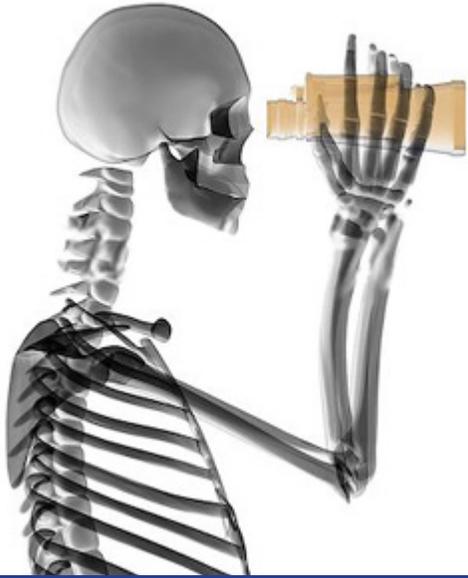




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# In this Issue

- Page 4** President's Message
- Page 5** MRT Week 2017
- Page 6** Choosing Wisely Canada and MRT Practice
- Page 7** Conferences and Events Update
- Page 9** Virtual Programming in 2018
- Page 10** My RAD-AID Experience
- Page 11** The Millennial MRT
- Page 13** Rapid Radiotherapy for Early-Stage Breast Cancer
- Page 14** CAMRT Staff Profile: Membership Team
- Page 15** CAMRT's new Director of Education
- Page 16** An Interview with Steven Brown
- Page 17** Speaker Competition Winners: My Journey to RSNA
- Page 19** Updates from the JMIRS
- Page 20** Is the Future Supply of Tc-99m at Risk?
- Page 21** Provincial Updates
- Page 24** CPD Highlights
- Page 25** CAMRT Announcements
- Page 26** Partnering with CAMRT and CECAP for Success

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 [jmcgregor@camrt.ca](mailto:jmcgregor@camrt.ca). See below for issue deadlines.

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

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



On the cover... The winners of our "Facebook Filter" contest for the annual MRT Week celebration that took place November 5-11, 2017.

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# President's Message

As MRTs, we are integral members of the healthcare team. We work collaboratively with other health professionals in the diagnostic and therapeutic care of patients. We, like other health professionals, support public education initiatives and contribute to the evaluation and delivery of safe and efficient care.

A notable distinction, however, when looking at other health professions, is the level of engagement in research profession-wide. Over the past 20 years, MRTs have made significant strides in developing research capacity. In Canada, this growth is evident in the quality and impact of the scholarship presented quarterly in our association Journal ([www.jmirs.org](http://www.jmirs.org)). While the pool of dedicated researchers is still relatively small, the number of MRTs striving to participate in scholarship and research is growing and the rewards of such initiatives are obvious (e.g. more influence in policy decisions, program and service development, direct impact on patient outcomes etc.). There is still, however, considerable room for growth. The desire is there, but common barriers such as time, lack of funding, and resource limitations make MRT efforts to integrate research a difficult task. Even so, implementing evidence and engaging in research is a natural part of the process as we move to a more scholarly practice. I believe it is time for a more concerted effort to conduct and consume more research, and take an important next step in the development as a healthcare profession.

## Why research?

The personal rewards of engaging in research as a profession are many, but there is also a ripple effect when the larger profession produces its own research. Those who research their own practice and inform changes in practice have an opportunity to lead and move the profession forward. Leadership, in this domain, is possible for all: it is about how we engage in what we do and making the best effort for our patients. Leadership is not just for those who

hold management positions or those in authority. If, as I do, you ascribe to the idea that we are all leaders, then we all have the potential to contribute to the advancement, promotion, and awareness of our profession by engaging in evidence-informed practice and research opportunities. Why? It makes the profession and practice relevant. It raises the people within the profession to be more autonomous, confident and effective in addressing the issues faced on a daily basis, while trying to achieve and maintain patient-centered care. It will help build our own MRT-specific body of evidence, across all practice areas, ensuring our role and contribution is recognized and valued.

As I have mentioned in previous messages, developing and conducting large research studies is not for everyone. Will every MRT be involved in research projects? No. That is not a realistic expectation. Where we have an important opportunity to be involved in greater numbers is becoming more avid consumers of research findings and having an appreciation for research. The focus of all our effort, from research study to daily practice, is of course, the patient; and we all strive to optimize the care we provide. Staying informed is part of this cycle, and I encourage you to read our professional journal and other sources of evidence on the MRT profession as part of your routine and approach to being your best in practice.

## How can CAMRT help?

CAMRT is dedicated to developing and supporting the MRT community, and we believe research support is an important element. Aside from providing a knowledge dissemination platform with the JMIRS, we already offer an annual research grant, funded speaker exchange opportunities, and CPD courses related to the creation and knowledge translation of research. In 2018, we have partnered with various interprofessional conferences across Canada to offer networking and educational events that can be translated into opportunities to either present or consume MRT



research. We are also working to expand opportunities for all MRTs to use the research that is out there and available for the profession, whether through Best Practice Guidelines, our newsletter or other avenues.

We do need your help to understand how to best channel our efforts. Please keep an eye out for a survey coming in February that aims to capture the extent of research activities in the profession. Even if you do not engage in research-related activities, answering this short questionnaire will inform CAMRT's future strategies and plans to support evidence-based practice and research.

From experience, I know that we MRTs are a humble group. We may not always consider what we are doing to be of value to the profession at large. This could not be farther from the truth! If you have presented a poster or published in a venue outside the JMIRS, if you have conducted smaller scale investigations in your own workplace (published or not), please let us know—we want to celebrate all successes. This is your association, and it is a powerful vehicle to share our achievements and collective learning.

A handwritten signature in black ink, appearing to read "Laura Foad". The signature is fluid and cursive.

# MRT Week 2017

Once again, we have come full circle looking back on another great MRT Week! Last year, MRT Week was celebrated from November 5-11, and engagement was off the charts. MRTs showed off their profession in innovative ways, from bus shelter and big screen hockey advertisements, to lunch-ins, fantastic showcases, and much more!

## Contest Entries and Winners

We decided to incorporate the #trending theme of cool Facebook filters by asking our CAMRT Facebook followers to participate in our

## "Facebook Filter" Contest

to be eligible to win 1 of 6 great prizes. Participation in this contest was staggering: our Facebook frame was used 1.4 thousand times! If you think about how many people these 1.4K are connected to in their own networks, it was a great tool for getting the word out about our profession during this special week.



MRTs from Cape Breton Regional Hospital in Nova Scotia celebrating MRT Week.

## Congratulations to the following members who were randomly drawn to receive prizes:

- **Jennifer Newport, and Camille Gaudet**- QSS Gift Certificate
- **Louise Rimanic, Becky Gallant, Cheng Zou, and Amy Bissett**- \$25 Tim Horton's Gift Card



To celebrate MRT week, the College of the North Atlantic Qatar (CNAQ) students and instructors honoured the work and roles of MRTs

## Sharing Knowledge

During the week, CAMRT offered two live webinars on the topic of Incident Reporting. Almost 200 MRTs participated in this free learning opportunity discussing patient safety and error management, PLI, and incident investigations. If you were unable to attend, this free webinar is still available for Category A Credit. Simply log-on to the CAMRT website and select the webinar in the CPD catalogue.

## Let's Talk Numbers

During the week, MRTs were asked to show how they were the essential link, delivering care through technology. Thousands of MRTs across Canada delivered this message to patients and other healthcare professionals, making MRT Week a huge success. So let's talk numbers: how many people did we reach? How many MRTs celebrated this year?



This proves the dedication of MRTs and just how powerful social media can be as a tool for promotion of the profession.

> 14,000 MRTs celebrating at 500 participating sites

2 free live webinars were available

Next year MRT Week will take place November 4-10, 2018

# Choosing Wisely Canada and MRT Practice

[Choosing Wisely Canada](#) (CWC) is a national campaign to help clinicians and patients instigate and engage in conversations about unnecessary tests, procedures, and treatments and to help them make informed and effective care choices. Some tests and procedures are potentially unnecessary and can compromise patient safety, quality of care, and appropriate resource utilization. CWC has partnered with numerous professional societies and associations in health to create lists of tests and procedures healthcare professionals and patients should question.

Medical radiation technologists (MRTs), as frontline healthcare providers, have direct contact with patients and face daily decisions in practice related to appropriateness. CAMRT is very excited to be included as one of the first allied health professional groups in the CWC campaign. CAMRT has taken this opportunity to highlight the important role that MRTs play in appropriate practice by producing evidence-based recommendations that will undergo a rigorous review process prior to being published in 2018 by CWC.

## Putting recommendations into action

Since its launch in Canada in 2014, the focus of the CWC campaign has shifted from list creation and dissemination of recommendations to “going beyond the list”. Going beyond the list refers to putting these recommendations into action and measuring the success and impact of implementation.

**If you are interested in developing an appropriateness initiative at your facility or centre,** we encourage you to browse the [list of recommendations / Best Practice Guidelines](#) for areas that may interest you. Currently within CWC, there are recommendations from Nuclear Medicine, Radiology and Oncology, and there is overlap with other groups, i.e., Critical Care. Several organizations have shared their work with CWC from the success of

implementation projects and CWC has a range of [resources and toolkits](#) to help health care providers and patients use the recommendations.

CAMRT looks forward to hearing about any initiatives that are already in place at centres across Canada and to working closely with MRTs to develop new strategies to go “beyond the list”! CAMRT and CWC have available resources and support if you have any questions about existing projects or if you are interested in [developing your own implementation project](#).

For information about CAMRT’s involvement with CWC and opportunities to get involved, please contact: [ksmith@camrt.ca](mailto:ksmith@camrt.ca).

## The “More Is Not Always Better” campaign aims to do the following:

- Promote the message that in health care as it is in life, “more is not always better”
- Educate patients about when they might need a particular test, procedure or treatment, and when they don’t
- Encourage patients to talk with the appropriate health care provider about unnecessary care

## CAMRT’s Recommendations

The CAMRT recommendations are currently under review and not quite ready for presentation at this time. But we thought you might like to know how we chose the topics to address, and how we built our CWC recommendations:

- Societies should start with 5 or more “Don’t” recommendations
- Items are within the specialty’s scope of practice
- The frequency of appropriate tests, treatments or procedures should be a factor, i.e., exposing patients to harm or burden to the system
- Strong evidence should support each list item
- The development process is documented and transparent
- Patient perspectives should be considered in the recommendation development process
- Societies work with each other to ensure consistency in recommendations

MORE IS  
**NOT**  
ALWAYS  
**BETTER**



The same is true for medical tests and treatments. Talk with your health care provider about what you need, and what you don't. To learn more, visit [www.choosingwiselycanada.org](http://www.choosingwiselycanada.org)





**Vancouver 2018**  
March 23-24 mars — Westin Bayshore

**2018 CANM - CAMRT  
Joint Annual Conference  
Conférence annuelle de l'ACMN  
et de l'ACTRM 2018**

## Why should you attend the CANM-CAMRT Conference?

1. Join fellow nuclear medicine professionals in beautiful Vancouver to network and learn about the latest developments in your discipline.
2. Attend an entire session created BY members FOR members; "NM: A Patient-Centered Journey".
3. New this year! Symposium on the value of nuclear imaging discussing health economics, technology assessment, and much more! Note: you may register for the symposium only, at no cost.

The preliminary program is available. [Find out more details now!](#)



**17<sup>th</sup> CIRA  
Annual Meeting in  
collaboration with  
the CAMRT**  
May 31 - June 2, 2018  
MRT's & RN's Sessions start on May 30<sup>th</sup> PM  
\*\*\* new this year \*\*\*  
Fellows & Residents Day: May 30<sup>th</sup>  
(by invitation only)  
MRT's & RN's Half Day Activity: May 30<sup>th</sup> AM  
(separate registration is required)



## Attention Interventional Radiology (IR) Technologists!

This year CIRA has partnered with the CAMRT to expand the MRT portion of its program in an exciting new joint venture. For the first time, a full-day program specifically geared towards technologists and nurses will be held on the Wednesday preceding the conference. This portion of the program will explore procedures, interventions and patient care from the perspective of these vital members of the Interventional Radiology practice.

View the program [here](#). Be sure to register before April 6th to take advantage of a discounted rate. See you in Calgary!



**CARO-COMP-CAMRT  
2018 Joint Scientific Meeting**  
September 12-15, Le Centre Sheraton Montréal

## All for One – Collaborating and Innovating for Person-Centered Care

The Joint Scientific Meeting will be held in partnership with the Canadian Organization of Medical Physicists (COMP), the Canadian Association of Radiation Oncology (CARO) and the CAMRT. This conference is for Radiation Oncologists, Medical Physicists, Radiation Therapists, and all healthcare professionals involved in the care of oncology patients.

[Join us in Montreal this September!](#)

## LTWRAP 2018

October 20-21, Toronto

**Leading the Way**  
International Radiographer Advanced  
Practice Conference



## Conference for Advanced Practice Radiographers

Following the hugely successful inaugural International Leading the Way: Radiographer Advanced Practice (LTWRAP) conference held in the UK in 2016, Toronto is delighted to host LTWRAP in 2018. Come and network with fellow medical imaging and therapy practitioners on international perspectives in advanced practice, be inspired by our influential keynote speakers and appreciate the depth and breadth of current research in advanced practice.

[Register now!](#)



**CONNECT 2018**

Linking medical diagnostic and therapeutic professionals  
April 27-28, Edmonton, Alberta

## Let's CONNECT in Alberta

The CONNECT 2018 conference under the theme of "Linking Medical Diagnostic and Therapeutic Professionals" speaks to the unique opportunity to come together from diverse backgrounds and forge ahead as leaders in the delivery of comprehensive and progressive healthcare. CONNECT 2018 will bring you face-to-face with more diagnostic and therapeutic professionals than any other event in western Canada! [Join us at CONNECT 2018 in Edmonton on April 27 & 28, 2018.](#)

[Registration Details](#)

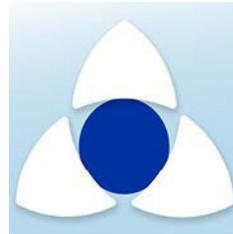
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## PRACTICE INSIGHTS



## WEBINAR SERIES



## VIRTUAL CONFERENCES

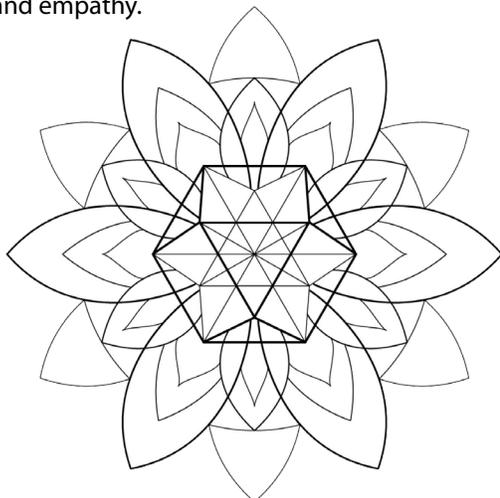
There are **over 30 webinars** in the CPD catalogue covering a variety of topics spanning all disciplines. **Webinars are free** for members – simply log-on to the CAMRT website and browse the collection. Register for a webinar at no cost, complete the accompanying 10-question quiz, and receive Category A credit! We are pleased to introduce a new presentation that has been added to CAMRT's webinar series in 2018:

### Radiology and Mental Health: Understanding Energy



In this engaging webinar, **Dr. Mitchell Abrams**, Canadian Radiologist and Associate Professor with the Michael G. DeGroote School of Medicine, shares his radiologist perspective on current mental health issues and the emerging research in neuroscience and spiritual

sciences. Abrams shares his view on how better understanding 'energy' can help to address the mental health epidemic which healthcare practitioners are facing, both among practitioners themselves and among patients and communities they serve. Participants will gain a better understanding of current mental health statistics among healthcare practitioners and learn easy tips and techniques that will improve mental health/well-being and empathy.



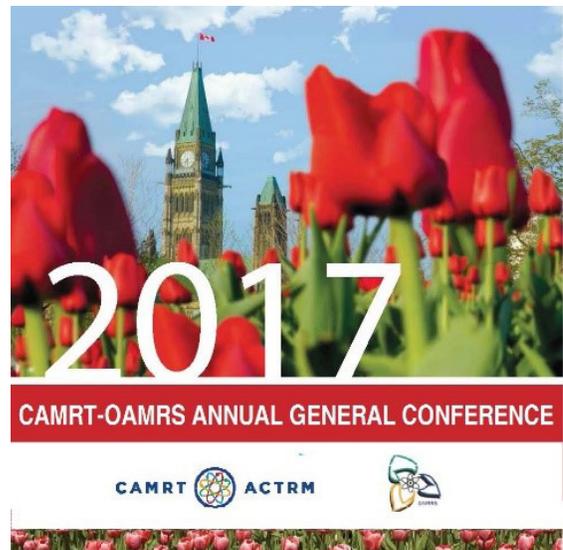
The webinar will focus on energy as it relates to mental health and will explain this artistic design, called a Mandala, and the profound healing benefits it beholds.

We are committed to bringing you high quality educational activities related to your practice, and expanding access for those who are unable to travel to events in person.

**For technologists practising in the area of MRI**, we are proud to announce a new collaboration with the SMRT to develop and deliver a series of webinars throughout 2018, featuring both Canadian and American subject-matter experts, on topics relevant to those practising in the field.

Visit <http://www.camrt.ca/conferences/virtual/> to browse the almost **30 conference offerings**, including content from the 2017 CAMRT-OAMRS conference, such as:

- Taking a Good X-Ray, The Trauma Patient
- Clinical Evaluation of Chest Digital Tomosynthesis vs Chest Radiograph
- 3D Printing Techniques to Improve Radiation Treatment and Patient Care
- Are Humour and Cancer Compatible?
- Converting from CR to DR for Mobile Imaging Exams
- CT Processing for Nuclear Medicine Technologists
- Advances in Perfusion and Dual-Energy CT
- Vascular Imaging in the OR
- Implementing a Prostate HDR Program



# My RAD-AID Experience

## Creating Sustainability in Tanzania

Submitted by Anne-Marie Lugossy, RTR

In February 2017, I boarded a plane (or rather, three) toward Arusha, Tanzania to help with various radiology services offered at NSK Hospitals Ltd. This opportunity arose after I applied to volunteer with RAD-AID International for their technologist program and was awarded a global outreach fellowship from the CAMRT.

NSK Hospitals Ltd operates as an outpatient centre with laboratory services, a dialysis unit, a pharmacy, and a doctor's plaza where general and specialized physicians and nurses spend busy days tending to patients. NSK has a functional radiology department with an x-ray unit coupled with Carestream CR, a mammography machine, a 128 detector CT, a 1.5 Tesla MRI (in a country where there is only a handful of MRI machines) and an ultrasound machine. Further, the department benefits from the expertise of a radiologist. This statement may come as a surprise to us Canadians, since radiology departments always benefit from at least one radiologist (whether onsite or remote). In Tanzania, there are currently 58 registered radiologists (this will soon change, as universities now have larger graduating classes) for a population of over 53 million people. Further, medical radiation technologists are rare, with just a little over 400 for the whole country. Therefore, this hospital can boast that it has top-of-the-line equipment and professionals, which can be difficult to find in Northern Tanzania.



As a medical radiation technologist that graduated, worked, and subsequently taught in Quebec, worked in Saskatchewan, and now works in Nova Scotia, I could help the radiology department in various modalities such as mammography, x-ray, and ultrasound. I spent a month training new staff, reducing radiation doses, and creating quality control protocols. I observed workflow and gave recommendations on how to improve certain areas for better workflow and patient care and satisfaction.

RAD-AID is an incredible organization that concentrates its efforts on implementing sustainable radiology services in underserved, impoverished, and/or resource-limited areas of the world. According to the World Health Organization, anywhere between 3 and 4 billion people do not have access to life-changing or life-saving radiology services. As such, RAD-AID began its mission to help reduce these disparities in access to health care.

Although the aim of RAD-AID is to help with the implementation of radiology services and with clinical education, I can state for a fact that my experience went above and beyond that. There was a great exchange of knowledge between myself and the local technologists and staff. In Tanzania, radiographers and sonographers often work independently and make decisions regarding protocols and even reports, since radiologists are very scarce throughout the country. They perform examinations such as hystersalpingograms and barium studies that, in Canada, are reserved to specialists. The staff that I met at NSK are very knowledgeable regarding pathology and speciality examinations. Further, they are eager to learn as much as they can to enhance their skills and to improve patient care. I am very grateful to have spent time with them, as it was an enriching educational trip not only for them, but for myself. Participating in this RAD-AID project allowed for the exchange of ideas to help improve services in a different cultural and, sometimes, resources-limited context.



Tanzanians have an infectious optimistic outlook that truly enriched my experience, to the point that I decided to self-fund another trip back to Arusha in October 2017. Further, as October is breast cancer awareness month and I have specialized in the field of breast imaging, I thought it would be a great opportunity to return to NSK and help with their campaign and clinical education.

The faculty from the School of Health Sciences at Dalhousie University, along with Dr. Harris from the Nova Scotia Health Authority, were gracious enough to donate educational material to the radiologist, doctors, and imaging technologists at NSK. The staff greatly appreciated these donations, as books can be quite difficult and costly to come by. For breast cancer awareness



month, I sought out help from [Worldwidebreastcancer.org](http://Worldwidebreastcancer.org) to distribute culturally competent posters on the 12 signs of breast cancer to help increase patient awareness.

This second trip to Arusha was a real blessing. I was reunited with a great team that is passionate about their work and about patient care. I was also very pleased to see that the hard work that had gone into my initial trip had been maintained, upholding RAD-AID's mission to create sustainability. Radiation doses are now within acceptable ranges, image quality has greatly improved due to a better understanding of radiation doses administered and digital technologies, positioning skills have greatly improved in general x-ray and mammography, and radiologist reporting times have greatly improved due to the implementation of an emergent vs non-emergent reporting system.

It goes without saying that there are certain challenges throughout the organization, notably due to resources and electrical issues. However, when



working in global outreach, it is always important to remember the cultural context before coming to rash conclusions on the functionality of an organization. What we may feel needs to be resolved immediately may not be the biggest concern of the organization. Hence, the staff at NSK deal with these issues—such as the PACS system being non-operational for a couple of weeks—without going into a panic mode, as we would in Canada. They maintain their workflow and proceed with patient care.

I cannot state enough how grateful I am for being awarded my initial travel opportunity with the CAMRT fellowship; it has allowed me to improve myself as a medical imaging technologist and as a person. I will continue to work with

the staff at NSK, whether with a return trip in the (hopefully near) future, or remotely. Further, I am now a Program Manager at RAD-AID International for their technologist program, where I help interview and select candidates for upcoming outreach projects. I feel very passionately about this organization because it promotes health care services and improved health care outcomes through knowledge transfer. I look forward to any future opportunities with this organization, and hopefully will work my way back to my Tanzanian family.

Interested in pursuing opportunities to share your expertise in an international setting? RAD-AID and CAMRT are now accepting applications. Learn more about this exciting opportunity, your eligibility and the requirements for application on the [RAD-AID CAMRT Fellowship website](http://RAD-AID CAMRT Fellowship website).



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- ◆ Computed Tomography
- ◆ Bone Densitometry
- ◆ Vascular & Cardiac Interventional Radiography
- ◆ MR Imaging
- ◆ Fluoroscopy Management & Safety
- ◆ Anatomy for Imaging Professionals
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# The Millennial MRT

## A Force to be Reckoned With!

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

There is no shortage of discussion regarding the importance of achieving a highly engaged workforce in healthcare institutions. We all agree that patient-centered care is our primary objective. However, some healthcare employees may remain skeptical, when they perceive that they are not similarly valued or empowered by their employer. Despite overwhelming evidence that high employee engagement is directly linked to positive patient experiences and outcomes, many hospitals fail to fully engage their staff.



Highly engaged healthcare professionals, including millennial MRTs, are more likely to provide personalized, patient-centered care. Considering that millennials will soon be the predominant generation in the healthcare workplace, we must actively anticipate how to best accommodate this evolving workforce.

## Employee Engagement for Millennials

Much has been written about the variations in leadership styles required to manage different generations effectively. As the healthcare workforce becomes increasingly dominated by millennial employees (those born between 1982-2000), healthcare leaders must adapt quickly with management styles that will

effectively engage and retain this new workforce. Currently, baby boomers are the largest generation occupying the healthcare workforce. However, in the next 20 years, a dramatic shift will occur as the boomers exit and the millennials begin to dominate healthcare. Some estimates forecast that millennials will make up approximately 50% of the healthcare workforce by the year 2020.

**A fair performance management system is integral to maintaining an engaged and happy millennial healthcare workforce.**

Although it is impossible to generalize completely accurately, the classic boomer will not always challenge long working hours. They may also be more likely to remain with one organization for many years. Boomers are also accustomed to the typical hierarchical structure of management, rather than one that is team-based and democratic; whereas millennials prefer to contribute equally to the decision-making process and appreciate a more lateral management style. They typically want constructive feedback on a more regular and informal basis, rather than solely through an annual performance review. They also hold very high expectations for themselves and for those who lead them. They seek constant intellectual stimulation, social interaction, and job challenge to remain fully engaged in the workplace. They also place a high value on work-life balance and expect their managers to regard this desire as an important consideration. As a generation that grew up with Google and Wikipedia, they expect information to be readily available and solutions to be innovative.

Historically, managers have controlled and, in some cases, dominated employee behaviours, training, reward systems, and discipline. Moving forward, most organizations will see a dramatic cultural shift where employee control will increase and autocratic management styles will be considered outdated. Personal expression and coaching for success will become the new gold standard. These considerations may appear to be a daunting task for managers. It's quite simple; employees (regardless of generation) just want to be treated with respect and dignity and for their careers to be a gratifying experience.

## Advice for Leaders

Generational gaps do indeed exist within healthcare teams. Managers expecting to lead with a one-size-fits-all approach will be sorely disappointed with their staff engagement results. Consequently, leaders must consider ways to make the workplace more interesting for the younger generation. Team discussions will help leaders to work with new staff to identify opportunities to make the healthcare workplace more fun and engaging.

Millennials typically have a lower tolerance for workload inequities and egregious behaviours from their peers and leaders. To ensure that such perceptions do not proliferate, managers must model exemplary leadership styles. Equal, but differing attention must be given to high, medium, and low performers. Providing effective coaching and mentoring for medium and low performers will ensure that they reach their full potential and remain engaged. When discipline is deserved and warranted, it should be done fairly, transparently, and according to a clear formalized process.

High performers may not require constant affirmation and reassurance; however, it is important to ensure that they have all the tools and resources required to accomplish their tasks. High performers will quickly become disengaged when they see their low



performing counterparts continuing to avoid work or take shortcuts and not be coached accordingly. Therefore, a fair performance management system is integral to maintaining an engaged and happy millennial healthcare workforce.

Many hospitals have now adopted a “Just Culture” model of accountability. Just culture is a values-based model of shared accountability where organizations assume accountability for the systems they design and for how they respond to staff behaviors fairly and justly. A just culture also assigns individual staff accountability for safe and high-quality practice. Such strategies ensure that standardized and fair communications and coaching are consistently employed with staff. In addition, in a just culture, employees know what is expected of them and their leaders in terms of workplace behaviours.

Leaders will do well to check in on their team frequently, to ensure that they are properly supported and encouraged. The younger generation typically believes that productivity should be measured more by the quality rather than the quantity of work performed. This mentality differs from the typical boomer, who may feel that long hours are more reflective of productivity. This is not to suggest that Boomers and other generations do not place a high value on quality work, but may possess a different perspective on how to measure productivity. As such, work/life balance discussions should be commonplace at

staff meetings and during performance reviews.

It is no secret that millennials are very tech-savvy, as compared to their boomer counterparts. They incorporate software and technology in every aspect of their personal and social life. Therefore, they expect to have state-of-the-art technology and software available in the workplace. If there is an easier, faster, or more intelligent way to do something, a millennial expects to have the opportunity to explore that avenue.

Millennials may see no purpose in working long hours if they perceive that the work can be completed equally well through proper time management, team-work and planning. Where possible, working hours should be flexible or condensed, to allow better expression of individuality and work-life balance. Of course, this approach will not work well in some healthcare environments, where shift coverage is required over a 24-hour period. To address this concern, leaders should be receptive to requests for short notice vacation requests and extended weekends.

Leaders should not automatically assume that millennial staff have a poor work ethic or have an “entitled” attitude when they resist overtime and/or weekend work. It is quite likely that this generation has observed their parents working very long hours at the expense of peace of mind and work/life balance. Maintaining

a healthy work-life balance is a vital component of staff engagement and leaders should be receptive to actively participating in such discussions.

### Conclusion

Without high staff engagement, healthcare institutions cannot hope to achieve patient-centered care or the exceptional service that they would want for their loved ones. Achieving high levels of workplace engagement is a responsibility that both the employer and the individual employee share. Candid and respectful conversations between managers and employees must occur to bridge this workplace divide. Highly motivated MRTs can provide objective feedback to managers to help improve institutional engagement. Each of us can also contribute to this worthwhile cause by always speaking positively of our workplace and our generationally different colleagues, and by supporting our entire team through challenging times. The new healthcare workforce will be caring for the ‘seasoned’ MRTs in the not-too-distant future. We all have a vested interest in listening carefully to our millennial colleagues to learn more about how we can create a mutually happy, safe, and effective workplace!

**- NOTICE OF MEETING -**

76th ANNUAL GENERAL MEETING  
Canadian Association of Medical  
Radiation Technologists  
Wednesday, May 16th, 2018,  
12:00 - 13:30

The 76th AGM will be made available  
virtually to members wishing to  
participate online. Technical details  
to follow.

The documents required for the  
Annual General Meeting will be  
included in the 2018 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 2018**.

# Rapid Radiotherapy for Early-Stage Breast Cancer

## An Innovative Approach

Submitted by: Grace Lee, MRT(T), CMD, MHSc, Clinical Specialist Radiation Therapist, [grace.lee@rmp.uhn.ca](mailto:grace.lee@rmp.uhn.ca)

Breast cancer is the most common type of cancer diagnosed in Canadian women and represents 25% of all new cancer cases in 2017<sup>1</sup>. Breast conserving surgery followed by whole breast radiotherapy (RT) is a standard management approach for early-staged breast cancer. At the Princess Margaret (PM) Cancer Centre, whole breast RT using intensity-modulated radiation therapy (IMRT) is offered routinely to optimize and deliver a homogenous dose to the breast while minimizing radiation to surrounding normal tissues. Typically, the multi-stepped treatment planning process entails wait-times varying from a few days to weeks.

The PM “QuickStart” program<sup>2,3</sup> was developed with the goal to shorten the wait time for treatment in women with early breast cancer. The QuickStart program is made possible through a collaborative multidisciplinary team and the integration of technological and clinical advancements. Patients receiving whole breast RT through the QuickStart program can have CT simulation, treatment planning and delivery of the first treatment fraction all within 24 hours. The automated treatment planning software<sup>4</sup> reduces planning time from hours to a matter of minutes. It effectively automates multi-levels of manual work traditionally performed by treatment planning therapists, allowing them to fully complete a plan in less than 1 hour.

Radiotherapy Pathway	Process		Time savings
	QuickStart (hr:min)	Standard (hr:min)	
Target Delineation	0:19	22:32	1 day
Planning/Publishing	0:48	67:59	3 days
Physics/ RO Approval	0:24	26:04	1 day
Quality Assurance	0:32	88:02	4 days
Total Plan Completion Time (range)	2:18 (1:33-3:24)	215:17 (97:05-597:01)	9 days (4-24)
Total RT Wait-time (range)	2:47 (1:52-4:04)	268:50 (147:55-604:11)	11 days (6-25)

Another attribute of the streamlined process is the involvement of an advanced practice Clinical Specialist Radiation Therapist (CSRT), who is responsible for all essential activities required to expedite the planning process, including upfront coordination of CT and treatment times, target delineation, and ongoing communication with the team and patient. The CSRT’s involvement in target delineation for the oncologist’s review and approval allows for increased workload flexibility of the

radiation oncologists, allowing them to dedicate time to other complex medical issues and seeing additional new patients; resulting in a more efficient and cost-effective model of care. Currently, there are 24 CSRTs working across various cancer centres in Ontario; each of them brings advanced clinical and planning skill sets to enhance the patient care pathway and optimize system efficiencies.

The QuickStart program is an excellent model of leveraging new healthcare roles with the application of planning technologies to reduce patient’s wait time for RT treatment. Initial clinical study showed that women treated through QuickStart process received their first treatment 11 days in advance of similar patients treated through the conventional process<sup>2</sup>. Standard departmental breast RT quality control checks performed prior to the initiation of RT treatment showed no clinical or technical deficiencies in any of the plans. Independent peer-review QA rounds evaluated the appropriateness of the prescribed treatment plan and demonstrated 100% compliance of each plan to the departmental protocol. The QuickStart process effectively shortens the wait interval between the patient’s consultation to initiation of radiation therapy treatment and allows patients to be treated well within the 14-day wait time standards endorsed by Cancer Care Ontario.

The QuickStart program offers breast cancer patients the same quality and effective RT treatment without the unnecessary waits. Since its inception in 2010, the program has expanded to accommodate more patients. To date, more than 340 patients have been treated through this streamlined process. Similar expedited RT processes can be developed in other contemporary radiotherapy programs through advanced education and training of dedicated radiation therapists and the adoption of planning technologies to enable the delivery of the highest quality of care to cancer patients.

### Acknowledgments:

The author would like to acknowledge Drs. Fyles, Dinniwell, Koch, and Purdie (QuickStart program co-leads) and all the radiation therapists, radiation oncologists, and physicists in the RMP breast site (Princess Margaret Cancer Centre) for their contributions to the QuickStart program.

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**Dr. Euclid SEERAM**  
PhD., MSc., BSc., FCMRT




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# “Hi, I’m...” Introducing the CAMRT Membership and Events Team!



Ever call the CAMRT office and wonder whose voice that is? It’s our Coordinator of Membership and Events, **Francine Caron**. With her many years in customer relations and 10 years with the CAMRT, she provides excellent front-line service to our members. She helps answer your questions, guides you to the information you need, and serves you in both official languages. She is friendly, efficient, and if she doesn’t know the answer to your question she will promptly connect you to

someone who does. Members love her, and we do, too!

[fcaron@camrt.ca](mailto:fcaron@camrt.ca); 613-234-0012 ext 225.



Meet our Manager of Member Relations, **Shaely Williams**! Shaely is passionate about providing excellent member service. Shaely is the friendly voice at the end of the line when you call regarding membership benefits, such as our GoodLife Fitness, TELUS and Scrubs Canada discounts; member dues; or PLI.

[swilliams@camrt.ca](mailto:swilliams@camrt.ca); 613-234-0012 ext 223.



If you have attended a CAMRT conference or event recently, you might have caught a glimpse of **Gertrud Jeewanjee**, our hard-working Manager of Conferences and Events. We are planning a variety of learning experiences in 2018, including joint conferences, virtual programming and regional events (see more at <http://www.camrt.ca/conferences/>), and Gertrud will be the master of it all! If you have questions about these events, be sure to contact Gertrud!

[gjeewanjee@camrt.ca](mailto:gjeewanjee@camrt.ca); 613-234-0012 ext 235.



In constant pursuit of improved member satisfaction, engagement and volunteer stewardship is **Karen Morrison**, Director of the Membership and Events. Overseeing the department since 2014, Karen’s passion is ensuring members see themselves in the benefits and services CAMRT offers, and that they find as many opportunities to engage with their professional association as they would like. Karen also serves as the CAMRT liaison for the Young

Professional’s Advisory Committee and the National Advisory Council on Conferences & Events.

[kmorrison@camrt.ca](mailto:kmorrison@camrt.ca); 613-234-0012 ext 253.

# MRT turned Educator: CAMRT's new Director of Education



Submitted by Carrie Bru, RTNM

I started my career as a nuclear medicine technologist at the Regina General Hospital in Regina, Saskatchewan. I loved my time working in the hospital—the technology, the people, the patients—it was such a dynamic and rewarding career. When I was offered a position on the Nuclear Medicine Technology faculty at SAIT, I was very excited. An opportunity to teach, learn and share my enthusiasm for the field, what more could I ask for? Off I went to Alberta to embark on my new career as an educator. Though very excited, I was nervous because I didn't know what to expect. It was a great deal of work, but the appreciation and energy of the students always made it worthwhile. In my experience, teaching has truly been a fulfilling career. And teaching medical radiation technology—the best!

## A New Adventure with CAMRT

As a lifelong learner I am always looking for new opportunities to challenge myself and grow as a MRT and an educator. When I saw the posting for Director of Education at the CAMRT I knew I had to apply.

Since I started at the CAMRT in September I have met so many

wonderful people and have had such great support as I continue to acclimatize to my new role and the inner workings of education at the CAMRT. Like when I left the hospital, there is that little seed of apprehension that gets planted when you move from the known to the unknown. It didn't take me long to realize that this is not unknown. I am still living and breathing medical radiation technology and education every single day.

Being afforded the opportunity to support MRTs in their practice through certification and continuing professional development is a privilege and I look forward to working with our membership to continue to deliver high quality educational opportunities.

## Key Educational Priorities

And while I will miss teaching in the classroom, I know for certain that void will be filled by working with technologists and key stakeholders from across the country. Some of the key educational priorities that I will be focussing on in my new role at CAMRT are:

- Certification: Exam Development, Competency profile maintenance and revision
- Continuing Professional Development (CPD): Maintenance, development and delivery of online courses, maintenance and delivery of certificate programs, virtual programming/Webinars, fellowship
- Awards: Competitive Awards, Honorary Awards

## The Value of Volunteering

Throughout my career as a MRT I always found great value in volunteering for CAMRT committees. Not only did it provide an opportunity to contribute to the profession; it was also an opportunity to network with colleagues from across the country and hear about new and innovative practices. There always

seemed to be at least one new piece of information I could bring back to share with my department or integrate into my own practice.

The Education department at the CAMRT is always looking for volunteers to help support our great programming. A few ongoing and upcoming opportunities include:

- Item Writers for the Certification Exam
- Competitive Awards judges
- Webinar presenters

Additionally, we are always looking for topics and authors for our continuing professional development. If you are interested in volunteering or have an idea to share please contact me at [cburu@camrt.ca](mailto:cburu@camrt.ca).



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# An Interview with...Steven Brown

In this issue we profile **Steven Brown, RTT**, the recipient of CAMRT's 2017 Early Professional Achievement Award. We spoke to him about his new position as Chair of the Provincial group for a BC Cancer Agency-initiated study called POSI (Prospective Outcomes and Support Initiative) for the last 2 years, as well as his involvement in research.

## Tell us about your new position at BC Cancer!

Drawing from my experience as a radiation therapist and Senior Provincial



POSI Team Lead, I am currently in a temporary role as the Clinical Informatics Adoption Lead for Centre for the North. This position allows me to lead and support the development and implementation of Cerner at BC Cancer. I see it as an amazing opportunity to challenge myself professionally and grow into a stronger leader in the radiation therapy community.

## Can you describe POSI?

POSI is a valuable tool in used to track and record patient reported outcomes across the province. Since I've come on board in 2015, it's grown from being considered as a pilot project to becoming a province-wide standard of care. Radiation therapy patients from a variety of different treatment sites complete validated questionnaire assessments before, during, and after treatment. These assessments are used by the multi-disciplinary team to help drive patient care in the clinics, and

have become a useful tool in population based research initiatives.

## How did you get involved in this project, and what have you learned?

I first got involved in POSI very early in my radiation therapy career as a

department "champion" for radiation therapy at Centre for the North in Prince George. Opportunities have arisen since then that have allowed me to move into a Team Lead position for my centre, and eventually as the chair for the provincial Team Lead

group. Creating and working with the multi-disciplinary group to help find new ways of gathering patient side-effect information has been an awesome opportunity of growth for me. I've learned a lot about questionnaire development and implementation, preparing and giving educational presentations to colleagues, and participating in grassroots initiatives driving patient care across the province.

## You have worked on research teams for other projects, can you tell us about these?

As a way for me to refresh my skills from school, and get my "foot in the door" of the radiation therapy research community, I helped conduct a basic comparative analysis of two measurement techniques used to measure head and neck immobilization shells. It was a great opportunity for me to learn a little more about how to organize and compile a research project in the clinical setting, while also helping to validate certain procedures that take place in RT departments across the country. Working on that research project in particular gave me the opportunity to work towards a goal

outside of my daily activities. It was an awesome experience to be able to present that research to a number of different conferences and to feel a part of such a vibrant community in the radiation therapy research world.

## How did you first get involved on a research project, and where has this brought you in your career?

Getting involved with research, in my opinion, starts with three things: A question, passion, and skillset. Being inquisitive of why we do things the way we do, and how we feel things could be done better, is the first step on getting involved with a research project. Being passionate about what you're researching also helps. If you feel strongly about a topic, it makes it so much easier to follow through with the process. It can sometimes feel overwhelming to get started on what seems like such a daunting task, but if you truly believe that what you're doing has the potential to make a difference, that's what I think it's all about. Skillset is also important. Having the right tools makes a big difference to overcoming obstacles. As an early professional, it can be difficult to overcome the barrier of actually knowing what to do. That's why I think it's crucial to be able to work with others to achieve a common goal as well. Learning how to utilize the strengths of a team is vital in moving forward and getting the most of a research experience. I don't believe that I'd be where I am without the overwhelming support from friends and mentors.

## On a personal level?

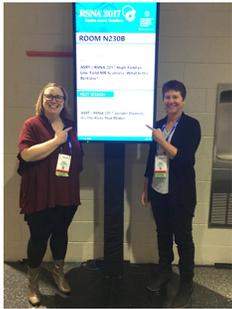
On a personal level, I think getting into that inquisitive mindset has made me think critically about why I'm doing things. I don't really believe in doing something because "that's how we've always done it", and I think challenging the thought behind anything we do is how we continue to grow as people, and professionals.

**Getting involved with research, in my opinion, starts with three things: A question, passion, and skillset.**

# Speaker Competition Winners

## My Journey to RSNA

Submitted by *Sidsel Pedersen, MRT(R)*



My journey to the RSNA began with a simple x-ray case. The case itself was unremarkable. An uncomplicated outpatient wrist exam was ordered on a young male. Though the

images were easy, it was the patient that became the focus of my attention. The child identified differently than their biological sex. Henry was Harriet. Long blonde hair, purple shorts, and pink nail polish. I completed the exam and fumbled my way through an appropriate dismissal, trying to be accepting of the way the child wished to be seen and accepted.

What I didn't know at the time was how this case would continue to make me wonder. I kept reflecting on what I had said and what I might have done differently. I brought this up over a dinner one night with a coworker, Virginia Marie Sanders, and the discussion was exactly what I needed. Virginia confirmed the validity of my questions and together we began finding answers, as well as finding brand new questions as to how this situation might have an impact on other technologists.

By this time, it was the summer of 2016 and I knew that the CAMRT was accepting abstracts for the last national conference to be held in Ottawa in April 2017. Virginia and I agreed to submit an abstract. The more we began researching the topic the more interesting it became. We found that the gender landscape was rapidly changing. There was a lot of information regarding the difference between gender and biological sex. "Transgender" was a word that we began hearing frequently in a variety of contexts and it quickly became evident that this was a topic that was very relevant to all healthcare providers.

How would the shift in the gender landscape affect technologists? Virginia and I formulated the issue as succinctly as possible. The issue we wanted to explore was proper use of gonadal shielding, and how to determine placement of reproductive organs in patients of the gender diverse community. If a patient is non-binary or transgender there is a possibility that their biological sex is not congruent with their expressed gender. In some cases, we may shield incorrectly and inadvertently expose gonadal tissue. We wanted to find a solution.

The abstract we submitted was accepted by the CAMRT and we were excited to have confirmation from the association that this topic was indeed relevant to the members.

In late 2016, we were also notified that we had been selected as recipients for the international speaker award, and would be given the opportunity to present at the 2017 ASRT@RSNA in Chicago, Illinois. This was an amazing show of support from the CAMRT and we were honoured to be selected. Virginia and I knew we had found a topic of interest and that there was not a lot of information or current research done around gender diversity and radiographic exams including placement of gonadal shielding.

We realized that the current practice of inquiring about a patient's last menstrual cycle was not inclusive. We created a new intake form for x-ray patients called a SIGE form (sex, identity, gender, expression). We believe that all patients needed to be asked the right questions to ensure that we could shield them correctly. The SIGE form was also more inclusive and respected all patients regardless of their gender expression or identity. We worked closely with members of the LGBTQ community to ensure that we understood the issue. We then began working on a pilot project to get data on the acceptability and compliance of patients in regard to completing the SIGE intake form.



American Society of Radiologic Technologists

CAMRT partnered with the American Society of Radiologic Technologists (ASRT) to identify speakers for their events. Speakers were selected through a competitive process from among the CAMRT membership. **Sidsel Peterson** presented at the 2017 ASRT@RSNA conference in Chicago this past December. **Jill Sutherland** was selected to attend the 2017 ASRT Radiation Therapy Conference in San Diego in September.

The competition for speaking opportunities in 2018 has closed, but please check out the [CAMRT website](#) under the "MRT Professional Recognition" tab for opportunities in 2019!

Presenting at the RSNA meant that we were provided a venue to help spread awareness of this topic to a large group of international healthcare providers. We would have the opportunity to present our findings regarding how the changing gender landscape impacts radiological technologists, and recommend the SIGE form.

The RSNA was a very positive experience. We met many people from around the world and felt like we could really make a positive impact in creating awareness regarding transgender and non-binary patients. We had identified a current issue that many technologists have expressed that they have had experience with. We were able to give them tools on how better to communicate with patients, and have technologists understand the importance of asking the right questions to all patients.

By being given this opportunity we have gained contacts from around the world, and know that other associations would like to hear more about our research with the SIGE form. It has given us a sense of this wonderful global community we are part of.

## Passion and Pride for the MRT Profession

Submitted by Jill Sutherland, MHS, RTT

It was an honour to be selected by the CAMRT to attend the 2017 ASRT Radiation Therapy Conference as the Faculty recipient of the International Speakers Exchange Award. The 2017 conference was held in sunny San Diego in September 2017.

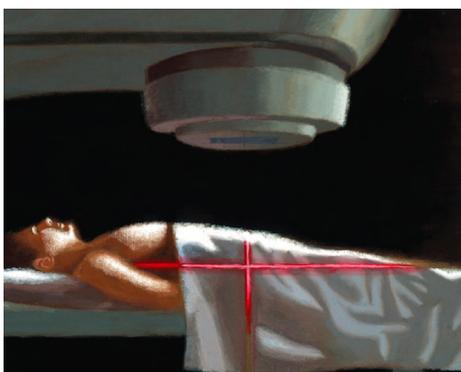
The conference did not disappoint; the quality of lectures and speakers was exceptional. It is re-energizing to learn and network with colleagues from across North America. While always proud to be an MRT, I found myself returning from the conference with a renewed passion and pride for our profession.

As a faculty member, the ASRT staff members provided exceptional speaker preparation support in advance of the conference. I would encourage all CAMRT members to consider submitting an abstract to present. The opportunity to address your peers in this capacity and engage in knowledge exchange is a valuable and rewarding experience.

### Enhancing the Patient Experience: Driving Continuous Quality Improvement through Patient Reported Outcomes

MRTs have a tremendous opportunity at every patient interaction to provide person-centred care and patient experience, so I was particularly enthusiastic to be invited to speak about this topic.

Person-centred care represents a philosophical shift in the provision of healthcare; it is care that is organized with patients and begins with an effort



Robert Pope (1956-1992) was a Nova Scotia artist who died of Hodgkin's Disease, at the age of 36, after ten years of living with the disease. The paintings were included in a book he wrote called *Illness and Healing, Images of Cancer*. His works are an example of the cancer patients' experience of illness and enhance understanding of the cancer experience from the patient's perspective and the need for whole person care.

to respond to the needs that are most important to the person. Embedding the patient voice through Patient Reported Outcomes (PROs) is increasingly recognized as a valuable way to enhance the person-centredness of cancer systems and improve patient experience.

With funding support from the Canadian Partnership Against Cancer, the three Prairie Provinces collaborated on a three-year initiative to support person-centred care and enhance patient experience through the systematic collection and use of PRO data; leveraging the pillars of people, process and technology to drive continuous quality improvement initiatives across our three provincial cancer agencies.

The initiative began by developing a model to guide the linkage between PROs and QI quality improvement. The model outlines a cycle wherein PROs are collected, analyzed and disseminated in order to identify areas of high symptom burden or poor support that might benefit from targeted quality improvement initiatives.

The data analysis looked to identify trends in symptom burden, commonly reported areas of concern, and the accompanying clinical response. Several quality improvement initiatives were undertaken as a result, including:

- Patient engagement
- Clinical processes and workflow
- Cancer related fatigue management
- Return to work

Measuring PROs is just the beginning; appropriate clinical responses, provided from a person-centred lens, are essential to ensuring that patients receive the care and support they need, at the time they are needed most.

### Call to Action

As a faculty member, the ASRT staff members provided exceptional speaker preparation support in advance of the conference. I would encourage all CAMRT members to consider submitting an abstract to present. The opportunity to address your peers in this capacity and engage in knowledge exchange is a valuable and rewarding experience.

I also encourage all CAMRT members to reflect on their personal and organizational capacity to provide person-centred care to better understand not just **"What's the matter with you but, what MATTERS to you"**.

# Updates from the JMIRS

## Call for Papers for 2018 – Personalised Medicine

We are preparing a special issue of the Journal of Medical Imaging and Radiation Sciences (JMIRS) on the topic of **Personalised Medicine**, which is defined as medical care in which treatment is customized for an individual patient. [Click here](#) to listen to a podcast introducing the principles, terminology and emerging tools in precision/personalized medicine by RTT students in the Radiation Therapy Master's program at the University of Toronto! We invite MRTs, as well as our interprofessional colleagues, to submit papers by **May 1, 2018**. For more information, please see here: <http://www.camrt.ca/blog/2017/12/18/jmirs-call-for-papers-for-2018/>.

New to this special issue is a call for original submissions for a **Letters to the Editor feature**—a collection of correspondence from our readership. This includes, but is certainly not limited to: reflections on experiences in the workplace, different curricular approaches to preparing learners, or the cultivation of new skills and responsibilities regarding personalized medicine. The editors will be looking for letters that offer reflections, insights, and creative suggestions related to the challenges faced in this area from all disciplines. Please submit by **August 15, 2018** – it is a great way to get published and join the conversation!

## Recognizing the Top 5 articles in 2017

We are pleased to host these five open access articles on our homepage at [www.jmirs.org](http://www.jmirs.org).

- [From Computed Tomography–Guided to Magnetic Resonance Imaging–Guided Intracavitary Brachytherapy for Cervical Cancer: What Do the Key Stakeholders Have to Say about the Transition?](#) Kitty Chan, Angela Cashell, Tara Rosewall
- [Evaluating the Effectiveness of an Electronic Learning Tool for Volumetric Imaging Training—Perceptions of Radiation Therapy Professionals](#) Olive Y. Wong, Caitlin

- Gillan, Nicole Harnett, Winnie Li  
[Emotional Intelligence Development in Radiography Curricula: Results of an International Longitudinal Study](#) Augusto de Galvão e Brito Medeiros, Sarah Lewis, Jonathan McNulty, Peter White, Steven Lane, Stuart Mackay
- [The HESI Admission Assessment and Radiography Exit Examination as Predictors for Student Success](#) Beth L. Vealé, Kevin R. Clark, Jeffrey B. Killion, Preet Sharma
- [Finding Purpose, Passion, and Happiness in Your Profession](#) Catherine Wang

*“When I considered the topic of Image Guided Therapy, my first thought was “eye”, because we use them to process all the images that we see in radiation therapy as well as in the other MRS disciplines. But at the end of the day, it's more than just that. Even with a single glance, while no words may be spoken, mountains of information can be exchanged between individuals.*”

Congratulations to the authors and their research team of collaborators on this recognition of their dedication, passion and commitment. The JMIRS would also like to sincerely thank all the people who help bring these submissions to publication—the authors, peer reviewers, and Associate Editors who work through submission and revision phases—a daunting but worthwhile task to maintain quality standards. A list of all the top reviewers (and a comprehensive list of all those who contributed in 2017), is available under the “Peer Review” tab of the journal website. Most cannot appreciate the amount of work that goes on behind the scenes bring each from original manuscript to final publication, work that is primarily performed by volunteers. It is truly an amazing

system of peers supporting peers, not to mention a great learning experience for anyone who might be considering getting involved. Please be sure to contact us at [editor@camrt.ca](mailto:editor@camrt.ca) if you are interested.

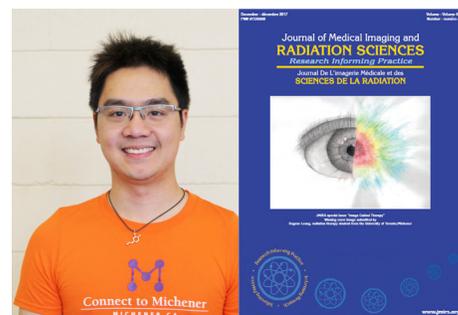
## Apply for a CAMRT Research Grant!

Fostering research and publication through education and funding is a key activity in support of the CAMRT's commitment to promotion of professionalism. CAMRT annually awards a research grant of up to \$5,000 for original research related to the medical radiation sciences. The deadline for applications for the 2018 grant is **April 1, 2018**. See the [CAMRT website](#) for more information.

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

## JMIRS Winter issue now available

This special edition focuses on the theme of Image Guided Therapy. Check it out at [www.jmirs.org](http://www.jmirs.org)!



Each year there is a contest open to MRTs to submit original artwork related to the theme. This year's winner was **Eugene Leung**, a third-year student at the University of Toronto/Michener studying Radiation Therapy and currently in Ottawa doing his clinical placement.

# Is the Future Supply of Tc-99m at Risk?

## Farewell NRU reactor

Submitted by François Couillard, Chief Executive Officer, CAMRT

The NRU reactor, the workhorse of Mo-99 production, will cease production indefinitely at the end of March 2018. Not that long ago this reactor supplied close to 70% of the world's supply of Mo-99, the precursor of Tc-99m, used in more than 80% of nuclear medicine procedures around the world.

## Current Situation

Over the past several years industry, supported by government and private funding, has put in place measures to replace this important source of supply. Two categories of suppliers are competing for future market share: existing suppliers, relying on traditional reactor-produced Mo-99; and new entrants, exploiting innovative new production methods and equipment. The former group benefits from an existing infrastructure and distribution chain. However, it relies on a limited number of very old nuclear reactors, all of which are scheduled to close by 2030, except for the OPAL reactor in Australia. Of the half a dozen new major production projects, none has yet reached a state of commercial production.

The most accurate prediction of short-to-medium term supply and demand comes from the Nuclear Energy Agency (NEA). The report is prepared from values supplied by industry and governments, and represents a consensus view. The last report, published in April 2017, predicts that unless there are unexpected, prolonged interruptions of supply of several major reactors, production capacity should comfortably exceed demand until at least 2022.

## New Suppliers

What about after 2022? It depends. If all the new sources of supply achieve their commercial production targets we could be in a situation where supply vastly exceeds demand. This might sound like a good thing, but it is not—it would lead to price wars to gain market share and render these new operations unprofitable. Let's take a realistic view at the prospect for these new potential suppliers:

**NorthStar:** This US-based producer is the closest to market launch. It relies on the MURR reactor as its source of Mo-99 but is hoping to produce its own with a series of

linear accelerators in the future. They have their own proprietary generator system that must be used by hospitals. They are only waiting for FDA approval to launch and will likely be on the market in the US in 2018.

**SHINE:** They have already invested \$US 40 million in the development of a new production method for fission-based Mo-99 using linear accelerators with a sub-critical Low Enriched Uranium (LEU) uranium sulfate solution. They have agreements in place with GE, Lantheus and a Chinese producer. They are currently building a demonstration facility to test the technology with the hope of starting the construction of a full-scale production building in 2018. They hope to be in regular production by 2020.

**Nordion/MURR:** Canadian nuclear medicine pioneer Nordion is partnering with the MURR reactor and General Atomics to produce Mo-99 from a selective gas extraction method. The major strengths of this project are that it uses existing facilities at MURR and Nordion and a well-honed transportation infrastructure (Nordion was until recently the largest supplier of Mo-99 worldwide). The Mo-99 produced will work in all existing Mo-99 generators. They hope to achieve commercialization by 2019. Given the expertise of all the partners involved on this initiative it is probably the most promising of all the new projects.

**COQUI Pharma:** This is a very ambitious project that involves the building of two 10 MW reactors in Oak Ridge Tennessee, at a cost of over \$500 million. About 45% of the engineering has been completed to date. They hope to be on line by 2023-2024.

**Northwest Medical isotopes:** They are also using the MURR reactor as an irradiator. They have a site in Columbia, Missouri. They will make their own LEU targets, which will make the licensing even more elaborate.

**Canadian accelerator projects:** Several Canadian sites have demonstrated the ability to produce Tc-99m directly from small cyclotrons of the type used to make PET isotopes (Vancouver, Edmonton, Sherbrooke). These innovative scientific advances are still many years away from regular production. They must obtain regulatory approvals and demonstrate an ability to produce and distribute their products reliably. Also, they must develop back-up capacities for when the cyclotrons are down for maintenance. Pricing models for these options are still theoretical.

Canadian Isotope Innovations in Saskatoon and Winnipeg has developed a linear accelerator process to make Mo-99 and would have a much greater capacity than the smaller cyclotron projects. Unfortunately, they restrict users to the use of their own proprietary generator. They still have a lot of work ahead of them before commercialization.

## Summing it up

Over the next 10 years, we will have to rely mostly on the traditional reactor network for securing Tc-99m. Gradually, possibly starting as early as 2018, new entrants will attempt to gain a foothold in the market. This will be challenging. They will need to demonstrate an ability to produce as reliably as existing producers, and at competitive prices.

Paradoxically, while industry needs to raise prices to achieve "Full Cost Recovery" levels, market forces in certain geographies might create conditions for price wars to prevent new entrants from gaining too much market share. Under those conditions, the main barriers for new entrants won't be technical but, rather, commercial. Over the next few years, industry and governments in Canada and around the world will have to create the necessary conditions to encourage new players, and this will be tricky. Some form of price or supply control might be required.



# Provincial Updates

## Newfoundland

In June 2017, CAMRT Director of Professional Practice Mark Given embarked on a roadshow in Newfoundland, visiting Corner Brook, Lab City, Gander, Grands Falls and Carbonear. Discussion covered such topics as regulation and the future of NLAMRT, and a major take home message was that regulation + association = professional success! Thanks for the great “come from away” hospitality from the techs and therapists and Eastern Health!



## Nova Scotia

The fall/winter are always busy for the NSAMRT as we host the annual Fall Education Session in conjunction with MRT Week free for members and students. This year the talks included “Lighting the Fire Within”, “QEII Redevelopment Project”, “Vascular Rings in Ultrasound”, “Tobacco Cessation in Cancer Care”, and “Pain Management: The Move Beyond Opioids”. Many thanks to the education committee chair, Shawna Baughman and committee for another job well done!

As the connectedness and digital nature of our work continues to evolve and grow, the NSAMRT hosted a privacy information and training session open to the board and committee members to participate in. It was a very informative afternoon lead by the Office of the Information and Privacy Commissioner of Nova Scotia.

Additionally, we are excited to announce the location of the new NSAMRT office. The address is 310-380 Bedford Hwy, Bedford, NS B3M 2L4. This is a fantastic location for the NSAMRT as several health regulators from Nova Scotia also have offices in the same facility, allowing for networking and knowledge

sharing with other regulated health professionals. Visitors are welcome, but please reach out to arrange a time with our Executive Director, Julie Avery.

The NSAMRT is collaborating with the NBAMRT for the development of Standards of Practice for our organizations. We’ve hired a consultant firm to help the working group with this core document.



NSAMRT Executive Council at our new office: L to R – Nicole Deveau, Dave McAloney, Julie Avery, Chrissy Gamache, Jonathan Bower, Megan Brydon (not shown, W.Cory McNeil)

## Ontario

### Bill 160

At the end of September, the Ontario Government introduced Bill 160, the Strengthening Quality and Accountability for Patients Act, 2017, and debate on the Bill began on October 4, 2017.

Among other extensive changes (including amending six statutes and repealing another four statutes), Bill 160 if passed will repeal the current Medical Radiation Technology Act and replace it with the Medical Radiation and Imaging Technology Act, 2017 (MRITA). This new Act has significant implications for CMRTO members and for the province’s diagnostic medical sonographers:

1. In addition to earlier direction by the government to regulate diagnostic medical sonographers as part of the CMRTO, the new Act will change the scope of practice of medical radiation and imaging technology to add the use of soundwaves for the purposes of diagnostic procedures in the Act rather than a regulation.
2. The CMRTO’s name will be changed to the new College of Medical Radiation and Imaging Technologists of Ontario (CMRITO).

3. The MRITA will add “diagnostic medical sonographer” as a title restricted to members of the new CMRITO. In other words, no person other than a member of the CMRITO will be permitted to use that title or hold themselves out as qualified to practise in the specialty of diagnostic medical sonography.

### Registration Regulation Consultations

In anticipation of the MRITA, at the direction of the government the CMRTO had already drafted, and begun circulating to members and stakeholders for comment, proposed changes to the registration regulation for the profession. The consultation on the registration regulation closes on October 17, 2017 and Council will review these comments at their meeting on October 20, 2017. (The changes can still be viewed on the CMRTO’s website at <https://www.cmрто.org/what-we-do/consultations/>.)

### New Standards of Practice

As well, new standards of practice for medical radiation technologists, to include diagnostic medical sonographers, are already being developed, and the CMRTO will be consulting with MRTs and sonographers about the proposed standards of practice beginning in November.

### Fall Information Workshops

Not surprisingly, the focus of this fall’s workshops by CMRTO Registrar & CEO Linda Gough will be the regulation of diagnostic medical sonographers within the CMRTO. All MRTs and sonographers are invited to attend these free workshops. (You aren’t required to register, just come out.) The complete list of workshop dates and locations is available on the CMRTO website at <https://www.cmрто.org/blogs/news/2017-09-21-cmрто-information-workshops/>.

## Manitoba

### Celebrating the Degree Completion Program in Radiation Therapy

In fall 2012, a diploma/degree program became available through a partnership between CCMB and The University of Winnipeg (UW). This program was

designed to meet the general four-year science degree requirements while also meeting CAMRT entry-to-practice standards for RTTs as outlined by the national competency profile.

At the same time, CCMB representatives expressed a desire to offer a degree completion option for past graduates of the previously offered diploma only program. Of the 34 RTs who expressed interest, 20 enrolled and completed this program over the last 5 years. This represents more than 20% of the active radiation therapists in Manitoba today, and the students ranged from therapists with over 30 years of experience to those who had recently completed the previous diploma-only program.

CancerCare Manitoba chose MRT Week to celebrate their achievements with a come and go reception honouring staff at both the Western Manitoba Cancer Centre in Brandon as well as the McCharles site in Winnipeg. The MAMRT also recognized these graduates with a gift of a document frame etched with the MAMRT logo. Congratulations to all graduates of this program!

### **MAMRT Celebrates MRT week**

The MAMRT helped give members something to celebrate this year with the second annual MAMRT Day with the Moose, offering discounted tickets to members for the AHL's Manitoba Moose game. Members received a ticket and free pair of Moose mittens for attending, and received some special recognition during intermission. Members were also offered tickets to the Fort Whyte Adventure Travel Raffle once again for 2018, hopefully a member is once again the winner of the grand prize! You may have also heard Public Service Announcements about the MAMRT and the MRT profession across Manitoba during MRT Week, and we look forward eagerly to celebrating again in 2018.



### **MAMRT Announces new membership benefits for 2018**

New for 2018: in addition to Tech Educational nights, fun events like the Bomber and Moose games, and award eligibility, members now will be able to book the MAMRT office boardroom for personal meeting space. Contact [admin@mamrt.ca](mailto:admin@mamrt.ca) for booking information.

MAMRT members are now also associate members of the OAMRS! The MAMRT is proud to announce it has an agreement in place to offer MAMRT members are now eligible to participate in and register for all OAMRS educational courses through MAMRT membership. Details available [here](#).

### **Volunteers required**

MAMRT has opportunities available on three committees: (1) Annual Awards/Life Membership; (2) MAMRT's 90th Celebration [2019]; and (3) 2018 Annual General Meeting. Interested? Contact [admin@mamrt.ca](mailto:admin@mamrt.ca).

### **Saskatchewan Council Updates**

Council elections results were announced September 9th at the AGM. Effective January 1, 2018 the President will be Scott Mildenberger; Brenda Lock was appointed to a second term as Vice President.

### **Annual General Meeting and Conference**

We held a successful joint conference with Saskatchewan Association of Medical Imaging Managers (SAMIM) and Saskatchewan Association of Diagnostic Medical Sonographers (SADMS) on September 9th in Saskatoon. Planning has begun for a return to Spring AGM and Conference which will be held mid-April in Regina.

### **Update on the Regulation of Sonography**

In September, together with the Saskatchewan Association of Diagnostic Medical Sonographers (SADMS), the SAMRT submitted a joint application to the Saskatchewan government to regulate Diagnostic Medical Sonographers.

### **Initiatives**

SAMRT looks forward to work on two large initiatives underway in 2018:

1. Transitioning to a modified carver governance model and;
2. Risk Assessment and Recommendations for a Sustainable Financial Model Project

### **Move Notice**

Effective January 22, 2018 the SAMRT is moving to a new location: 203-3775 Pasqua Street, Regina SK S4S 6W8. The telephone and email address remains the same, however the facsimile number will be 1-306-543-6161.

### **British-Columbia**

#### **From BCAMRT to CAMRT-BC**

On January 1, 2018, CAMRT-BC became the new provider of provincial association services for MRTs in British Columbia. The transition from BCAMRT to CAMRT-BC was the result of a long process of consultation with BC members and the BCAMRT Board, which culminated in adoption of the model by the full BCAMRT membership in June of 2017. In the new model, BC members pay provincial dues to CAMRT-BC and provincial services previously provided by BCAMRT, such as provincial advocacy, provincial events and networking, updates and communications on the MRT profession in BC, and more, will be delivered by this new unit of the CAMRT dedicated to provincial services in the province. Learn more: <http://www.camrt.ca/bc/>.

#### **New Provincial Manager for CAMRT-BC: Louise Kallhood**



CAMRT is very pleased to announce the appointment of Louise Kallhood as the new Provincial Manager for CAMRT-BC. Members in BC, as well as across the country, know Louise well – she was a long-time volunteer with

BCAMRT and a Past President, as well as an active contributor to CAMRT initiatives nationally. Her work experience spans clinical, educational and leadership

roles. Louise is extremely motivated to join our team and is eager to work with other members in BC to deliver provincial association services and advocate for causes important to the profession. Louise will be based in BC, and connected to the CAMRT office through technology and organizational supports. If you would like to contact Louise, she would love to hear from you. She can be reached at [lkallhood@camrt.ca](mailto:lkallhood@camrt.ca).

### **Regulation of Radiation Therapists and other MRTs**

The regulation of BC MRTs has been an important goal for MRT advocacy in the province of BC for nearly a decade. In late 2016, the BC Provincial government made the decision to establish a regulatory college for several healthcare professions, which was to include MRTs from the radiation therapy discipline (and not those in medical imaging). The first stage of the College for Medical Diagnostic and Therapeutic Technologists (CDTHP) is on track with the Provincial Government of BC, and is expected to be established in 2018. Louise Kallhood and CAMRT-BC are working hard to collaborate with the government on this implementation. Once the new college has been substantially implemented, the ministry has committed to continuing its work on regulatory options for a number of other diagnostic and therapeutic health care occupations (through a second stage of the college), including nuclear medicine technologists, medical radiography technologists, magnetic resonance imaging technologists, medical laboratory assistants, cardiology technologists, diagnostic medical sonographers and medical physicists.

There is no specific timeline as yet for this second stage. Learn more: <http://www.camrt.ca/bc/provincial-advocacy/regulatory-college-updates/>.

### **Alberta Presentations**

The ACMDTT reached out to MRTs, ENPs and DMS throughout the province with presentations on self-regulation, the importance of understanding the importance of regulatory compliance and the framework of what self-regulation is. Since September 30, 2017 through the end of December, the College has made 18 presentations and has reached 485 MRTs, ENPs and DMS.

### **Branch Education Days**

Pertinent presentations covering a diverse array of subjects were highlighted throughout the province this fall at the Branch Education Days. Branch Education Days were held in Edmonton, Calgary, Peace Country (Grande Prairie, Fort McMurray), Southern Alberta (Medicine Hat, Lethbridge), and Parkland (Red Deer).

The ENP Branch (Electroneurophysiology Technologists) held its Education Day in Calgary.

### **MRT(NM) Nuclear Medicine Education Presentations**

Acclaimed Nuclear Medicine expert, Dr. Douglas Van Nostrand, director of Nuclear Medicine at MedStar Washington Hospital Centre in Washington, DC did presentations in Edmonton and Calgary in November. Dr. Van Nostrand presented "Enhanced Techniques to Increase the Utility of Radioiodine Imaging in Patients with Differentiated Thyroid Cancer".

### **Inaugural ViewPoint magazine published**

ViewPoint is a new initiative designed to engage MRTs and ENPs in Alberta with articles which reflect current issues, embrace historical roots, and explore new horizons in the medical diagnostic and therapeutic landscape. ViewPoint is delivered by Canada Post to all members, and is available digitally on the ACMDTT website.

### **MRT Week**

Honourable Sarah Hoffmann, Deputy Premier and Minister of Health introduced key MRT stakeholders (including the ACMDTT's Karen Stone, CEO/Registrar) to the Alberta Legislative Assembly on November 9, 2017 as part of MRT Week. Hoffman stated, "The integral role of diagnostic and therapeutic care is often overlooked, so it's truly an honour to stand us with them and celebrate their hard work, dedication and expertise in make life better for Albertans." City of Calgary Mayor Nenshi also wrote a Letter of Recognition of MRT Week, saluting "the dedication and commitment of these professionals who demonstrate excellence in patient care."

### **Membership renewal**

The numbers say it all. Over 99% of members renewed their practice permit and completed all the legally mandated registration requirements to the satisfaction of ACMDTT by the deadline of November 30, 2017. Only 27 members didn't register by the deadline, a drop of over 100 members who didn't renew the previous year. This reflects the members' understanding of the importance of regulatory compliance, illustrating their respect of their profession, and their dedication to ensure that the public is receiving safe, competent and ethical diagnostic and therapeutic care.



**My coverage was there for me when I needed it most.**

CAMRT Membership has you covered!

CAMRT  ACTRM  
[pli.camrt.ca](http://pli.camrt.ca)

# CPD Highlights

## QUICK SELF STUDIES IN DEVELOPMENT

### Stereotactic Radiosurgery (SRS)

The stereotactic approach to treating brain lesions has become a standard in many institutions due to the availability of treatment and immobilization options, as well as the superior patient outcomes from the therapy. This quick self-study (QSS) will provide a background to the

development of SRS and SRT treatments historically, guidelines for patient selection and will illustrate different proprietary devices available. Planning and treatment examples will be provided as well as examples of department and patient pathways. Upon completion

of this QSS, students should have a basic understanding of immobilization, department requirements and basic planning for this therapy.

#### Notice to members – CPD Pricing

The CAMRT is pleased to provide top quality education at competitive prices for our members; however, these fees are periodically adjusted to ensure we can administer current content and continue to develop new resources. Please refer to the chart below for prices effective December 1, 2017. Students now enjoy the same prices as members!

#### Login to see the member rate

When registering for a course please make sure you are logged in to your member account to get the member rate. If you do not see the member rate when logged in to your account please contact [cpd@camrt.ca](mailto:cpd@camrt.ca).

	Member	Non-Member	Student
Full Length Course	\$375	\$750	\$375
Rewrite Exam	\$135	\$270	\$135
Quick Self Study (1-4 credits)	\$75	\$150	\$75
Quick Self Study (5+ credits)	\$100	\$200	\$100

## CAMRT CPD withdrawal policy change 2018

CAMRT has updated its withdrawal policy effective January 2018.

- 90% of the course fee will be refunded if the request to withdraw is received prior to the registration deadline.
- 75% will be refunded if the request to withdraw is received prior to the first assignment due date and if no assignments have been submitted.
- 50% will be refunded if the request to withdraw is received prior to the third assignment due date and if no assignments have been submitted.
- 75% of a Challenge or Rewrite Exam fee can be refunded if the request to withdraw is received three weeks prior to the exam date.

Refunds **will not be issued** for the following:

- Requests to withdraw after the third assignment deadline.
- Assignments already submitted for marking
- Previously transferred registrations
- Administration fees (transfer, late registration, etc.)

## Rewrite and challenge exam registration deadline

**April 1, 2018 @ 11:59 PM (Eastern)**

### Rewrite exam:

Candidates are allowed an initial write and two rewrites in a two-year period following the initial write date.

### Challenge exam:

Candidates who feel they have the knowledge and experience equivalent to the content of CAMRT's courses have an opportunity to bypass the course and assignments and write the final exam only.

**Challenge exams are available for certificate-related courses only. The exam pass rate is 75%.**

**Exam Date (s): April 28\* or May 11, 2018.**

*\*Candidates will be required to select one of the two dates above during registration.*

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

# Announcements

## Call for applications — CAMRT Leadership Development Institute!

On June 15-17, 2018, the CAMRT will be hosting its annual Leadership Development Institute.

**Deadline: February 28, 2018**

[Apply Now!](#)



## CAMRT Certificate in Breast Imaging Program Volunteer Committee Member

**Deadline: February 28th, 2018**

[Apply Now!](#)

## APRT(T) Certification

The ("APRT(T)") Certification process certifies radiation therapists working to the standardized advanced level in Canada! Could this be the right fit for you?

[Learn more now!](#)

The CAMRT is proud to be a corporate member of the CRPA and we want to pass some savings on to our members.



[Check out the savings now!](#)

Say hello to 2018! CAMRT presents another great Telus offer for the New Year.

[Sign up for a great deal now!](#)



# Partnering with CAMRT and CECAP for Success

## CME Opportunities for MRTs

The BC Radiological Society is the not-for-profit professional organization that represents the Section of Radiology of the Doctors of BC. One of the constitutional mandates of the Society is to promote official liaison between the members of the Society and any organization that impacts the area of radiology. To fulfill this mandate, the BCRS has a standing Programs Committee. It is this committee that oversees interests and activities of the Society related to continuing medical education, accreditation, certification, credentialing and quality assurance.

At BCRS, we believe that it is critical to include allied health professionals such as medical radiation technologists in our educational strategy. As part of the diagnostic imaging healthcare team, it is important for MRTs to have local educational opportunities to enhance their competence and provide professional development.

BCRS has been working with the CAMRT and the Continuing Education Credit Accreditation Program since 2009 to acquire credit approval for our learning opportunities. We are also committed to providing high-quality, affordable opportunities to medical radiation technologists when relevant programs are developed. In the last eight years, the BCRS has offered 23 accredited CME opportunities to our members from half-day programs to multi-day simulation workshops that are linked to certification and credentialing. Almost half of these programs were made available to medical radiation technologists.

To date BCRS has offered the following learning opportunities to MRTs:

- Practical Primer in CT Angiography (Non-cardiac)
- Nuts and Bolts of MSK Imaging
- ISCD Bone Densitometry Certification Workshop (2010 and 2015)
- Interventional Radiology for the General Radiologist

- If Neuroradiology Gives You a Headache...
- Risks in Radiology
- Women's Imaging CME
- Oncology Imaging CME: A Panel Discussion on the "C" Word
- Imaging on the Island: Updates and Workshops in the Northwest
- Neuroradiology Symposium

Most recently we offered a full-day learning opportunity for radiologists, medical radiation technologists and diagnostic medical sonographers working in the area of mammography entitled, "Breast Imaging Update: Breast Cancer and Beyond." This was one of the most well-attended, non-certification events by medical radiation technologists seeking valuable breast-focused continuing medical education. Additionally, this was our first event offered to this wide range of participants by webinar. A number of MRTs were able to virtually attend this event that otherwise would not have been possible given the cost of travelling to Vancouver. We enjoyed presentations from frontrunners in breast cancer, screening and diagnostic mammography including radiologists Dr. Paula Gordon and Dr. Linda Warren among other local radiologist leaders.

We are fortunate to be able to work with the CAMRT through their CECAP as an educational sponsor. The process of acquiring credits for our programs is straightforward and cost-effective. The turnaround time for approval is quick and the fact that our programs are listed free of charge on the CPD Repository is appreciated.

The BCRS will continue to provide high-quality, affordable continuing professional development opportunities into the future through various means to our members, medical radiation technologists and other allied health professionals and working with a partner like the CAMRT and CECAP ensures success for all involved.

BC Radiological Society  
250-377-4088 ~ toll free in BC 1-877-465-2277 ~ [www.bcradiologicalsociety.com](http://www.bcradiologicalsociety.com)

## What is the BC Radiological Society and Why Should MRTs Care?

The British Columbia Radiological Society (BCRS) is the not-for-profit professional organization that represents the Section of Radiology of the Doctors of BC.

### The purposes of the Society are:

- To advance the practice of Radiology in the Province of British Columbia. Radiology refers to all methods of diagnostic medical imaging and to their use in interventional procedures using techniques unique to radiologists.
- To promote the highest quality of delivery of radiological services for the people of British Columbia.
- To promote the ethical standards, educational and occupational welfare of radiologists in the Province of British Columbia.
- To promote the professional interests of all radiologists in all practice settings – hospitals, community imaging clinics, independent clinics and teleradiology services.
- To promote official liaison between the members of the Society and any organization that impacts the area of radiology.

To fulfill these mandates, the BCRS has several standing committees including the Programs Committee that oversees interests and activities of the Society related to continuing medical education, accreditation, certification, credentialing and quality assurance. When there are training standards in place, we do our best to offer members, and other allied health professionals, an opportunity to complete the required training locally. If training standards are not currently available in BC or Canada, we work with our stakeholders to establish provincial standards. The BCRS has offered CME opportunities to medical radiation technologists, medical diagnostic sonographers, nurses, family practitioners and other physician specialists and will continue to do so into the foreseeable future.

# NEW YEAR, NEW YOU

**For just \$499 annually or \$21.12 (+tax) biweekly CAMRT members receive:**

ACCESS TO OVER 280 GOODLIFE FITNESS CLUBS  
CORPORATE RATE EXTENDED TO 4 FAMILY MEMBERS  
GROUP FITNESS CLASSES  
STATE-OF-THE-ART EQUIPMENT  
SAVINGS & SPECIAL OFFERS FROM OVER 100 POPULAR BRANDS

**Save up to \$400 off**

Maximize your CAMRT membership and your muscles too! CAMRT has made an investment in the health and wellness of our members. Take advantage of this great savings and start living the GoodLife!

**Get started today!**

Have your CAMRT ID number handy and visit  
<https://corporate.goodlifefitness.com/>.

**GoodLife**  
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The good life. Made easy.

**Saturday, April 28, 2018**  
**OAR Breast Positioning Event**

Registration Now Open!  
Check the OAR Website:  
[www.oarinfo.ca](http://www.oarinfo.ca)



**Course will also be Webcast LIVE!**  
**HANDS-ON Positioning Workshops**  
**with Live Models!**

**Course Directors:**  
**Joan Glazier, MRT (R) CBI**  
**& Louse Miller, RT (R) (M) (ARRT), CRT, FSBI**

OAR & Mammography Educators Led by Louise Miller, RT(R) (M)(ARRT), CRT, FSBI, are partnering to provide technologists with a unique educational experience in breast positioning and updates in Breast Imaging!

**Saturday, May 5th**



**OAR CBMD Advanced Accredited Densitometry Technologist (ADT) 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!

**Saturday, May 26 & Sunday, May 27, 2018**  
**OAR CBMD Accredited Densitometry Technologists (ADT) Course – plus exam**

This one and one-half day course plus exam takes technologists beyond basic certification. The CBMD ADT program requires the highest standards for scanning, recording patient history and all aspects of QA/QC. A CBMD ADT designation is a requirement for technologists working in BMD facilities accredited by the CBMD Facility Accreditation Program.



Location for all programs: Downtown Toronto and via live Webcast

**For more information: [oarinfo.ca/cme](http://oarinfo.ca/cme) or contact the OAR office: [mail@oarinfo.ca](mailto:mail@oarinfo.ca)**