Doern Leaders of Tomorrow Scholarship was **Lauren Barnett**. Lauren is in her second year studying radiological technology at Fanshawe College, and her many accomplishments include high academic standing, strong leadership skills, and community involvement.

Congratulations to our 2017 Grant Recipients:

Rupinder Atwal
Amanda Bolderston
Jenna Bruderer
Megan Brydon
Jennifer Carey
Anna Cumming
Cindy Fisher
Julie Hall
Christine Hill
Deanne Holloway
Cecilia Kim
Para Kouhestani
Del Leibel
Joshua Noonan
Tyler O'Donohue
Jodie Piercey
Keith Sutherland
Regina Tam
Janet Walker
Jackie Wallace
Adrian White

To apply for one of our grant or scholarship opportunities in 2018, please visit the Foundation webpage on the CAMRT website: <http://www.camrt.ca/about-camrt/camrt-foundation/>.

Affinity Programs

Our affiliation with Johnson Inc. Insurance and BMO MasterCard continued to be very profitable in 2017, and the Foundation benefited by receiving over \$15,000 from these affinity programs. Unfortunately, our affiliation with MasterCard will not continue in 2018, due to low membership participation.

Any time a member obtains a no obligation quote on home or auto insurance from Johnson, the Foundation receives \$20. Log on to www.johnson.ca and go to "get a quote" and enter CAMRT Foundation as the sponsorship program, or call 1-800-563-0677.



Finally, the CAMRT Foundation Board would like to greatly thank the team at the CAMRT office for their enthusiastic support throughout the year!



75 Years of Association: CAMRT and the Brodie Family

This article was submitted by past CAMRT President, Bill Brodie, recounting his amazing family history with the association over the last 75 years. For more information on the 75th anniversary of CAMRT, please visit the website: <http://www.camrt.ca/about-camrt/history/>. Do you have a story to share? Please contact us at jmcgregor@camrt.ca!

My dad grew up on a farm in Roblyn, Manitoba, where he was born in 1914. In the 1920s the family moved to Brandon, where he eventually took a job as an orderly at the Brandon Mental Hospital after finishing school. When the Second World War broke out, being from the prairies, he naturally enlisted in the navy. Because of his hospital experience, and his soft-spoken, patient personality, he was selected to train as an X-Ray Technician, and was sent to the Royal Victoria Hospital in Montreal for training in 1941-42. He joined the Canadian Society of Radiological Technicians (membership number 108). As a member of the Royal Canadian Navy, he was stationed in Cape Breton and served on the HMCS Nanaimo, a corvette that accompanied the troops and supply ship convoys across the North Atlantic.

In 1945 at the end of the war, on his way back to Manitoba, he stopped in at the Royal Vic to visit Dr. Carleton Pierce, the Chief Radiologist during the time he had trained. Dr. Pierce was also a Navy veteran, from the United States Navy, and he immediately offered my dad a position—and the rest, as they say, is history. My dad returned to Brandon to collect his wife and young son Dennis, and returned to Montreal to work at the Vic, where he stayed until his retirement over 30 years later.

The fact that he was successful at his work and enjoyed what he did is evidenced by the fact that my older brother, Dennis, and I both followed in his footsteps and certified as Radiological Technicians—my brother in approximately 1962, and myself in 1972. What many people may find surprising,

and impressive, is that my dad and mom managed to bring up 9 children, 5 girls and 4 boys, with my dad being the only breadwinner. My brother eventually went on to become a family physician, while I continued on and succeeded in diagnostic imaging management positions in Quebec and Ontario, as well as being heavily involved with the CAMRT, including two years as President in 1995 and 1996.

Looking back, I have memories of my dad bringing home some fogged film—sheets of green 'plastic' that we kids used to soak in warm water in the bathtub to scrape off the green stuff (the film emulsion) and then use the clear 'plastic' for school projects. I can still remember the smell of that emulsion. Suffice it to say, environmental protection rules were not prevalent in the fifties and sixties.

My dad passed away in 1988, at the Royal Victoria Hospital, in one of the first palliative care units in Canada, if not the first...but that is a story for another time. When the Spring 2017 CAMRT Newsletter came in the mail, with the unique photo collage on the cover, I did a double-take. Could it be?

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Classmates with a state-of-the-art X-Ray machine, and yes, cones really were used!



John Brodie with a stereoscopic viewer, circa 1942.



The Hospital's Senior Technical Staff includes, from the left: 1st row: Mr. J. Brodie, R.T.; Mrs. E. Pottigree, R.N., R.T.; Mr. H. Simpkins, R.T.; Mr. G. A. Wilkinson, BSc., R.T. 2nd row: Miss K. Prior, F.S.R.; Mrs. H. McPhos, R.N., R.T.; Mrs. E. M. Winters, R.N.; Mrs. L. Worsley.

Copy of a photo from a 1955 Royal Victoria Hospital Newsletter, published on the occasion of opening a new X-Ray Department in the newly constructed Surgical Pavilion of the RVH in Montreal.

The sepia-toned photo in the upper right section is a photo of my father and his colleague, Henry Simpkins, attending the CSRT Conference in Montreal in 1945. It occurred to me, as the CAMRT celebrates its 75th anniversary (and as I near my own 'retirement'), that our family has maintained a connection with the CAMRT from its creation, right up to the present day. Pretty amazing. On behalf of my mom (now 96 years old), my brother Dennis, and myself, we wish the CAMRT continuing success!

My Experience: Clinical Placement

Submitted by Zainab Zaheer, RTT



Before I begin, I must warn you: I am not a writer. I just know how to passionately pour out my heart and soul about basically everything in life. Perhaps that is why Carly (CAMRT's publications manager) asked me to write this. We met at the social event for RTi3 where she discovered that I was a storyteller. So, I'll begin with a story – my story:

Like many healthcare professionals (HCPs), I wasn't born wanting to become a radiation therapist (it feels so weird calling myself that - finally!). I initially wanted to be a spy (still do). My hands would go weak as soon as I would enter a hospital and I'd always be on the lookout for blood, because it made me queasy. I only found out about radiation therapy after it was used to treat my aunt's cancer. It was my second-last year of high school, and I was trying to figure out what to do with my life. After doing hours of research and talking to practicing radiation therapists, I convinced myself that this was the path I wanted take. But it wasn't until the last year of my degree, clinical placement, when I discovered what being passionate about radiation therapy truly feels like.

You may think that a 20-year-old starting placement would definitely lack the skills or experience to target tumours with high doses of radiation, or be able to carry the difficult conversations with her cancer patients about their diagnoses.

Many of my patients initially held the same sentiment. But that's just it. The advantage of being a student is that you start off with a clean slate. I had no past negative experiences shaping the way I was interacting with my patients. The only thing in the back of my mind was that I wanted to be there for people like my aunt; people that had young children waiting for their parents to come back home healthy. I wanted to be there for people like me; people who had interacted with HCPs that ultimately made them feel silly and inferior for not knowing everything about the human body.

I started with actively observing how the radiation therapists I worked with treated our patients. I would pick and choose all the traits I admired about them and would try to incorporate these traits into my own practice. I attended the rounds at the hospital in an attempt to cultivate new skills and knowledge. I strived to apply the conclusions I made from the data of the patient-centered research I was conducting with the cancer centre. However, the most valuable lessons were learned through asking patients what they needed from me and listening to their thoughts and concerns about their therapy. This past year, I tried my best to become the person that I would want my HCP to be.

Of course, there's also the technical component of this job. You need to always keep in mind that once you deliver radiation, you can never take it back. That is why an essential part of being a radiation therapist is monitoring all aspects of the treatment in real time and making sure it all makes sense as per the principles of physics and biology. This can be difficult to do with the highly advanced technology mankind is constantly inventing (I am still in awe of linear accelerators).

I would be lying to you if I said that the stress of being evaluated on everything you say or do, combined with the pressure of being responsible for another person's well-being, didn't get to me at times. As a student, the work doesn't end with your eight-hour shift. You need

to be ready to go home every single night and reflect on your strengths and weaknesses, so that you can spend the rest of your time reviewing all the necessary material and start again fresh the next day. That's the thing about healthcare. The weekend that you just spent crying in your bed because of all the stress from placement, research, and your personal life is insignificant when looking at the bigger picture. Once you walk through the entrance of the cancer center, you leave it all behind for the sake of your patients. I'm kidding about the crying part, of course... maybe.

So why do I love it so much? This sounds cliché, but becoming a radiation therapist helped me grow in ways that no other experience in my life did. Striving to become a better student each day pushed me to become a better person. I developed professionalism, responsibility and, most importantly, empathy. People need each other. The cancer centre helped me to escape from reality, but didn't let me turn a blind eye to it. Those eight hours every day were spent with patients going through one of the toughest times of their lives. I realized how much illness still exists in this world, despite all the technological advances. Instead of knowing the fact and feeling helpless, I was blessed with the opportunity to be present with my patients and do something about it! I was in a place where brilliant minds and hard workers were persevering, as a team, with the intention of helping others improve and giving them a chance at a better life.

I was asked to share my experience of being a third-year radiation therapy student and I can easily say that it was the best thing that has ever happened to me. They say it takes a village to raise a child. Well, it took my friends and family, my professors at Michener and UofT, the whole radiation therapy department at Credit Valley Hospital, and every single one of my patients to get me to where I am today. Especially my patients.

Career Column: PACS Administrator

*This recurring column focuses on careers in medical radiation technology. We will explore different career paths, offer advice, and talk to those who have made a transition from one area of the profession to another. In this edition, we hear from **Derek Harris BSc, RTR**, who moved from MRT to Provincial PACS Administrator for the Department of Health in New Brunswick.*

1 Where did you go to school, and what/where were your first jobs as an MRT?

After I got my Bachelor of Science at UNB in Fredericton, I didn't know what career path to choose. I wrote the PCAT for pharmacy and applied to Dalhousie University. At the same time, I discovered the Saint John School of Radiological Technology program. I really didn't have an interest in pharmacy and the thought of going to school another four years, plus the cost to do so, weighed heavy on me. When I met with Elaine Dever (current CAMRT Director of Education), who was the director of the school at the time, she informed me of all the career possibilities within radiology and that interested me. Also, it was a low cost, two-year program. The downside was that they only accepted 6 students per year. My wife, who was my girlfriend at the time, was also looking at career paths. We both applied, not letting the school know we were in a relationship. We thought perhaps one of us would get in but, as it turned out, we both did. It was a wonderful school and we had great instructors. After we graduated, we got married and moved to Edison, New Jersey and worked there for a year as technologists. It was our first job as MRTs and we worked at the JFK Medical Center. You might have heard about this hospital in the past few years, it was the rehabilitation center the comedian Tracy Morgan recovered in after his accident. We enjoyed our time there for a year but we couldn't renew our visas, so we left and moved to Sydney, Nova Scotia, where we both found jobs as MRTs. Cape Breton was a beautiful place and the people there were amazing but after a year and a half, we moved

back to Fredericton to be closer to our families. We've been in Fredericton, New Brunswick now for thirteen years.

2 How did you find out about your current position, and what drew you to this role? Can you tell us a bit about the transition from clinical to administrator?

I have always enjoyed playing around with computers and, when a position came up for a PACS Administrator in our hospital region, I wanted to apply. I had only been at this hospital for a little over a year and I knew that two other, more qualified people had applied for the position, so I didn't apply. Since PACS was a new concept in our field and the position wasn't in our union, very few people ended up applying for the job. Not only did few people apply, but the two people who were more qualified than myself also turned down the job. My manager at the time knew that I was interested and he talked to the director of radiology, who allowed me to submit an application. So I basically got the position by default, haha! The transition from clinical to administrator was a huge learning curve. I knew what I was doing as an MRT, but PACS was so new and I was the only one in our region doing it, so I had to figure it out as I went along. The director of radiology at the time, Laurie Blanchard, really trusted me and allowed me figure things out. With the help of Brett Fraser, who was our Biomedical Engineer, we were able to implement PACS in nine hospitals with a radiology department and 20+ more hospitals/facilities that needed viewing capabilities. After acting in that position for two and a half years, the province was looking for a PACS administrator to help implement a provincial DI repository. I applied for the position and have been here since.

3 What are the benefits of a provincial PACS, especially on patient outcomes?

Since New Brunswick is a small province, patients must travel around to different hospitals to get the care they need. A provincial PACS allows doctors and care workers to access all of the patients'

images and reports no matter which hospital they were acquired in. We also have a Telestroke program in the province where surgeons leverage the provincial PACS to determine the course of action for the patient, regardless of the location of the patient and the on-call surgeon. Another benefit of the provincial PACS is during a downtime of a local PACS cluster. When a local PACS cluster has a planned downtime or an emergency downtime, then we can switch over to the provincial PACS and carry on with minimal effort.

4 What does your job as Provincial PACS Administrator entail? What are some of the challenges or benefits to your position?

My job as Provincial PACS Administrator has been quite different from the regional PACS administrator position. Previously, I had to work with a lot of physicians and other users, managing issues and teaching people how to access and use PACS. Now, we work with the PACS Administrators from each Zone in the province and with other departments as we integrate with other applications within the Electronic Health Record. Now we do database maintenance, QA, data integrity and system monitoring. Some of the benefits of this position are that I learned web design tools such as PHP, HTML, Javascript and I have learned how to navigate through databases such as SQL, MySQL and Oracle.

5 Do you have any advice for MRTs considering entry into similar positions?

Apply for the job if you are interested, you just never know!

6 Does your wife, Amy, keep you connected to front-line practice? Do you talk shop at home?

Amy and I always talk shop at home. She tells me about her hard cases, funny situations, and sad stories. She keeps me connected to the patients.

CAMRT's 2017 Research Grant Recipient

Submitted by Harinder Grewal, RTNM, CTIC



This year, the CAMRT Research Grant will support the project: **“Consensus-Based Development of Image Quality Assessment Criteria for Technologist Peer Review”**.

Peer review plays a critical role in reducing discrepancy and error in medical imaging. The American College of Radiology (ACR) and Canadian Association of Radiologists (CAR) has established guidelines and recommendations for radiologist peer review. At the Joint Department of Medical Imaging (JDMI) including Sinai Health System, University Health Network, and Women’s College Hospital, radiologists have been performing peer reviews since 2011. Radiologists conduct peer review by reviewing reports and submitting scores using a 4-point scoring scale, based on ACR and CAR recommendations. All 75 radiologists within our department participate in the program and each of our seven radiology divisions conduct Quality Rounds on a quarterly basis to identify and share learning outcomes.

In 2016, JDMI was one of the first departments to initiate a project to internally develop general radiography image quality assessment criteria and establish a technologist peer review program for general radiographers. For imaging technologists, peer review is focused on two key drivers of technologist work performance: image quality and consistency. With more than 90% participation from 80 technologists over the past year, the general radiography technologist peer review program has been successful in promoting collaborative learning among peers. Critical drivers of the program included strong leadership support, designation of five Quality Leads to govern the program, and the design of quality rounds where anonymized peer review cases with potential educational merit are reviewed to allow for learning and continuous improvement.

Amongst the feedback received from our current group of participants was a request for criteria that were more user-friendly, rooted in evidence, and that better reflected technologist practice. An initial evidence review found that there was a lack of established criteria for general radiography and other modalities that could be used in a technologist peer review setting. To that end, this project will focus on developing assessment criteria to be used in a peer review setting by technologists specializing in nuclear medicine, and will also aim to modify the existing criteria in general radiography.

The methodology for criteria development is consensus-based, informed by evidence and expert opinion, in partnership with imaging technologists from imaging centers across Ontario. Stakeholders from the following sites will be collaborating on the project:

- Joint Department of Medical Imaging (JDMI)
- St. Michael’s Hospital
- North York General Hospital

CAMRT annually awards a research grant of up to \$5,000 for original research related to the medical radiation sciences. The deadline for applications for the 2018 grant is **April 1, 2018**. More information is available on the [CAMRT Website](#).

- Niagara Health Systems
- Trillium Health Partners

The **goal of this project** is twofold:

1. Use a consensus-based approach, informed by evidence and expert opinion, to develop image quality assessment criteria for the purpose of technologist peer review
2. Validate image quality assessment criteria with a group of external stakeholders comprising experts and end users who have not been involved in the development process.

On behalf of the team at JDMI, I would like to take this opportunity to thank the CAMRT Grant Committee for awarding our project the 2017 Research Grant.

Are you on #slack yet?

Join the new Communities of Practice platform now to take part in great discussions!

[Register Now](#)



Updates from the JMIRS

Recognizing our Top Reviewers

The success of JMIRS is a direct reflection of our dedicated team of international peer reviewers who critically evaluate manuscript submissions. Every year, the journal recognizes the contribution of the volunteers who review manuscripts with formal letters, educational credit hours, and a listing on the [website](#). Every year we also select top reviewers in each discipline, who are awarded a plaque. We asked our winners to submit a few thoughts about their contributions as reviewers.

"Thank you to the JMIRS for this award, although I feel like reviewing is already a very rewarding experience. Being a reviewer provides an opportunity to



volunteer within my profession, while at the same time keeping informed of new initiatives and developments. I've learned a great deal through review activities. I would

recommend it to anyone interested in getting involved, and encourage everyone to recognize that if you work in the MRT field you have a great deal of expertise to rely on. When reviewing, you just have to be bold, be brave, and be honest. Just tell it like it is! In a polite and respectful way, of course." - **Alison Giddings**, Reviewer of the Year

"I began peer reviewing while I was in school finishing my PhD. At the time, my program director suggested that with my research and medical imaging background, peer reviewing would be a positive way to give back to the field. He was certainly correct. No matter what level a person is at in their career, I feel it is extremely important to volunteer in whatever capacity works for them. For new reviewers beginning this process, the best advice that I could give is not to stress over a review. If you do not feel comfortable with a certain area of research, it's ok to turn down the request." - **Victoria Barnosky**, Top Reviewer

"Peer review is one of the most important components of the scientific process, providing a source of credibility and quality assurance to the collective body of knowledge. As a reviewer, I feel it is both a responsibility and an honour to



be charged with critiquing the work of my colleagues. It has also had the effect of improving my own academic writing skills, leading

me to critically assess my work from a reviewer's point of view. It is a joy and a privilege for me to be able to contribute to the radiation sciences professions and the CAMRT by reviewing for JMIRS. I would encourage anyone with an interest to volunteer."

- **Merrylee McGuffin**, Top Reviewer

"I find reviewing a real treat—what a privilege to read the original work of a colleague who has the passion to investigate a new idea or advance an existing one. Whether it is a well-crafted paper from an experienced author, or a more tentative first



foray from a new author, a reviewer has the fortunate opportunity to learn something new while providing advice for the work to be shaped

so it can be shared with colleagues around the world. MRS professionals are finally making their mark through high quality research and change, and I gain something every time I read a published paper: one way that I can give back for what I gain is to contribute to the reviewing process and ensure that more of that valuable new work makes its way into our body of knowledge. New reviewers should grasp the opportunity to get involved: while they might feel nervous, it's important to remember that they'll be reviewing alongside more experienced colleagues and under the stewardship of an expert Editor."

- **Sharon Maresse**, Top Reviewer

"Peer reviewing is not a task to be undertaken lightly – it a great privilege and honour to be asked to give an opinion on the value and quality of someone else's work. By the time you get to read a submitted paper a lot of work has gone into the study and the paper, and many people will have had the opportunity to offer comments and opinions, so you are not just reviewing the paper – you are reviewing all the work that has gone before. Conducting research and writing papers are hard things to do –there is no perfect study and there is also no 'perfect' paper – everyone will have a slightly different opinion about the quality and value of someone else's work. Very rarely do I want to reject a submission outright - as far as possible I will try to offer encouragement and advice, sometimes over multiple revisions, to help researchers improve their writing and presentation skills. Experience in teaching and supporting students in an academic setting is great preparation for peer reviewing as you learn to be both critical and supportive in a way that is encouraging rather than judgmental. I have been particularly pleased over the last few years to see and review more qualitative research papers try to improve the robustness of publications in this emerging field in our discipline."

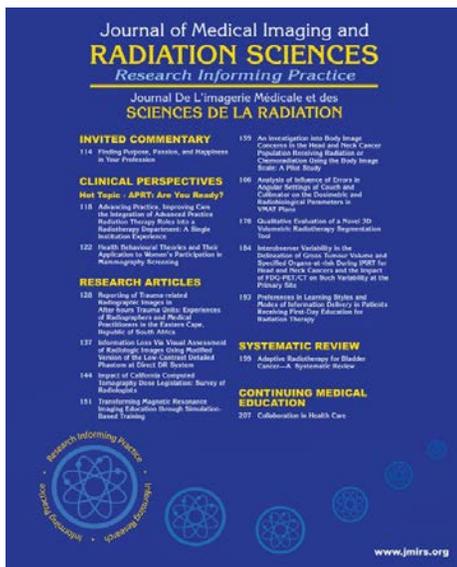
- **Anne Marie Culpan**, Top Reviewer



Jean Wilson (R), presenting Anne Marie Culpan (L) with the plaque for Top JMIRS Reviewer. Originally published in the Society of Radiographers magazine.

Interested in volunteering as a peer reviewer?

The JMIRS is always recruiting interested volunteers to participate in the peer review process. Contact editor@camrt.ca with an expression of interest and we will create your account! New to research? We are happy to start you off slowly and pair you with experienced reviewers for your first review.



New JMIRS issue now available!

Check out the latest edition of the *Journal of Medical Imaging and Radiation Sciences* at www.jmirs.org – here is a selection of some of the great articles included in this issue:

[Finding Purpose, Passion, and Happiness in Your Profession](#)

This commentary outlines the journey that Catherine Wang and her team at the Joint Department of Medical Imaging in Toronto have undergone to create a culture of academic practice for all imaging professionals.

[Information Loss Via Visual Assessment of Radiologic Images Using Modified Version of the Low-Contrast Detailed Phantom at Direct DR System](#)

Quality in radiology images can be assessed by determining the levels of information retained or lost in an image. In this study, using a traditional CD phantom (air-Perspex) and a modified CD phantom, the authors demonstrate that the material within the CD phantom influences total information loss (TIL) and image quality figure (IQF) measurements. The modified CD phantom provides a more realistic account of TIL and IQF for soft tissue radiology imaging.

[Collaboration in Health Care](#)

Health care involves the participation of patients, family, and a diverse team of often highly specialized health care professionals. Involvement of all these team members in a cooperative and coordinated way is essential to providing exceptional care. This article introduces key concepts relating to inter-professional

collaborative teamwork. This article is a CME article and provides the equivalent of 2 hours of continuing education that may be applied to your professional development credit system.

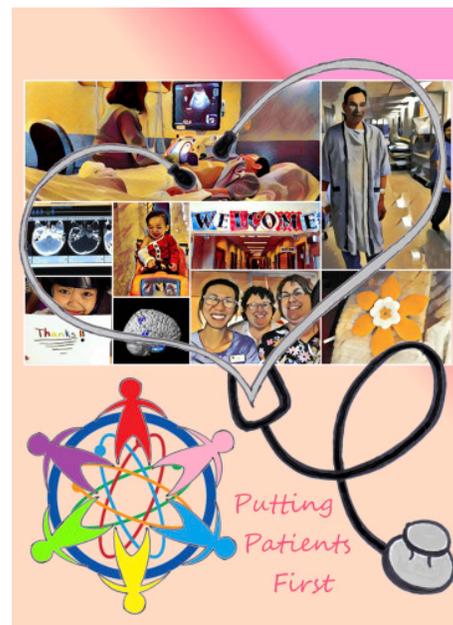
Call for Papers for 2018

We are preparing a special issue of the JMIRS on the topic of Personalised Medicine, which is defined as medical care in which treatment is customized for an individual patient. We invite MRTs, as well as our inter-professional colleagues, to submit papers by **May 1, 2018**. For more information, please see here: <http://www.camrt.ca/blog/2017/02/15/jmirs-call-for-papers-for-2018/>. Questions? Contact the Managing Editor: editor@camrt.ca.

Introducing the annual JMIRS Cover Art Competition

We need your creativity to make the cover for our upcoming special issue even more special! The theme of this issue is **Image Guided Therapy**. What do you picture when this aspect of medical radiation technology meets art? We want to see your inspiration!

The contest is now open, and runs until **October 1, 2017**. Artwork should be original – if you are reproducing any part of an image or text, please make sure that all the rights are cleared both for print and electronic publication. We are looking for an image that is 7.125" x



The winning cover image from 2016, by CAMRT member Mai Vo from Alberta.

5.1675". Accepted formats include EPS, PDF, TIFF or JPEG for electronic artwork.

Submissions can be sent directly to editor@camrt.ca. The winner will be selected by the JMIRS Editorial Board, and will have their artwork displayed on the cover of JMIRS Volume 48#4, to be published in December 2017. Start planning your entry now!



ISRTT
INTERNATIONAL SOCIETY OF RADIOGRAPHERS & RADIOLOGICAL TECHNOLOGISTS



ISRTT 20TH WORLD CONGRESS 2018



12th – 15th April 2018

**Hyatt Regency
Port-of-Spain**

FOR FURTHER INFORMATION CONTACT:

Phone/Whatsapp: +1 (868) 705 8482, +1 (868) 733 9282

E-mail: abstracts@isrrt2018.org.tt, queries@isrrt2018.org.tt Website:- www.isrrt2018.org.tt

Provincial Reports

Newfoundland



The NLAMRT celebrated the 2017 graduation this past month. The first image is the Medical Radiography Class of 2017 on their graduation day.

And the second image are some award winners from this graduating class.



Exemplary Patient Care Award - **Jennifer Trickett**, Roy Crowle Memorial Award for Clinical Excellence - **Sara O'Keefe**, David Beresford Memorial Award for Mentoring and Leadership - **Sara O'Keefe and Melissa Coles**

Saskatchewan



Council and Office Updates:

The SAMRT Executive Director **Chelsea Wilker** accepted a position in The Regina Qu'Appelle Health Region; we thank Chelsea for all her dedication and hard work on behalf of the SAMRT. **Debbie Schatz** began as the new Executive Director in April 2017. Most recently Debbie has worked with the Provincial Ministry of Health.

In February, President **Allison Kahl** resigned from her position on Council due to personal reasons. Council appointed **Melanie Hilkewich** to position of SAMRT President for 2017; although she has not been on Council for a while she has experience as SAMRT, CAMRT and Saskatchewan Association of Medical Imaging Managers (SAMIM) president. Finally, **Brenda Lock** has been elected as Vice President for 2017.

Annual General Meeting and Conference:

The 2017 Annual General Meeting (AGM) and Conference will be held on September 9th in Saskatoon. It will be a one day joint conference with 3 associations: SAMIM, Saskatchewan Association of Medical Diagnostic Sonographers (SADMS) and SAMRT.

British Columbia

With the expected establishment of a regulatory college on the horizon, the BCAMRT had been investigating ways to streamline its services to minimize the impact new college dues



would have on its members. As part of this investigation, the BCAMRT contacted the CAMRT to discuss ways in which the two organizations might work together to achieve these goals for their common members. Discussions regarding this possible collaboration took place between the two organizations over a couple of years, resulting in the formulation of two options for the future of provincial association services for MRTs in BC, including the establishment of a model whereby the CAMRT would deliver these important provincial services.

In March of this year, the BCAMRT Board opened a consultation process with their membership to discuss the options for the future of provincial association services in in the province. This consultation process lasted several

months, and included numerous in-person and virtual touchpoints, eventually culminating in a vote that took place from May 31 to June 18, 2017.

In all, 892 BCAMRT members cast their votes in this referendum. 43.6% of members voted for the BCAMRT to continue as-is (with internal efficiencies); while 56.4% voted for change, with the CAMRT delivering provincial association services to members in BC. This result gives the BCAMRT and CAMRT the mandate to work together to implement the transition to the CAMRT provincial service delivery model in BC. Both organizations are collaborating closely to ensure a smooth transition by December 31, 2017.

It is worth noting that the introduction of this new model for provincial service delivery in BC will not affect national association services already provided by the CAMRT – all provincial association services in BC will be funded through provincial member dues and will be managed by a new CAMRT employee dedicated to this purpose.

The CAMRT will endeavour to keep you informed through this process as and when updates become available. In the meantime, should you have any questions, we ask that you address these to ctopham@camrt.ca.



2017 ACMDDT Honorary Life Membership Recipients

The ACMDDT recognized two individuals at the College's Annual Awards Presentation for their outstanding dedication, commitment and contributions to their professions.

Terrence Eil, RTNM, PhD, FCAMRT, has devoted himself to the development of MRTs provincially, nationally and internationally. He began his career as a Nuclear Medicine technologist in 1980 and over the years has been involved with many aspects of the profession.



Kelly Simpson, ACMDDT President presents the ACMDDT Life Membership to Terrence Eil, RTNM, PhD, FCAMRT

As an instructor in the nuclear medicine program at the Southern Alberta Institute of Technology (SAIT), he has touched the lives of multiple classes of students. For more than three decades, in the role of Clinical Instructor in Nuclear Medicine at Calgary's Foothills Medical Centre, he has positively influenced the professional lives of more than a full generation of technologists.

He is currently the Vice President of the Americas for the International Society of Radiographers and Radiological Technologists. He has spoken as an ISRRT representative at the Pan American Health Organization, a branch of the World Health Organization, as well as at conferences in Brazil, Trinidad and Barbados. He has held numerous volunteer positions with

CAMRT, including being the CAMRT representative on the Medical Isotopes and Imaging Modalities Advisory Committee. He was also involved in the policy development for the formation of the ACMDDT.

Kathy Hilsenteger, RTT, ACT, started her career in the profession as a radiation therapist. She was a Council member of the Alberta Association of Medical Radiation Therapists (AAMRT) and was instrumental as the AAMRT membership organization transformed into the regulatory ACMDDT, as she was the College's first CEO/Registrar.



Kelly Simpson, ACMDDT President presents the ACMDDT Life Membership to Kathy Hilsenteger, RTT, ACT

She helped develop the College at the provincial and national levels, liaising with organizations such as the CAMRT, CAET and Sonography Canada. She was a founding member of the Alliance of MRT Regulators of Canada. She is currently the Executive Director of the Alberta Federation of Regulated Health Professions.

Regulation of Diagnostic Medical Sonographers (DMS)

The ACMDDT continues to actively reach out to the DMS community in preparation of the impending regulation of sonographers in Alberta expected to be proclaimed by the provincial government this fall as part of the Health Professions Act (HPA).

In-person and video conference presentations have been made throughout the province for the key stakeholders in the public health sector, physician community clinics, and educational institutions. Videos and fact sheets are on a dedicated DMS page on

the ACMDDT website. The College was also active at the Sonography Canada Conference 2017 in Vancouver, BC on May 25-27. The conference is the largest educational and networking event for sonographers in Canada. Along with the College of Medical Radiation Technologists of Ontario (CMRTO), the ACMDDT presented a joint presentation to the Sonography Canada Board on the importance of self-regulation. Both the ACMDDT and CMRTO also addressed the conference breakfast audience.

Stroke Ambulance

ACMDDT's Karen Stone, CEO/Registrar, visited the University of Alberta Hospital Diagnostic Imaging Services department. She explored the amazing Stroke Ambulance, the first of its kind in Canada. With its own built-in CT scanner, the ambulance crew can scan the patient's brain before they even reach the hospital. Karen extends special thanks to the fabulous crew and staff.



Karen Stone, ACMDDT CEO/Registrar had a tour of the amazing University of Alberta Hospital Stroke Ambulance and its own built-in CT scanner.

CPD Highlights

FULL LENGTH COURSES

An Introduction to Research: **NEW FALL 2017**

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

qualitative type, develop a hypothesis or aim statement, and design data collection and data analysis strategies for the specific types of research studies. They will also be provided with the knowledge to perform a literature review and critically review published research articles for validity, reliability and bias; skills useful for performing research and for evaluating the quality of research studies that are available in professional journals. Ethical concerns in research and the use of research ethics boards

will be discussed. Health professionals will learn how to compile results from acquired research data sets and derive conclusions. Dissemination techniques, such as how to write up research, for scientific journal publication, conference presentation, or in poster format, will also be reviewed. Financial support is an integral component of research; approaches to funding will also be included in the course.

An Introduction to Pharmacology for the Imaging Technologist:

SIGNIFICANTLY REVISED

This full length course is designed to introduce pharmacology as it applies to an imaging technologist in the diagnostic imaging field. Students will be introduced to topics including: common medications, classification of

medications, specific system medications and the variety of pharmaceuticals used in the diagnostic imaging field. The focus is on drug classification, administration, metabolism, indications and contraindications for use, as well

as adverse effects. The goal of this course is for the student to obtain an understanding of the fundamentals of pharmacology.

QUICK SELF STUDIES

The Life Cycle of the Breast: **COMING SOON**

This quick self-study course provides an exploration of the female breast and the developmental and functional changes that occur with the breasts over the course of a lifetime, through infancy,

puberty, the childbearing years, the menopausal years, and old age. There is focus on the hormonal influences within the body, as well as artificial hormones, and how they influence breast

development, function and atrophy, over the lifetime of a woman.

Stereotactic Body Radiotherapy: **COMING SOON**

This quick self-study course is intended to introduce the learner to stereotactic body radiotherapy (SBRT) and its role within radiation therapy. The course will provide an introduction to SBRT, its evolution and indications for use for certain patients. Immobilization,

simulation, treatment planning and quality assurance will all be discussed in relation to SBRT. As well, there will be a brief overview on individual tumour sites that benefit from stereotactic body radiotherapy. When the course has been completed the learner should be able

to understand overall basics of SBRT and how it applies within the different departments within radiation therapy. The learner will also understand how SBRT will benefit specific patients and tumours sites.

MRI in Radiation Therapy: **COMING SOON**

This quick self-study course will introduce to the learner the basics of Magnetic Resonance Imaging (MRI) and how it is being integrated into radiation

therapy. This course will discuss MRI image formation, patient safety, and common image sequences. This course will also explore how MRI is being used in

radiation therapy both in simulation and in treatment.

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

CAMRT's Canadian Dosimetry Certificate (CDC) vs MDCB's Certified Medical Dosimetrist (CMD)

Since the CAMRT's release of its Canadian Dosimetry Certificate program in 2008, the field of medical dosimetry continues to undergo significant change. The Canadian Dosimetry Certificate (CDC) is a highly specialized designation in dosimetry that is recognized in Canada as well as known internationally.

The CAMRT is often asked how its Dosimetry courses and its CDC program compare to the CMD designation. Here are some key differences:

1. The three individual CAMRT dosimetry courses can be taken individually without pursuing the CDC designation. They are recognized and approved for Category A credit by the CAMRT and for credit by the MDCB.
2. The CDC designation is granted once all three courses have been successfully completed, a Summary of Clinical Competence completed and a Research Project is completed.
3. In line with the CAMRT's commitment to lifelong learning, the Dosimetry Committee strongly advocates for continued competence through continuing professional development.
4. CDC is a program.

The CDC requires more than the successful completion of an examination. It is a comprehensive educational program, consisting of didactic, clinical and research components, leading to a nationally recognized designation.

A table detailing the comparisons between both programs can be found on our website: <http://www.camrt.ca/professional-development/certificate-programs/cdc/>

For more information on either of these programs, please contact:

CAMRT: dosimetry@camrt.ca

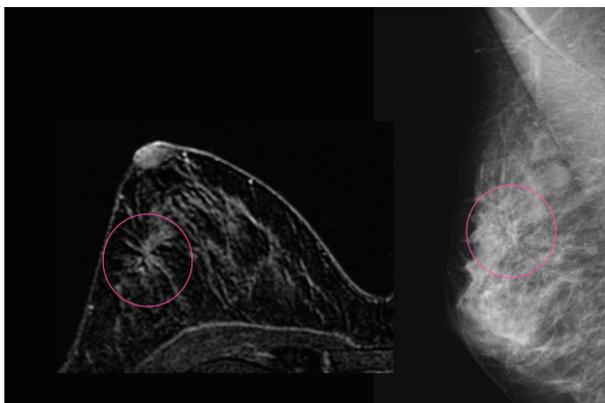
MDCB: info@mdcb.org

Join us Saturday, October 21, 2017

Live webcast or in-person (Toronto)

Course Director: Dr. Derek Muradali

Target Audience: Radiologists, Diagnostic Imaging Residents and Fellows, Medical Radiation Technologists and Diagnostic Medical Sonographers



Keynote Speaker:



Emily Fox Conant, MD

Professor and Chief, Division of Breast Imaging, Vice Chair of Faculty Development, Department of Radiology, Hospital of the University of Pennsylvania, Philadelphia, Pennsylvania

Register today at <http://oarinfo.ca/cme>

Note: The Ontario Association of Radiologists offers **20% discounts** for all live webcasts of CME events for groups of 4 or more MRTS. For more details please contact the OAR office at: mail@oarinfo.ca



SAVE THE DATE FOR THIS NEW 2018 PROGRAM:

Toronto - March 3, 2018 — **NEW** **SAVE THIS DATE!**

Advanced OAR CBMD Accredited Densitometry Technologist Course!

This is a one-day, highly-interactive "case-study" course for MRTs who have already earned their CBMD ADT designation.

Technologists will learn more about QA/QC, the Canadian Reporting Standards and how they are being used by reporting physicians, NHANES III, and CBMD Facility Accreditation. Participants will work through more than 3 hours of "case-presentations" and interactive quizzes!

Don't miss out on this important opportunity! Save the date!

More details will be available in future issues of this publication!

