



*Socializing at the Celebration of Excellence*



*CAMRT Foundation Prize Winner*



*Marshall Mallet Lamp of Knowledge Winner*



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

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

**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	End of January
Number 2	March 5	End of April
Number 3	June 15	End of July
Number 4	September 7	End of October



On the cover... Image depiction of CAMRT's GameChangers Forum on May 16th.

### DISCLAIMERS:

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

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# President's Message

As of July 1, 2018, CAMRT has a new President: **Gailyne MacPherson, RTR, ACR** from Prince Edward Island. We took the opportunity to ask Gailyne a few questions about her career and her passion for patient care, so that we could introduce her to all of you.

## **Gailyne, do you remember what drew you to a career in medical radiation technology?**

When I was 12 years old, I attended my aunt's graduation from nursing. There were two graduates at the end of the class with blue and gold ribbons on their caps, and I wondered who they were. Fast forward to first-year university when I could not make the connection from a science degree to what kind of work I would actually do. I knew I wanted something in healthcare, but I didn't want to be a nurse, so I investigated medical radiation technology ... and here we are.

## **Can you tell us how you came to be where you are now in your career?**

I graduated in 1981 and worked casual for a few months before getting my first permanent position. I worked full-time for four years, until the birth of my first child, and then took some extended maternity leaves and worked nights every second weekend for ten years before resuming my career in a small community hospital. In 2007, I became the Quality and Risk Co-ordinator for Diagnostic Imaging; and in 2011, I became a Department Manager. In 2015, I became the Health PEI Provincial Director for Diagnostic Imaging.

## **What aspects of this profession do you like the most?**

I have always felt that patient care and interaction was the most important aspect of our role as MRTs. This was reinforced by my family's tragic experience on March 8, 2018. That was the day on which my granddaughter was born, and on which, six hours later, her mother passed away from complications of the C-section. We were devastated and in shock. The kindness shown to our family by every member of the

hospital staff solidified for me the idea that patient experience is not necessarily related to outcome, and that every patient interaction we have has the potential to positively impact their lives.

Delivering care through technology is what we do and who we are. I am a people person. The most satisfying aspect of the MRT profession, for me, is the ability to connect with a large number of people. Patient engagement was the most satisfying aspect of my 26 years working on the front line, followed closely by the challenge of getting really nice images in less than ideal circumstances. It's a bit different in a management role, but not entirely. In this new role, what's most satisfying to me is establishing a culture in which others can provide those connections and that care.

## **What motivated you to start volunteering with your professional associations?**

My initial forays into volunteering came after I was approached by my fellow MRTs to volunteer for CAMRT's Professional Practice Advisory Council. After being on this committee for a while, I was sold.

I believe that as a profession, we do not give appropriate recognition to our own contributions to the healthcare team. There is an emphasis on our profession "not being recognized" by others, but I am not sure we value each other and the contributions of our own profession to the fullest. Participating in initiatives to expand awareness and recognition of our great profession, both from within the MRT community and from outside it, are an ongoing motivation for me to give of my time.

## **How did you go from volunteer to CAMRT President?**

Following my committee work, I became a member of the CAMRT Board in 2013. I went on to serve on a few board committees, and was chair of the Board Education Committee. Having enjoyed those experiences, in 2016, I put my



name forward for the vice presidency and was successful. I had never intended to put my name forward for the presidency, but, as I started to reflect, I realized the opportunity to represent my peers nationally and internationally was a once in a lifetime opportunity and privilege, and so I put my name forward.

## **The CAMRT has many ambitious projects underway. What do you see as priorities for achievements during your term as president?**

The main areas I see for progress are in advocating for the profession and in the development of more advanced practice roles. These are not easy or short-lived goals and are very complex; however, the advancement of our profession depends on both these efforts, and the underlying philosophy associated with these goals – that we are expert caregivers and that we believe in ourselves.

A handwritten signature in black ink that reads "Gailyne MacPherson". The signature is fluid and cursive, written in a professional style.

# A revamped BPG website for MRTs!

The internet is full of amazing information about the profession ... if you know where to look!

CAMRT's **Best Practice Guidelines**, or 'BPGs' for short, are a resource to help support MRTs in clinical decision making.

The BPGs were written to help MRTs avoid "re-inventing the wheel" and getting stuck when little or no guidance is available.

BPGs are classified according to the professions they apply to — "**CORE**" for all MRT modalities, and "**MODALITY SPECIFIC**" when the evidence and recommendations are specific to one modality.

They are also assembled into themes (each with a variety of topics) that MRTs face every day in practice like: Patient Management, Patient Safety, Quality of Care.

If you have any questions about the BPGs or if you would like to become more involved, please contact: [bpq@camrt.ca](mailto:bpq@camrt.ca).

**The revamped BPG website has the following new features and updates available:**

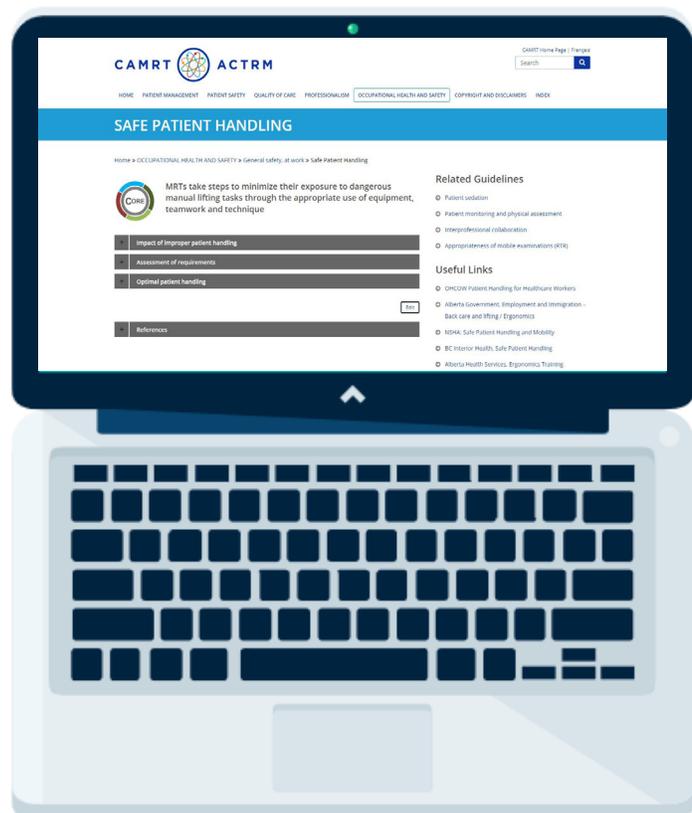
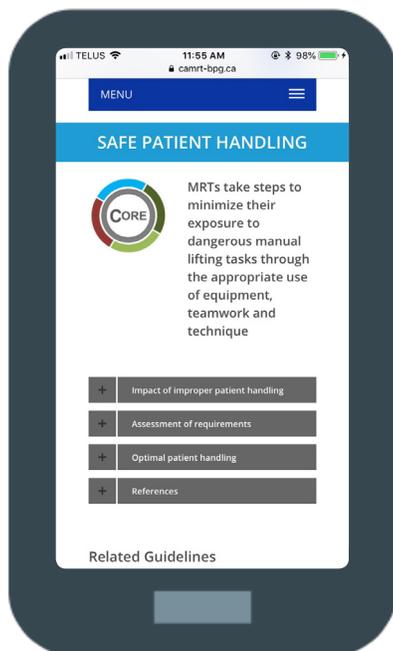
- ✓ An easy to use search function
- ✓ Section menus, with BPGs visible at a glance
- ✓ Mobile friendly design for MRTs 'on the go'
- ✓ 11 newly translated French BPGs
- ✓ Updates to existing guidelines

## NEW CONTENT



- Falls prevention
- Safe patient handling
- Patient comfort and positioning
- Adapting and responding to treatment deviations (Radiation Therapy)

<https://camrt-bpg.ca/>



# GameChangers Recap 2018

**GAME**Changers  
In Medical Radiation Technology

On May 16th, 2018, the CAMRT event "Game Changers in Medical Radiation Technology" kicked off in Ottawa at 8AM.

CAMRT staff were up bright and early to prepare for this full day of educational sessions, along with the CAMRT annual general meeting and awards ceremony.

## Education Sessions

The education started off with a bang with an engaging presentation on *Applications of 3D Printing in Medical Radiation Technology and Diagnostic Imaging*.



We were then immersed into the wonderful world of *Virtual Reality in Medicine and Radiology*, and educated on *Canadian Cannabis Clinics: Navigating the System*.

## Breaks

During our coffee and snack break members were able to engage and test out some of the virtual reality equipment.



## Foundation

The CAMRT Foundation once again had their annual raffle, where fantastic prizes were won. See page 7 for more Foundation updates.



Visit [https://camrt.force.com/CPBase\\_store?site=a0a1a0000AMdCoAAL](https://camrt.force.com/CPBase_store?site=a0a1a0000AMdCoAAL) for all the conference presentation recordings.

## Annual General Meeting

This year the 76th CAMRT AGM went virtual and was filled with questions and insight for the future in person and virtually. Members pledged to the new elected officers and enjoyed a fantastic lunch.



## Awards Ceremony

The CAMRT awards were given out at the Celebration of Excellence Reception, where cocktails and appetizers were enjoyed. See pages 8-9 for a full listing of winners.



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





### Introducing our New Board of Directors

The new Board of Directors was announced at the AGC in Ottawa this year. These individuals are instrumental in developing policies and in the continuing implementation of the strategic plan. Changes are effective as of July 1, 2018. See table of contents for full board listing.

## Updates from the CAMRT Foundation

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

This year, during the Awards Gala, we hosted our Annual Foundation Raffle. We had 20 prizes, including gift cards, jewellery and electronics. Funds raised during the auction will go to support MRTs working in the field of medical radiation science. We would like to thank all our members for their generous support.

### **This year we are pleased to announce the following grant and scholarship recipients:**

The recipient of the 2018 William Doern Leaders of Tomorrow Scholarship was **Jacqueline Hanley**.

The total amount of grants and scholarships awarded this year was over \$20,000.

### **Congratulations to our 2018 grant recipients:**

**Romel Canlas, Amanda Bolderston, Megan Brydon, Caitlin Gillan, Ryan Hyvarinen, Komal Mazhar, Cynthia Palmaria, Jodie Piercey, Craig Smith, Keith Sutherland, and Pauline Warden.**

To apply for one of our grant or scholarship opportunities in 2019, please visit the Foundation webpage on the CAMRT website: <http://www.camrt.ca/about-camrt/camrt-foundation/>.

The CAMRT Foundation Board would like to welcome Samantha Moraes as incoming secretary. She is currently a CT Technologist and an Advanced Practice Coordinator at William Osler Health System, and her passion and enthusiasm for the MRT profession has continued in her volunteerism. She is delighted to have been given the opportunity to be a part of the CAMRT Foundation, and we look forward to working with her.

Our affiliation with Johnson Inc. Insurance continued to be very profitable: in 2018, the Foundation benefited by receiving over \$15,000 from this affinity program.

Please remember that any time a member obtains a no obligation quote on home or auto insurance from Johnson, the Foundation receives \$20. Log on to <http://www.johnson.ca> and go to "get a quote" and enter CAMRT Foundation as the sponsorship program, or call 1-800-563-0677. This partnership is invaluable and strongly supports our Foundation.

The CAMRT continues to support the Foundation by giving staff time, points from their credit card usage and office storage space. Another generous donation the CAMRT gives is when a CAMRT member passes away, they provide \$50 to the Foundation in memory of that member. Simply notify Shaely Williams, Director of Member Services to initiate that remembrance donation.

For all this support, the CAMRT Foundation Board would like to greatly thank the team of staff at the CAMRT office for all their assistance throughout the year.

# CAMRT Award Winners



## Board Recognition

President's Medal

**Louise Rimanic, RTNM**  
BCIT (BC)

## Competitive Awards - Essays

L.J. Cartwright Student Award  
WINNER

**Anastasia Adriyanta (ON)**  
Essay: A Literature Review Comparing the Efficacy of 68Ga-DOTA PET/CT Imaging and 111In-octreotide Imaging in Neuroendocrine Tumour Detection

## Awards of Excellence

Radiological Technology

**Kimberly Biggs, RTR**  
Program: Moncton Hospital /  
UNB Saint John, NB  
**Jaylene N. Strueby, RTR**  
Program: Saskatchewan Polytechnic, SK

L.J. Cartwright Student Award  
CERTIFICATE OF MERIT

**Kelsey Thompson (ON)**  
Essay: A Retrospective Meta-Analysis of the Increasing Risk of Radiation Induced Cancer from Diagnostic Imaging Procedures in Pediatric Patients Compared to Adult Risks

Magnetic Resonance Imaging

**Elizabeta Karaskov, RTT,  
RTMR**  
Program: Michener Institute, ON

**Luke MacDonald (NS)**

Essay: The Benefits of 123I- 99mTc-Sestamibi Dual Isotope Imaging for Parathyroid Adenoma

Nuclear Medicine

**Heather Callen-Wicks, RTNM**  
Program: SAIT Polytechnic, AB

**Deanna Lee Burns (NS)**  
Essay: Clinical Value of 68Ga DOTATATE

Radiation Therapy

**Lindsay Lockhart, RTT**  
Program: Mohawk College /  
McMaster University, ON

E.I. Hood Award  
WINNER

**Krista Dawdy, RTT, Merrylee McGuffin, RTT, and Brian Liszewski (ON)**  
Essay: Can the use of Virtual Reality Enhance Patient's Knowledge and Understanding of Radiotherapy Treatment and Improve Their Overall Experience

## Competitive Awards - Exhibit

Dr. Marshall Mallett Student Award — WINNER

**Michelle Dawson (NS)**  
Exhibit: MAGnetic Expansion Control (MAGEC) Rod System

Dr. Petrie Memorial Award  
WINNER

**Melanie Hilkewich, RTR, ACR, CTIC, FCAMRT (SK)**  
Essay: Air Embolism Complication after Lung Biopsy - a case report

Dr. Marshall Mallett Student Award — CERTIFICATE OF MERIT

**Brittany Dumaresque and Katelyn Mason (NS)**  
Exhibit: CT Imaging in Pediatric Head Trauma

Dr. Petrie Memorial Award  
CERTIFICATE OF MERIT

**Josh Gamsby (student) (ON)**  
Essay: Can Canadian Radiographers Produce Accurate Reports of Screening Mammograms?

**Nicole Morrison and Mallory Munroe (NS)**  
Exhibit: Cystic Fibrosis

Sister Mary Arthur "Sharing the Light" Award — WINNER

**Jennifer Su, Bonnie Bristow, RTT, Patrick Cheung, Ian Poon, Xingshan Cao, and Darby Erler, RTT, CTRT (ON)**  
Essay: Fatigue in Patients Receiving Stereotactic Body Radiation Therapy (SBRT) to the Lung

## ASRT Speaker Awards

ASRT@RSNA Conference Speaker

**Philip P. Kennedy, RTR**  
Title: Toward True Professionalism: Becoming Your 'True Self'

ASRT Radiation Therapy Conference Speaker

**Mikki E. Campbell, RTT**  
Title: The Inside Story: Integrating Therapeutic MRI into Radiation Therapy Practice

# CAMRT Honorary Awards

The CAMRT Honorary Awards are a collection of awards presented to members at the pinnacle of the profession. The winners of these awards earn the highest recognition from their association by their dedication, commitment and exceptional contributions to our profession. These awards were presented at the CAMRT GameChangers in Ottawa, ON on May 16th, 2018.



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



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



The Welch Lecturer Award, which is bestowed upon a member of CAMRT who has made an outstanding contribution to the profession at a national level was presented to **Sophie Shao Hui Huang, RTT.**



## A New CAMRT Life Member

In 2018, the prestigious CAMRT Life Membership was awarded to **Marcia Smoke, RTT.**

Marcia has been the Head /Manager of Radiation Treatment Planning and Therapy at the Juravinski Cancer Centre Radiation Therapy as well as the Undergraduate Education Director at Mohawk/McMaster Medical Radiation Sciences Program, both in Hamilton, ON for the past 16 years.

For just about the full 45 years of her career in radiation therapy, she has been at the forefront for the discipline in Canada. Advancing practice has been a common theme in the decades of research, work and volunteering of our newest Life Member. Her many peers and mentees over the years describe her as visionary for their profession and a true example who they can't help but follow, someone who truly walks the talk.

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

# CONNECT Joint Conference



From April 27th to 28th, the CAMRT and the Alberta College of Medical Diagnostic and Therapeutic Technologists (ACMDTT) collaborated on a joint annual conference in Edmonton, titled CONNECT 2018. And what a success it was!

The event brought together over 460 diagnostic and therapeutic professionals including technologists, students, employers, and industry from across Canada to learn and share knowledge of the five currently regulated specialties in Alberta (radiological, nuclear medicine and magnetic resonance technologies as well as radiation therapy and electroneurophysiology technology) as well as our colleagues in diagnostic medical sonography.

During the day, attendees were treated to thought-provoking and timely topics such as “The Opioid Overdose Crisis in Alberta” and “Imaging and Imagining the University of Alberta’s Egyptian Mummy”. During the evening, attendees had the chance to attend the Mayfield Dinner

Theater’s uber-fun production of *All Shook Up*, featuring the music of Elvis Presley.

CONNECT 2018 is a wonderful example of how we are collaborating with our partners across the country to contribute to high-quality learning opportunities for you, our members. A special thank you

CONNECT 2018 is a wonderful example of how we are collaborating with our partners across the country to contribute to high-quality learning opportunities for you, our members.

to the exceptional team at the ACMDTT for the invitation to collaborate on this event. A selection of comments from conference attendees can be found below — if you missed out on this great event, make sure we see you there next year!!

## Here is what people had to say about the presentations:

### Medical Cannabis - What you need to know

- *Very interesting with new laws coming into effect in July 2018. Learning its uses and its “availability” to patients was interesting.*

### Gamma Knife: Alberta’s new adventure in radiation therapy

- *Very interesting and not a technology that I knew existed until 2 days before the conference. I had a patient tell me about his experience having this treatment and so this session was timely for me.*



### **The Opioid Overdose Crisis in Alberta**

- Dr. Karine Meador

- *In the news almost daily. Nice to know there is funding, education, and treatments available in our province.*

### **Imaging and Imagining the University of Alberta's Egyptian Mummy**

- Nancy Lovell, PhD

- *This project based on curiosity and interest, spanning over 20 years gave the perfect snapshot of the advancement of imaging technology.*

### **Special Tests in Body MRI**

- Dr. Christopher Fung

- *I am not in the MRI profession but Dr. Fung gave the BEST presentation I attended at the conference. Could have listened to him all day. Well*

*versed in MRI and made his talk easy to listen to, interesting, and upbeat. Have him talk at all your conferences if possible.*

### **Professionalism: Collegiality and Conflict in the Workplace**

- Dr. Erica Dance

- *Dr. Dance spoke to a topic that everyone should be reminded of. We are all part of a healthcare team and are responsible for its success in helping patients.*

### **Some general conference comments received:**

- *I was thrilled this first collaboration between CAMRT & ACMDDT occurred in Edmonton leaving me hoping*

*there are more to come. I had to seek details about the collaboration once the conference was announced on my own accord; I recommend this feature be highlighted, celebrated, and made clear of its uniqueness to create more interest that it is not 'just another annual conference'. I must admit, this experience was noticeably more exciting, fun, and interactive than past ones. Keep up the great work, I can only imagine the work and dedication that went into organizing this and I feel it paid off! I have been singing praises to my department ever since and the staff that attended are still sharing and buzzing around presentations. Best wishes to all involved.*

# “Hi, I’m...” Introducing the CAMRT Advocacy and Communications Team!



Christopher Topham is the CAMRT Director of Advocacy and Communications at CAMRT. In his advocacy role, he works with the Advocacy Advisory Council to determine CAMRT advocacy priorities. He takes meetings with a variety of government officials and other stakeholders to promote the MRT profession and discuss issues and advance initiatives of

importance to the MRT profession. In communications, Chris works with Jessica and Carly to publish all the communications that come from CAMRT. He and his team work to ensure that all members hear about association happenings and are kept abreast of important developments in the profession.

[ctopham@camrt.ca](mailto:ctopham@camrt.ca).



As CAMRT's Communications Coordinator, Jessica McGregor is at the forefront of all things social media. She is in charge of member communication via e-blasts, newsletter and engagement on CAMRT's social media platforms. She creates a lot of promotional

items, works hard to maintain CAMRT's websites, helps plan and manage MRT Week and develops most of CAMRT's graphics. If you have any questions about advertising in our newsletter and e-blasts then be sure to be in touch with Jessica.

[jmcgregor@camrt.ca](mailto:jmcgregor@camrt.ca); 613-234-0012 ext 240.



As Managing Editor for the *Journal of Medical Imaging and Radiation Sciences (JMIRS)*, Carly McCuaig works with the editorial board, authors, and peer reviewers to produce quarterly issues that disseminate MRT research to our membership and beyond. If you have any questions about submitting to the journal or volunteering as a

peer reviewer, be sure to get in touch! She also works with the communications team to assist with the newsletter, webinars, and annual research grant.

[cmccuaig@camrt.ca](mailto:cmccuaig@camrt.ca); 613-234-0012 ext 239.

# 2018 CAIR Conference Report

Submitted by **Jessie Szarek RTR, CIR** and **Linda Payne, MRT(R), RTR, CIR**

The 2018 CAIR Annual Meeting, in collaboration with the CAMRT, began for MRTs and RNs with a full day session on Wednesday May 30th. This year, CAIR (Canadian Association for Interventional Radiology, formerly CIRA) partnered with CAMRT, allowing for techs and nurses across Canada to come together to gain insight into topics such as the do's and don'ts of sterile technique, and stenting the SFA. There were many lectures and workshops that were informative and interactive, like the hands-on workshops with ultrasound guided venipuncture, the Cook simulator, and the aseptic technique. It reinforced the need to document vessel integrity prior to placing PICCs, document the size of the vessel in its native state, as well as 'best practice' for maximal barrier technique.

The Wednesday session also included interesting case reviews M & M style. The day concluded with an interactive debate discussing various topics such as room scheduling, staff training, and time out. It was interesting to see the similarities as well as the differences within IR departments across the country, which generated some great dialogue. Likewise, the radiologists held a debate on three topics, each with an IR radiologist (and in one case, a surgeon) to speak for, or against the topic: Treatment of small HCC: resection vs ablation; Prostate Artery Embolization vs TURP for treatment of benign prostatic hyperplasia (BPH); and Should IR docs continue to evolve into 'clinicians' or stay the role of 'hired gun'?

The conference continued until Saturday with the entire healthcare team learning together on a variety of topics with some great speakers. The Business of Healthcare, by Darren Ferguson, explained why it's important to be involved in the hospital community. He discussed how, as medical professionals, we have a big role in improving and allowing for advancement in healthcare by speaking to the appropriate chain of people. Knowledge is key in providing exceptional patient care; however, instances of delayed care do occur.



A few speakers reflected on their past experiences, sharing their best and worst days in the angio suite.

Having these speakers share cases, personal recollections and various solutions was important so that the audience could avoid such circumstances or troubleshoot should they ever be in that same situation. The 2018 CAIR conference, in collaboration with the CAMRT, encompassed a great range of topics, contributing to our ongoing professional development.



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## **CAMRT CERTIFICATE PROGRAMS SEEKING VOLUNTEER COMMITTEE MEMBERS**

There are current vacancies on three of CAMRT's Certificate Program Committees.

### **Certificate in Interventional Radiology (2019-2021) – one vacancy**

- Radiological Technologists

### **Certificate in CT Imaging (2019- 2021) – two vacancies**

- Nuclear Medicine Technologist with PET/CT experience
- Radiological Technologists

### **Certificate in Dosimetry (2019- 2021) – one vacancy**

- Radiation Therapist

### **Interested candidates must:**

- Be currently working and have a minimum of 3 years' experience in the specialized area
- Be a full practice member of the CAMRT
- Be able to attend an annual 2-3-day meeting in Ottawa

*Each Committee membership term is 3 years and is renewable for another 3-year term.*

Please forward a current resume, a cover letter outlining how you meet the above selection criteria, why you would be an asset to the committee, along with two written references by **September 14, 2018.**

For more information contact  
Melanie Bérubé [mberube@camrt.ca](mailto:mberube@camrt.ca).

# Celebrating MR Safety Week

This July 23-27, magnetic resonance technologists celebrated MR Safety Week. MR Safety Week is always celebrated within the month of July because in 2001, a six-year-old boy named Michael Colombini was killed in an MRI incident in Valhalla, New York, in July. There was little-to-no MRI safety information at the time and, since then, the creation of MRI safety resources has been an ongoing priority (1).

The CAMRT was proud to provide several resources for MRI technologists to access CPD and news to continue to advance their safety knowledge, all of which are available beyond the week itself.

## Webinars

In partnership with SMRT, the CAMRT broadcasted a live webinar on July 25, titled "MRI Contrast Agents: Safety Issues and Practice" with speaker Dr. Lawrence Tanenbaum, MD, FACR discussing the different gadolinium contrast agents available, including their chelate structure, stability and retention; the link between gadolinium contrast agents and Nephrogenic Systemic Fibrosis (NSF); current literature and regulation related to the safe and effective use of gadolinium contrast agents and strategies for discussing contrast media with patients.

The webinar above, as well as several additional MRI-themed webinars are available free to members and offer Category A Credit, including "Abdominal MRI" and "MRI Pathology of the Abdomen and Pelvis". Browse our [online catalogue](#).



A banner for "MR Learning Labs Accredited Webinars for MR Technologists &amp; Radiographers". The central image shows two lightbulbs filled with colorful gears. Text includes "MR Learning Labs Accredited Webinars for MR Technologists &amp; Radiographers", "An SMRT &amp; CAMRT Collaboration", and logos for SMRT (SOCIETY FOR MR MAGNETIC RESONANCE TECHNOLOGISTS), A WORLD OF KNOWLEDGE FOR MAGNETIC RESONANCE PROFESSIONALS, CAMRT, and ACTRM.

## Peer Reviewed Research

Check out a recent article by CAMRT members Susan Crisp and Krista Dawdy, "[Building a Magnetic Resonance Imaging Safety Culture from the Ground Up](#)" (2). Ensuring awareness of MRI hazards and safety procedures through a formalized education and training program is integral in creating an MRI safety culture that protects patients and staff from harm.

The aim of this project was to develop an accessible and interprofessional electronic e-module learning series to instill an MRI safety culture throughout the entire hospital. This is the first such program in Canada. Knowledge of the existence of the MRI unit is only one facet of creating an MRI safety culture. By increasing the awareness of the hazards of MRI to all personnel throughout the hospital, the risk of harm to patients and staff may be decreased.

Go to [www.jmirs.org](http://www.jmirs.org) and search "MRI safety" to access the latest research on this topic published by the JMIRS!

## Best Practice Guidelines

Check up on the CAMRT Best Practice Guidelines related to MRI Safety, including:

- [Optimal Staffing in MRI](#)
- [MRI facility design](#)
- [Authorized MRI personnel](#)
- [Quench Process](#)



<https://camrt-bpg.ca/>

## References

1. T Dandino. Cincinnati Children's blog, available at: <https://blog.cincinnatichildrens.org/radiology/mri-safety-week-2017/>. Accessed July 4, 2018.
2. S Crisp, K Dawdy. Building a Magnetic Resonance Imaging Safety Culture from the Ground Up. *J Med Imag Radiat Sci*, 49.1; 18022. Available at: [https://www.jmirs.org/article/S1939-8654\(17\)30167-4/fulltext](https://www.jmirs.org/article/S1939-8654(17)30167-4/fulltext).

# CAMRT's 2018 Research Grant Recipients



Submitted by **Nichole Smith, BHSc, QEII Health Sciences Centre, School of Health Sciences Dalhousie University, Halifax**

This year, the CAMRT Research Grant will support the project: **“Evaluation of the Clinical Value of Extended Field of View vs. Standard Field of View 18F fluoro-2-deoxy-glucose PET/CT Imaging in Melanoma Patients: A Multi-Center Study”.**

Malignant melanoma is the leading cause of skin cancer related mortality, accounting for 90% of skin cancer related

While two approaches to 18F FDG PET/CT imaging of cutaneous melanoma are commonly used, Extended Field of View (EFOV; top of head to bottom of feet) and Standard Field of View (SFOV; from the eyes to lower trochanter) many clinicians have questioned the clinical value of EFOV imaging and several recent small studies have concluded that EFOV imaging does not significantly affect course of treatment or survival in melanoma patients whose primary tumors are within the SFOV.

Irrespective of these clinical and research perspectives, many physicians continue to employ EFOV imaging in patients whose primary tumors are within the SFOV. This reflects, in large part, a lack of confidence in the current research evidence-base, which has numerous inherent weaknesses, including: a lack of prior power analyses (inadequate sample size) in many studies; failure to account for the unique clinical course of various melanoma subtypes (e.g. cutaneous vs. uveal vs mucosal); lack of multi centered studies and therefore generalizability and; in some instances, failure to confirm

best decisions for cutaneous melanoma patients. Specifically, we will explore the following question: For patients receiving 18F FDG PET/CT imaging for staging at initial presentation and/or follow-up of cutaneous melanoma, and whose initial presentation of disease (primary site and metastasis) are confined to regions within the SFOV, is there clinical value in scanning body regions outside of the SFOV? We will build upon the lessons learned in prior studies by conducting a sufficiently powered study, across multiple Canadian centers, focused on cutaneous disease and, when possible, confirm metastatic spread through pathological findings. Solid data will support the future development of a more evidence-informed standard of practice.

## **The purpose and objectives of this research consist of the following:**

To investigate the frequency of metastatic lesions in the EFOV of melanoma patients undergoing staging and/or follow-up with 18F-FDG PET/CT. This investigation is restricted to patients without known or suspected melanoma lesions in EFOV regions at the time of initial presentation.

To determine the incidence of new metastatic lesions in EFOV regions of patients with no new lesions in the SFOV region. This investigation is restricted to asymptomatic high-risk melanoma patients receiving follow-up with 18F-FDG PET/CT.

Sub-objective: To build capacity for Nuclear Medicine Technologist-led research in Canada (i.e. the development of research competency in grantsmanship, institutional ethics review board navigation, data collection and analysis, scientific writing and budget management).

This project will build research capacity and collaboration amongst MRTs across Canada. This study also has the potential to facilitate a transfer of knowledge gained to others and spark future research projects.

## **This project will build research capacity and collaboration amongst MRTs across Canada.**

deaths each year. Cutaneous melanoma is also one of few cancers to continue to display rates of increasing prevalence throughout the world. Accurate and reliable staging of this disease during initial presentation and in the follow-up or surveillance of asymptomatic high-risk patients is essential to ensure appropriate treatment planning and assessment and, for measuring prognosis.

18F FDG PET/CT is known for its high sensitivity and specificity for soft-tissue or nodal recurrences and metastases; and is an important tool for the staging and follow-up of cutaneous melanoma.

EFOV suspected lesions with biopsy histopathology. Furthermore, a recent Scoping Review of relevant studies has confirmed the current evidence-base insufficient to support confident clinical decision making. Additional research is therefore required.

This research study will work to strengthen the evidence-base pertaining to the clinical value of EFOV imaging in melanoma patients by conducting a comprehensive study that addresses the deficiencies of prior studies thereby providing data that will give clinicians added confidence when making the

On behalf of the research team I would like to take this opportunity to extend our appreciation to the CAMRT Grant Committee for supporting our project through the 2018 Research Grant.

The research team includes: Primary Investigator: Nichole Smith-Dalhousie University/QEII Health Sciences Centre (Halifax, NS). Co investigators: Amy Morris-Foothills Medical Center (Calgary, AB), Janet O'Connor-Thunder Bay Regional Health Sciences Center

(Thunder Bay, ON), Jonathan Bower-QEII Health Sciences Centre (Halifax, NS), Melissa Sponagle- Dalhousie University/QEII Health Sciences Centre (Halifax, NS), and Rebekah Bahr-British Columbia Cancer Agency (Vancouver, BC). Mohamed Abdoell and Rob Gilbert (Dalhousie University) are project collaborators.

## Get your Grant Application ready for 2019!

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 2019 grant is **April 1, 2019**. More information is available on the [CAMRT Website](#), including a listing of past winners.

# Breast Screening Forum in Vancouver

Submitted by **Nancy Aldoff RT(R)**,  
Provincial Professional Practice Leader, BC  
Cancer Breast Screening

The biennial Forum hosted by the BC Cancer Breast Screening Program this past April was, once again, a highly popular event where breast imaging technologists and radiologists gathered from all over the province.

The Friday evening program dedicated to technologists kicked off the weekend with speakers presenting on personalized breast cancer screening, tattoo artistry for breast cancer survivors, and TED talk speaker Drs. Gurdeep and Anita Parhar addressing being aware of racially stereotyping patients. The Saturday program was a full day covering subjects from breast density, over-diagnosis, and positioning makeovers to stress management for technologists. Renowned speakers Dr. Ed Sickles, Dr. Daniel Kopans, Dr. Wendie de Brok, and Dr. Marita Schauch delivered thought-provoking presentations. Medical Director Dr. Colin Mar and Operations Director Janette Sam gave the group

an update about how the program is rebranding, our provincial breast health strategy update, and how we rate in cancer detection and retention.

One of the highlights of the weekend for the technologists was the awards ceremony for long-term service and the 'Technologist of the Year'. The Breast Screening Program had many technologists who celebrated their 10, 15, 20, 25 and 30 years of service of performing screening mammograms for patients! The Technologist of the Year award recognized nine incredible women who exemplified excellence in patient care, technical ability, professionalism, and leadership. The overall winner was **Sherrie Jensen** from Langley, BC.

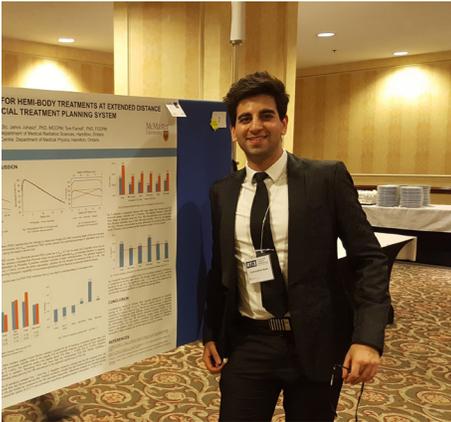
The BC Breast Screening Forum has consistently delivered the very latest in Breast Cancer and Screening. The vendor booths gave participants a chance to view the latest technology and test drive equipment and workstations.



The Breast Screening Program values continued professional development (CPD) for both technologists and radiologists. In addition to the biennial Forum, many technologists have benefited from a scholarship program to assist in obtaining **CAMRT's Mammography I & II courses and CBI designations**. Another scholarship program is being planned for launch in late 2018 so technologists can continue their commitment to life-long learning. See page 21 for an update on these courses.



# Thoughts on Research from a Student Perspective



Submitted by **Yashvardhan Batta**,  
**BMRS<sub>c</sub>, MRT(T)**, Radiation Therapy –  
Medical Radiation Sciences, McMaster  
University Class of 2018 Graduate

Universities place much stress on research as a distinguished strength in order to attract a sea of science bachelors to their masters programs. Often, research alone separates the prestige of one institution over another. It offers unique and competitive strength that students seek as they browse selective programs to pursue their masters-level education. For these devoted learners, acceptance to an endorsed research institution offers potential for securing a strong thesis opportunity and, inevitably, such experiences enhance their prospect of employability in their field of study. This marketable approach isn't the sole discussion point in rationalizing why

research holds so much importance in today's world of science education. Studying under reputable researchers provides an established platform to developing skills and mastering certain attributes of knowledge acquisition. From this perspective, research offers not only an advantage over other employment candidates, but the benefits extend beyond: oblivious to the researcher, certain skills continue to surface and improve over the entire course of the research process.

Similar to how a student may invest years towards acquiring a degree from a pronounced university, researchers must invest in their study and show openness and resiliency in learning. It's quite the pre-requisite. The flexibility of a researcher often manifests in their creative intuition as they constantly mold new ideas from their knowledge base. Having that drive to strive to find solutions from countless failed attempts undeniably professes them as risk-takers. An optimistic mindset is at root of such a drive. These attributes are foundational keys that students acquire from research. It's a stage of learning whereby students can mature life-long skills to becoming critical thinkers. The appealing part of all this is that one's capacity to learn is endless. Learners who practice research are constantly assessing their protocol's effectiveness and so, regardless of

whether the researcher is a student in their early 20s or a renowned professor in their late 60s, novel knowledge is acquired and skills are enhanced.

Aside from advantages that serve only the individual, research promotes new ideas and creativeness for the greater good. As stated by Mary-Louise Kearney, former UNESCO Director of Higher Education, Research and Knowledge, "knowledge generated by research is the basis of sustainable development, which requires that knowledge be placed at the service of development, be converted into applications, and be shared to ensure widespread benefits." Kearney acknowledges that research is not solely a tool for learning for academics; rather it is instrumental for advancements in the global economy. The successes of market economies ranging from healthcare to business depend on the crucial role of foundational research. Specific to healthcare, it promises continued evolution in technologies and treatments for illnesses that are difficult to diagnose, manage, or cure.

My research was performed during the spring and summer months of 2017 under the direct supervision of physicists at the Juravinski Cancer Centre, particularly Dr. Janos Juhasz. It was focused on assessing the degrees of accuracy in planning low-dose hemi-



body treatments at extended distance set ups using commercial treatment planning systems (i.e. Pinnacle). In past animal trial studies, low dose hemi-body radiation was proven to trigger a systemic immune response and was linked to Hormesis. To elaborate, Hormesis refers to a phenomenon through which beneficial effects

assess the radiobiological effects of low dose hemi-body irradiation on humans. The uniqueness of this pilot physics investigation, which aimed to understand the dosimetric planning of its ensuing practical application, was most appealing. In terms of methodology, CT-scanned water and anthropomorphic phantoms provided a scan that was used to create isocentres and regions of interest required to compute doses. The required monitor units were then delivered to the anthropomorphic phantom and the doses were measured using thermoluminescent dosimeters. Comparisons were made between measured values and expected theoretical values and in conclusion, Pinnacle's ability to accurately plan extended distance set-ups was validated.

It was a pleasure to be witness to such well-educated researchers at the recent 2018 RTi3 Conference. From award-winning posters to moving keynote speeches, it was a true delight and inspiration to have attended. From the

To read the abstract from Yashardhan's project and all student research that was presented at RTi3, visit the JMIRS website at [https://www.jmirs.org/issue/S1939-8654\(18\)X0005-8](https://www.jmirs.org/issue/S1939-8654(18)X0005-8).

many things I took away from that event, one concept certainly stood out. It's best described by Mervin Gordon in the quote:

*No research is ever quite complete. It is the glory of a good bit of work that it opens the way for something still better, and this repeatedly leads to its own eclipse.*

**No research is ever quite complete. It is the glory of a good bit of work that it opens the way for something still better, and this repeatedly leads to its own eclipse.**

result from low levels of exposure to a stimulus that would otherwise be harmful at higher levels. Until this year, little to no clinical studies in North America had yet been conducted to



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- ◆ Imaging Special Cases
- ◆ Computed Tomography
- ◆ Bone Densitometry
- ◆ Vascular & Cardiac Interventional Radiography
- ◆ MR Imaging
- ◆ Fluoroscopy Management & Safety
- ◆ Anatomy for Imaging Professionals
- ◆ DBT/Stereotactic/Digital Mammography
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All courses available by mail or eBook. eBook course via email delivery is fast and easy.

# Updates from the JMIRS

Remember, as CAMRT members, you must log-in through the Member's Resource area of the CAMRT website to access full JMIRS content. Here is a selection of some of the great articles included in this issue:

## [Good Luck With That ... Making Your Own Opportunities](#)

Have you ever had a great idea, wanted to try something new, or had a desire to step outside the daily boundaries of your career? Have you ever discussed your great plan with someone else and been told "good luck with that"? Read this great commentary and get inspired!

## [Clinical Implementation of Magnetic Resonance Imaging Systems for Simulation and Planning of Pediatric Radiation Therapy](#)

Magnetic resonance imaging (MRI) of pediatric patients in their treatment positions with setup devices in place can be performed with coil arrangements that include flexible coils. The resulting image quality is suitable for treatment planning and on-treatment monitoring. The article provides optimized site-specific sequence parameters to support the continued improvement of MRI for pediatric RT planning.

## [Going Lean to Improve the Patient Experience in a High-Throughput Brachytherapy Program](#)

This article describes how a targeted application of Lean methodology in a high-volume brachytherapy department can result in significant and sustained change that benefits patients and staff.

## [A Canadian Survey of the Management of Radiation-Induced Skin Reactions](#)

Radiation therapy skin reactions are one of the most common side effects and can cause patient distress. In some cases, a severe radiation-induced skin reaction may limit delivered dose and potentially compromise treatment outcomes. Read on to discover the results of this national survey.

## Issue Supplement

Included as a supplement with this issue are the student abstracts from the [RTi3 2018 conference](#), which took place in Toronto, Ontario. We encourage you to review the abstracts and connect with the authors to collaborate, share, and engage as we build our own body of knowledge and spark possibility for further inquiry.

## Annual JMIRS Cover Art Competition

We need your creativity to make the cover for our upcoming special issue even more special! The theme of this issue is **Personalised Medicine**, which is defined as medical care in which treatment is customized for an individual patient. What do you picture when this aspect of medical radiation technology meets art? We want to see your inspiration!

The contest is now open, and runs until **September 30, 2018**. Artwork should be original – if you are reproducing any part of an image or text, please make sure that all the rights are cleared both for print and electronic publication. We are looking for an image that is 7.125"x

5.1675". Accepted formats include EPS, PDF, TIFF or JPEG for electronic artwork. Submissions can be sent directly to [editor@camrt.ca](mailto:editor@camrt.ca). The winner will be selected by the JMIRS Editorial Board, and will have their artwork displayed on the cover of JMIRS Volume 49#4, to be published in December 2018. Start planning your entry now!

Displayed below are cover art winners from over the years!

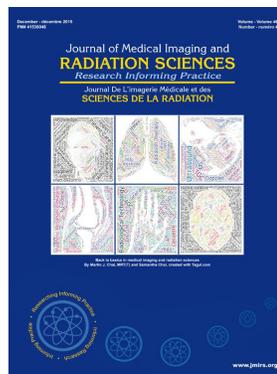
## Call for Letters for 2018

We still have a call open for our 2018 special issue on Personalized Medicine. 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 30, 2018**; if you have questions, please contact us at [editor@camrt.ca](mailto:editor@camrt.ca).

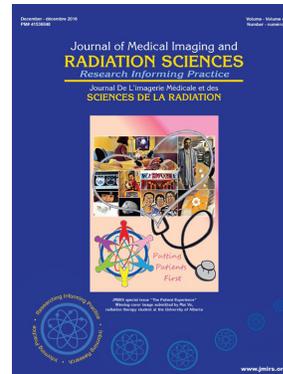
For more information, please see here: <http://www.camrt.ca/blog/2017/12/18/jmirs-call-for-papers-for-2018/>.



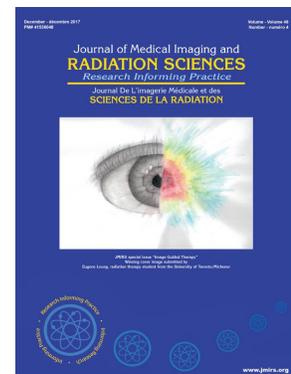
Martin Chai — 2014 Winner



Martin & Samantha Chai — 2015 Winner



Mai Vo — 2016 Winner



Eugene Leung — 2017 Winner

# Provincial Updates



## Saskatchewan Annual General Meeting and Conference:

The SAMRT held a successful Annual General Meeting (AGM) and Spring Conference in Regina on April 14, 2018. The meetings were well attended, and a great variety of speakers provided ample opportunity to earn continuing education credits.

### Student Award Winners:

The 2017 highest CAMRT exam marks in Saskatchewan on the previous year's certification examinations in their discipline were announced at the conference. Winners received gift cards and certificates of recognition:

- Magnetic Resonance Imaging — **Kelly Proczynyn**
- Nuclear Medicine — **Brittany Kozun**
- Radiological Technology — **Jaylene Strueby**
- Radiation Therapy — There were no Saskatchewan students in 2017

### Council Updates:

Council elections were held in April for two member vacancies. **Nathan Rosenberg** was re-elected to a 2nd term, and **Ariel Adamson** was elected to serve her first term. **Scott Mildenberger** will serve a second term as the SAMRT President. **Mary Rafferty** was elected to serve her first term as Vice-President. All terms are effective January 1, 2019.



## Alberta CONNECT 2018 Conference:

The ACMDTT and CAMRT partnered together for a very successful CONNECT 2018 conference in Edmonton on April 27-28, 2018. There were over 460 attendees, making CONNECT 2018 the largest such event ever held in

Alberta linking medical diagnostic and therapeutic professionals. Special thanks to the delegates, speakers, sponsors and volunteers who made CONNECT 2018 such a success. See pages 10-11 for more details.

### Regulatory status of DMS:

The Health Professions Act, Alberta's primary health legislation, had been amended in 2016 to provide that DMS will be regulated through the ACMDTT. We require the second tier of provincial legislation, which is our Regulations, to be amended before sonographers can be regulated through the ACMDTT. Based on an extensive stakeholder regulation, including other MRT regulatory bodies, we have provided our provincial government a set of proposed changes to our regulations. These changes include updating pieces related to the practice of our current members as well as bringing DMS under our regulatory umbrella. Recently, our government has indicated that our Regulations will likely be updated in the fall of 2019. Given this unexpected regulatory delay, we designed our communication strategy as a two-step process. We held many one-on-one meetings with DMS leaders and employers to prepare the system, and then as a secondary step cascaded the information to all sonographers who were rostered into the College last year. We will continue to stay connected with our DMS community and, to assist all other stakeholders in the steps towards transitioning DMS to a regulatory status.

**George C. Hall Invitational Address:** ACMDTT Honourary Lifetime Member and former CEO/Registrar **Kathy Hilsenteger, RTT, ACT** delivered an



inspirational presentation for the George C. Hall Invitation Address at the CONNECT 2018 conference on April 27, 2018. Kathy's presentation was "A Cross-sectional view of CARE". She spoke of the internal makeup of care as an MRT or ENP. C – Compassion; A – Attitude; R – Respect; E – Engage. To read Kathy's presentation, go to <http://acmdtt.com/george-c-hall-invitational-address-2/>.

### Herbert M. Welch Memorial Award:

The Herbert M. Welch Memorial Award is presented to an ACMDTT member who has a proven record of dedicated service and has made a significant contribution to the outstanding growth of the profession. **Abbi Langedahl, MRT(R)** was recognized for her unwavering dedication and commitment to the profession by receiving the Herbert M. Welch Memorial Award.



ACMDTT President Kelly Sampson, MRT(T) presents the ACMDTT Herbert M. Welch Award to Abbi Langedahl, MRT(R).

### 2018 ACMDTT Technologist Award Winners

- Professional Excellence in Leadership Award – **Brigitte Meszoly, MRT(R)**
- Professional Excellence in Patient Care – **Rachel Andrews, MRT(R)**
- Herbert M. Welch Memorial Award – **Abbi Langedahl, MRT(R)**
- Joan Graham Award – **Lynette Ziegler-Wood, MRT(R)**
- Carol Van Velzer Memorial Award – **Angie Sarnelli, ENP & Silvia Kozlik, ENP**

For more information about each award recipient, go to <http://acmdtt.com/2018-acmdtt-awards/>.



## Prince Edward Island Atlantic Medical Radiation Technologists Conference, April 6-7th

**2018:** The Atlantic Medical Radiation Technologists Conference (AMRTC) in Summerside, PEI was a collaboration between the NBAMRT, NLAMRT, NSAMRT and PEIMRT in an effort to provide a shared learning opportunity for all modalities both live, and via webinar. There were 191 registrants, numerous vendors and 49 webinar streams (many of which were hub sites, streaming to several MRTs).

The conference checked a lot of boxes in the 'first-of' category. The subject matter of the conference was novel, focused on the technologist rather than technology and held an emotionally charged, well received technologist panel. Additionally the planning was primarily shared across the four associations as well as the NSSDMS from Nova Scotia. Hosted by PEIAMRT at the Credit Union Place (CUP) in Summerside, PEI, the venue was well appointed, modern and very cost effective. The location was a reasonable commute for most members, and 18 MRTs attended in person from the NLAMRT. The webinar platform was supplied and supported in kind by the NLAMRT, which allowed for the broad reach of our content. The NSAMRT provided the registration platform for the conference, while the NBAMRT was a key player in contacting the speakers.

One key deliverable for the conference was to provide the education content at no charge to members. Even though there were a few vendors who turned down the opportunity to support because the conference was not of a technical nature, we were able secure considerable vendor support. These contributions, as well as those from the NBAMRT, NLAMRT, NSAMRT and PEIAMRT helped in achieving this deliverable. In addition, the CAMRT generously provided a fantastic speaker who shared a compelling session focused on self-care as well as a donating a few education opportunities for door prizes.

Hosting a common, shared conference was also a priority for the organizing committee, where learning and networking can happen in the same space.

Looking forward, the goal is to hold another AMRTC in 2020, location and theme yet to be finalized.



AMRTC Host Committee



## Nova Scotia

We are pleased to announce the recipients of this year's NSAMRT Awards & Bursaries - Congratulations to all the winners!!

- Jan Mussleman Award of Excellence (engraved Nova Scotian Crystal) — **Karren Fader**
- Young Professional Award (\$250) — **Katie Perro**

- Distinction in Patient Care Award (\$250) — **Marilyn Boutillier**
- Conference Bursaries (\$500 each) — **Michelle Poirier and Will Creene**

*Official presentation of these awards will take place at the Fall Ed Day on November 3rd in Halifax.*

Please remember to recognize your fellow MRTs by nominating them! Visit our website [www.nsamrt.ca](http://www.nsamrt.ca) to learn more about our awards program and find the nomination form.

We would also like to congratulate the three lucky Nova Scotian MRTs who were chosen to attend CAMRT's prestigious Leadership Development Institute (LDI), held June 15-17th, 2018.

- **Cherise Adamsson** (sponsored by NSAMRT)
- **Christina Mahaffey** (sponsored by CAMRT)
- **Katie Perro** (sponsored by CAMRT)

## Providing Effective Feedback to MRT Students in the Clinical Environment

3 Category A credits/credit hours

- Define and identify the methods of feedback
- Discuss the barriers to effective feedback
- Consider how changes to clinical practice affect effective feedback
- Construct guidelines for effective feedback in the clinical environment

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## UPCOMING CHANGES TO MAMMOGRAPHY COURSES AND PROGRAMS

**Effective Winter 2019**, Mammography 1 and 2 will be discontinued and replaced with newly developed Breast Imaging 1 and 2 courses. These courses will better reflect today's practice in a highly technical environment and will also become the new didactic component for the Certificates

in Breast Imaging – both screening and diagnostic. There will be a transition period whereby both Mammography and Breast Imaging courses will be accepted towards the CBI programs prerequisites; however,

Mammography 1 and Mammography 2 will eventually be phased out.

**An update will be provided in the Fall Newsletter, on our website, and in future bi-weekly e-blasts.**

## UPCOMING CHANGES TO CERTIFICATE IN DOSIMETRY PROGRAM

Medical dosimetry is a field that has gone and continues to go through radical change. With continuous advances in technology and ever-changing standards, the Canadian Dosimetry Certificate (CDC) provides an opportunity for the radiation therapist to obtain credentials that are recognized by professionals in the discipline of radiation oncology.

Over the years, the CDC program has undergone many changes to enhance the program and fit the needs of the medical dosimetrist. **Beginning in January 2019**, further changes outlined below will be in effect for new and existing candidates.

### Didactic Component

All didactic course material has recently been updated by practicing Canadian radiation therapists and physicists to reflect current practice.

### Clinical Component

The Summary of Clinical Competence (SCC) is an in-depth summary of treatment planning techniques that will help the candidate develop and obtain a comprehensive skillset in dosimetry.

The SCC has been updated to reflect current techniques used at centers across Canada.

**Candidates with 5 years or more full-time experience within the last seven years as a Dosimetrist in Radiation Therapy are only required to complete one case per category.**

### Research Proposal Component

For the third and final requirement, the candidate is required to complete a detailed research proposal directly related to dosimetry. This replaces the previous requirement for a full research paper submission.

This change also applies to the candidates currently in progress with the CDC program should they choose to complete the research proposal in lieu of the project.

### CDC Timeline

The CDC program is designed to be completed within a 5-year period. To allow more flexibility for completion, this timeline **will now begin with the successful completion of Dosimetry 2**. Eligibility requirement for the CDC registration will be 75% or more on the examinations **for both Dosimetry 1 and 2**.

Today across Canada, many Radiation Therapy departments recognize the CDC as an advanced credential and considers it a desired asset when applying for dosimetry related positions.

## QUICK SELF STUDIES NOW AVAILABLE

### Radiographic Pathologies for the IR Technologist: A Review

This quick self-study will discuss the common pathological processes that patients present with and require treatment for in the interventional radiology department. The QSS will introduce the learner to the systematic approach to pathological classification and the treatment options available for some of

these conditions. It will also provide details regarding the radiographic appearance of pathologies and multimodality diagnostic imaging that may be required in order facilitate a diagnosis and potential treatment. This QSS is intended as a review for the practicing interventional radiological technologist, however would

also be appropriate for a variety of health professionals looking to expand their knowledge.

[Register Today!](#)

## COMING SOON...

- **Breast Imaging 1 and 2** Full Length Courses
- **Brachytherapy: An Overview** Quick Self Study
- **Basics of Breast MRI** Quick Self Study

# CAMRT Research Engagement Survey Results



START

In February, a survey was sent to members asking about their research activities (defined as anything from imaging for research purposes to publishing research material), and we received a total of 1,266 responses. The purpose of the survey was to determine baseline information in four areas:

## 1 Interest in research

**32%** of members were "interested" or "very interested" in research

Over **50%** of MRTs agree engaging in research is key to professionalism



## 2 Knowledge Levels

Over half (**50.3%**) agreed with the statement: "I have the foundational skills to participate in research activities"

## 3 Current participation in research activities

**34.8%** said they had participated in research in the last 5 years.

*Projecting onto the larger CAMRT membership, a baseline of 34.8% participating in research activities is a healthy amount for a profession that is at various stages of making the transition from clinical to academic practice.*



## 4 Where is further support from CAMRT needed?

Survey respondents were asked: "What could CAMRT do to assist you in the creation and/or consumption of research?" All 546 survey responses (43%) were coded and themed and led to three major themes:



**Creation:** "Identify research projects that require participation/ offer opportunities for MRTs to collaborate with sites performing research activities."



**Consumption:** "Disseminate new research and potential impacts to practice in an accessible and easy-to-read way. Many people are not willing to read peer-reviewed articles to gain information. It can also seem abstract and the application to practice may not necessarily be immediately apparent."



**Advocacy:** "The clinic I am employed at has not supported me in the past with research endeavors and much of what I am involved with is done on my own time and I support this financially myself. It would be nice to have financial support available to be able to attend a conference to present research."

## Next Steps

Full results and methodology from this survey will be submitted for publication in an upcoming issue of the *JMIRS*. CAMRT is currently working on a strategic plan for 2019-21, and results from this survey will inform creation of resources moving forward. Stay tuned for announcements of upcoming tools and projects to assist our members in the ongoing creation of research.

## We still want to hear from you!

From the survey, **34.6%** indicated they were interested in participating in follow-up online focus groups, and this opportunity is still available. If you would like to participate, please contact Carly at [cmccuaig@camrt.ca](mailto:cmccuaig@camrt.ca). Dates and times for these groups are to be determined.

Thank you to everyone who participated in this survey, and we look forward to engaging our members further on this topic!

Creation	Advocacy	Consumption
<ul style="list-style-type: none"> <li>Mentorship opportunities</li> <li>Idea Database</li> <li>Funding</li> <li>Online toolkit</li> </ul>	<ul style="list-style-type: none"> <li>Access to research</li> <li>More CAMRT communication</li> <li>Education</li> </ul>	<ul style="list-style-type: none"> <li>Research culture</li> <li>Workplace culture</li> <li>CAMRT research Committee</li> </ul>

# Self-Reflection



The following article was written by **Dacia Richmond** (ACMDTT) to explain self-reflection to MRTs in Alberta. Given the spread of regulation, and the increasing importance of self-reflection as a learning tool. CAMRT asked to adapt and share this article with all members across the country.

Self-reflection is often an area of continuing professional development in which Medical Radiation Technologists have difficulty.

By nature, MRTs are professionals who “do and get the job done” – whether that be a clinical procedure, an educational lesson plan or a management task. What they don’t do, in order to do their jobs safely, competently and ethically, is go more than a day without learning. **One common hurdle that MRTs face in self-reflection is first and foremost recognizing that learning has taken place.** They do, because they have to and they want to, and figuring out how to get that job done is part of their makeup – but they don’t give themselves enough credit for the learning aspect of their jobs. With changes in technology and the variety of requests of those they work with, it is imperative that they are constantly adjusting and adapting to what is required of them.

**Recognition is the first step. MRTs often don’t realize that adjusting and adapting is a result of learning.**

Once learning is recognized, one has to figure out what to do with the newly acquired knowledge. Sometimes this is quite straightforward and sometimes this requires some deep thought and creative problem solving. Either way, there will be an endpoint. The transition from learning to the endpoint is the basis of self-reflection.

**How did learning affect what was done or may be done in the future?**

When writing your self-reflection, come from a personal perspective and explain how the learning has impacted your own practice. Make it personal. It always helps to give examples of how you have already used the learning or may in the future use the learning to develop your practice. It may also help to use key phrases such as “I have used this information to...”, “I am now able to implement best practice because...” or “This helped me recognize...” All these phrases start you on the path of explaining how what you learned in the activity has influenced your practice either tangibly or in preparation for an action.

A reflection does not have to be long or verbose, and is not an exercise in creative writing. What does need to be clear to the reader is how your learning affected your actions. Your writing still needs to be clear to anyone who is reading it. **Remember that sometimes we don’t always write down what we are thinking.** Or we think what we have written is clear because we know what we “meant to say”; but, this is not always the case.

Here are some examples to help you in formulating reflections, based on common examples received at the ACMDTT:

<p>Common statements</p> <p>Written as reflections</p>	<p><b>Learning Activity: CPR Re-certification</b></p> <ul style="list-style-type: none"> <li>• Job requirement</li> <li>• My boss makes me do it</li> <li>• Now that I have recertified my CPR, I am better able to handle or assist in an emergency situation should the need arise</li> <li>• I am now more equipped with how to take action should a patient require lifesaving intervention. Despite the hospital having a “code team”, there are still things that should be done immediately while waiting for the code team to arrive and take over</li> <li>• I feel more confident that I can intervene to assist a patient if this becomes necessary</li> </ul>
<p>Common statements</p> <p>Written as reflection</p>	<p><b>Learning Activity: Regulation Education Module</b></p> <ul style="list-style-type: none"> <li>• Good to know</li> <li>• Helps me meet my CCP hours</li> <li>• I was forced to do this by the Hearing Tribunal</li> <li>• I am now able to fully understand my responsibilities as a regulated professional which will enhance my professionalism and patient care</li> </ul>
<p>Common statement</p> <p>Written as reflection</p>	<p><b>Learning Activity: Course on Cultural Competence</b></p> <ul style="list-style-type: none"> <li>• I don’t deal with patients and so this has no bearing on my practice</li> <li>• Although I do not deal with patients directly, the skills and tools that I have gained through this training will help me in my position as a manager as I manage technologists from many different cultures/ backgrounds. It will assist me in understanding cultural trends in communication that will allow me to have more effective conversations with my employees</li> </ul>

## 10th Annual OAR Breast Imaging Symposium

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

### Two Powerhouse Keynote Speakers!



#### **Christiane K. Kuhl, MD, PhD**

**Professor and Chair of Diagnostic and Interventional Radiology, University of Aachen RWTH and Director, Department of Diagnostic and Interventional Radiology, University Hospital Aachen, UKA, Germany**

Known as the “first lady of Breast MRI” and Germany’s most influential woman in radiology, Dr. Christiane K. Kuhl’s main fields of interest are breast imaging, oncological imaging and interventional oncology, as well as high-field MR Imaging. She is Dual-Certified in Radiology and Neuroradiology, and in 2010, she completed her clinical training with

her German Society of Interventional Radiology license to conduct and teach the entire range of interventional procedures.

Dr. Kuhl has published 329 original articles and lectures extensively throughout Europe and around the globe as keynote speaker and visiting professor. She has received many prestigious awards and holds membership in numerous international professional societies and special working groups, and is a peer reviewer and/or editor for many international journals including *The Lancet*, *Radiology*, *Journal of Magnetic Resonance Imaging*, *The Breast*, and the *Journal of the American Medical Association*.



#### **Debra M. Ikeda, MD, FACR, FSBI**

**Professor of Radiology and Fellowship Director, Stanford University School of Medicine, Stanford, California, USA**

Dr. Debra M. Ikeda completed breast imaging fellowships at the University of California San Francisco and at Malmö General Hospital in Sweden where she did research in the randomized, controlled population Malmö Mammographic Screening Trial. She worked at University of Michigan Hospitals as an assistant professor, became Section Chief of Breast Imaging at Stanford University from 1992-2016, and rose through the ranks to full Professor with tenure. She

was awarded Fellowships to the Society of Breast Imaging in 1992 and to the American College of Radiology in 2014.

Dr. Ikeda is the author of more than 110 scientific breast imaging articles covering a variety of breast imaging topics and was the lead author of the *ACR BIRADS MRI Lexicon* in 2004, Vice Chair of the 2013 *Second Edition BIRADS MRI Lexicon*, and published her third edition of the textbook *Breast Imaging: The Requisites* in 2016. She is a nationally and internationally recognized speaker and teacher on breast imaging and image-guided biopsy, with more than 300 presentations in the USA and around the world. Her current research involves improving and sustaining optimal mammographic positioning, diffusion-weighted imaging, DBT, radiation therapy fiducials, the genetics of breast cancer and the normal surrounding stroma, and interval cancers on tomosynthesis.



#### **Course Director: Derek Muradali, MD, FRCPC**

**Associate Professor of Medical Imaging, Head of the Division of Breast Imaging at the University of Toronto and Radiologist-in-Chief of the Ontario Breast Screening Program (OBSP).**

Dr. Derek Muradali has authored multiple publications and book chapters on breast imaging and ultrasound, and has lectured extensively on those topics. His main areas of research in breast imaging involve the appropriate use of imaging tests and cancer detection with regard to the benefits of screening.

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