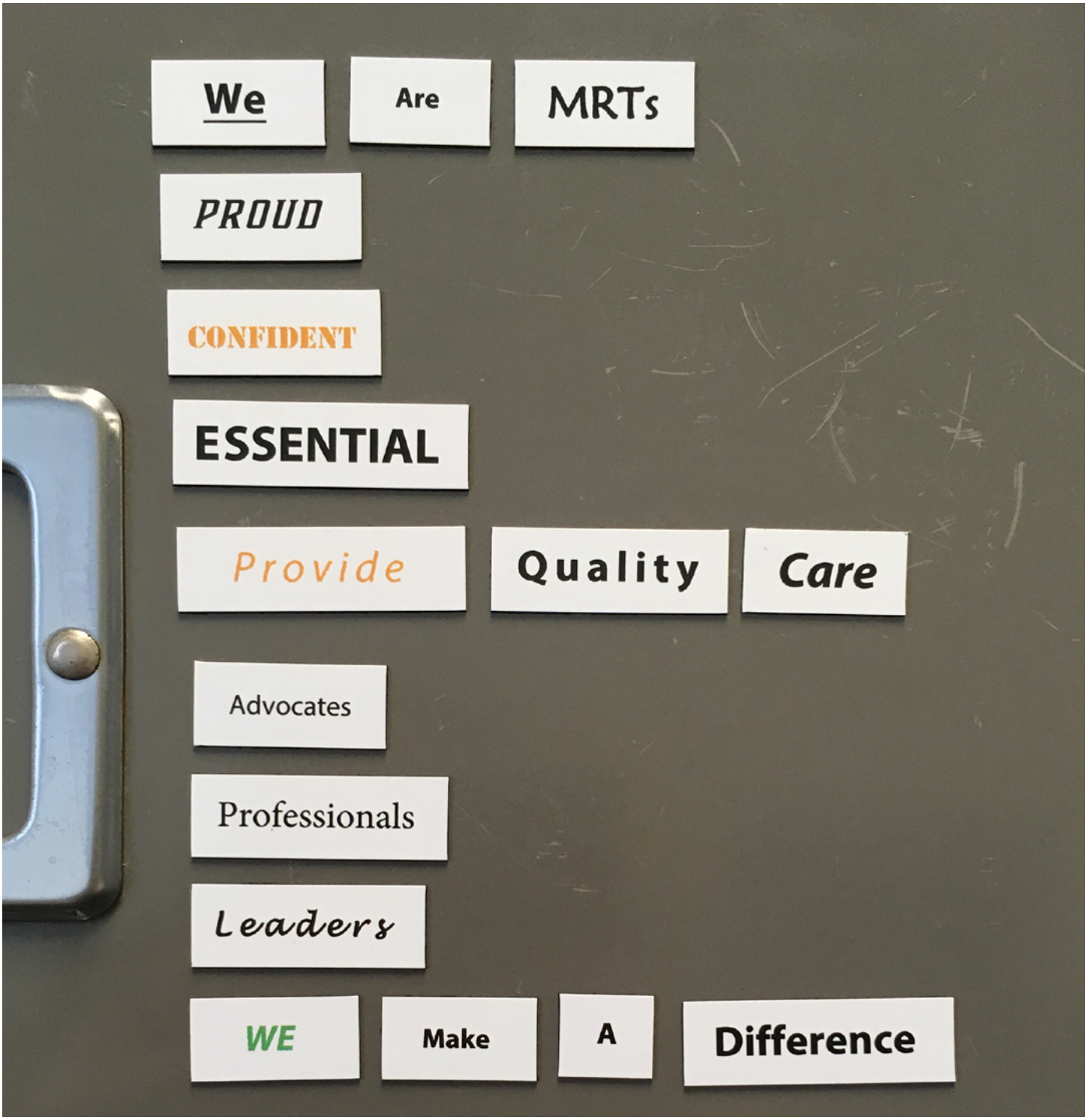
CAMRT ACTRM

CAMRT NEWS

Volume 37; Issue 1



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

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

In this **ISSUE**

On the cover...

Magnetic MRT Poetry from
Sarah Cleveland, RTR
of New Brunswick

President's Message

The end of 2018 brought to a close a fantastic year, and the end of our previous strategic cycle at CAMRT. As a Board member, and more recently president during this strategic plan, I am proud of what we accomplished. It was a time of change for the profession, as well as the association, and this was reflected in the use of terms like "transforming" and "evolving" within the goals of the plan.

Throughout 2018, the CAMRT was busy consulting stakeholders and working with staff to formulate a new strategic plan for 2019 and beyond. The new plan builds on the strengths of the association and the successes of the previous plan, with commitments to support our new areas of strength by focusing on the four broad areas of:

- Evidence and Knowledge (with a continued focus on research, among MRTs, and at CAMRT)
- Responsive Education (wherein CAMRT will continue to identify and develop education that meets the needs of MRTs in the workforce)
- Profile and Influence (with expansion and amplification of the MRT voice in Canada)
- Our Thriving Community (wherein CAMRT will take important steps to maintain and expand its community)

Personally, I found the strategic planning process very rewarding, uncovering new and exciting avenues and identifying areas of real strength to focus our efforts.

2018 was also extremely notable for a number of other reasons. For one thing, 2018 was the year in which the CAMRT introduced its new model for conferences and events. The new model, with more meetings spread across the country, helped CAMRT to reach and engage more members than ever before at in-person events. And, because CAMRT has been working hard through its CPD department to expand its catalogue of recorded sessions and webinars, the association is reaching more members than ever before in their homes and places of work as well.

2018 was also the first year for the newly created CAMRT-BC, which provides provincial association services to our members in British Columbia. It was a very good first year indeed. Membership grew in the province. And thanks to a steady stream of local association engagement, the important site ambassador program was rejuvenated this past year with an influx of new volunteers.

The year ended with a bang for awareness of the MRT profession. At the beginning of November, we celebrated MRT Week. Always popular, this year's edition of our annual awareness week was bigger than ever. The CAMRT offices noted the highest levels of participation ever (with more than 600 sites placing orders for posters, fact cards, and other materials). The passion and energy on display, together with the coordinated information campaign helped ensure the MRT profession was at the forefront of conversation throughout the week. A couple of weeks after MRT Week, the CAMRT Board took the MRT message to Parliament Hill in Ottawa (see opposite page), where it was met with open ears and willing partners. These steps taken bode well for even greater strides in the years to come.

Finally, I would be remiss if I did not mention that we're already off to a great start in 2019. The publication of CAMRT's recommendations for the Choosing Wisely Canada campaign (included on the middle spread of this newsletter) is an important step for the MRT profession. Not only does this work provide our professionals with 5 recommendations to consider against their clinical practices, CAMRT participation also marks an important step for Choosing Wisely as it looks beyond the medical profession and specialties to healthcare as a whole. CAMRT was very proud to take part in this well-regarded national initiative and to be one of the first non-physician groups asked to participate, and to publish its recommendations.

As we begin a new year, I am looking forward to all the ways that we as MRTs can come together in our thriving community to advance ourselves, our practice, and the health of Canadians. Happy 2019!

Marilyne MacPherson

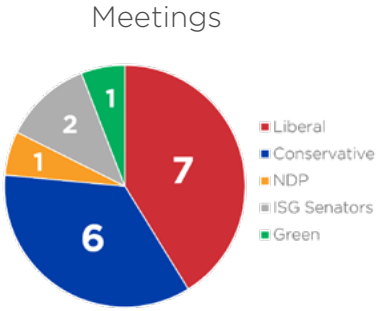
Advocacy Update:
#CAMRTHillDay 2018 & More

#CAMRTHillDay 2018

On November 19, 2018, the CAMRT Board took to Parliament Hill to speak to parliamentarians about the MRT profession and issues related to diagnostic imaging and radiation therapy.

In all, the Board had 17 meetings in the offices of MPs and Senators. The day was a great success and generated considerable interest on the issues of appropriateness in medical imaging and the introduction of artificial intelligence into the Canadian healthcare system.

In the week following our Hill Day, Director of Advocacy, Christopher Topham and CEO, François Couillard were also invited to meet with the staff of the Health Minister's office to discuss the same issues.



Shaping Federal Policy

There are countless opportunities in which the federal government shapes policy and standards at a national level. CAMRT works with agencies like CADTH, CPAC, CIHI and others to address MRT issues at the national level. Official CAMRT submissions in 2018 included: 2019 Federal budget submission, input to the National Framework on Palliative Care, and input to the new CPAC Cancer Control Strategy.

Work on Safety Code 26

CAMRT was successful in convincing Health Canada to instigate a review of its Safety Code 26. This document, originally compiled in the late 1980s (with some minor adjustments over the years), is in need of an overhaul. With thanks to our dozens of volunteers, CAMRT submitted detailed feedback to the Health Canada working group in the Fall of 2018. MRTs will continue to play an important role in shaping the new Code.

CAMRT Advocacy through HEAL

CAMRT played a key role in the development of the new HEAL Canadian Way 2.0 document. Launched at the recent November HEAL Lobby Day, the document calls for greater federal leadership on health issues.

Isotope Supply

CAMRT continues to offer a voice for MRTs on isotope supply. As a valued federal partner, CAMRT is able to get advance notice of supply issues to its members, and help the federal government by relaying updates from practicing MRTs.

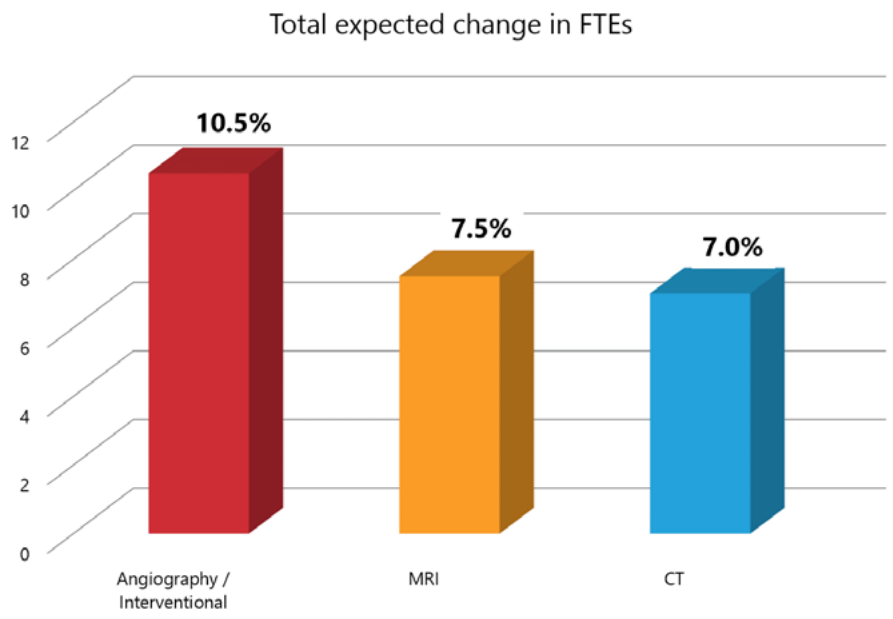
CAMRT Human Resource Survey: **Growth in the MRT Profession**

The CAMRT Human Resources Survey: Medical Imaging and Radiation Therapy 2017 was completed in 2018. This bi-annual survey was previously conducted in 2015 and was created to:

- Improve forecasting of future human resources needs in medical imaging and radiation therapy;
- Build a health human resource database for the MRT community;
- Identify where potential vacancies/ growth are located

The survey was sent to 379 managers in both medical imaging and radiation therapy departments. The survey collected data on the number of full-time equivalent (FTE) Medical Radiation Technologists employed within facilities or health regions, vacancy rates, workload volumes and expected future growth. It also collected significant demographic information about the facilities and the managers themselves.

Overall, the **response rate for the survey was an impressive 72%**, ensuring high reliability of the survey and allowing the CAMRT to identify some important findings and HR trends. We intend to explore some of these findings and trends in the newsletter over the coming issues. And remember, you can always go look through the data yourself on the CAMRT website at: https://www.camrt.ca/wp-content/uploads/2018/11/CAMRT-HHR-Survey-Report-2017.pdf



Key Growth Areas in Medical Radiation Technology

For our first exploration of the HHR survey data, we wanted to share some findings with regard to health of the profession and expected areas of growth across the MRT disciplines.

The overall results from the survey show that all disciplines within medical imaging and radiation therapy are in good shape. Most areas are projecting some growth, and there does not seem to be any areas of decline on the horizon.

A few areas are projected to experience significant growth (≥7%), based on the response of managers, including Angiography/ Interventional, Magnetic Resonance, and Computed Tomography.

Reasons for Growth

In all areas, and particularly in the three areas discussed above, the overwhelming consensus for why MRT managers are projecting significant growth over the next three years is due to increased workload, which was especially pronounced for the expanding fields of angiography and interventional radiology. Increased workloads will be the topic for exploration of HR trends in our next installment of the newsletter. In the meantime, if you are interested in the survey results please find them in full on the CAMRT website.

Responses on Full-time Staffing

Computed tomography

MRT Staff FTE	Mean	Std Dev
	5.72	10.88
Changes in MRT staffing FTE	**Mean**	**Std Dev**
	0.40	1.45

Magnetic resonance

MRT Staff FTE	Mean	Std Dev
	4.81	5.77
Changes in MRT staffing FTE	**Mean**	**Std Dev**
	0.36	1.03

Angiography / Interventional

MRT Staff FTE	Mean	Std Dev
	3.34	5.86
Changes in MRT staffing FTE	**Mean**	**Std Dev**
	0.35	0.92

An Update on Competency Profiles

The CAMRT is currently working on revisions to the national entry-level competency profiles for all four MRT practice areas. Competency profiles define the necessary practice requirements for MRTs at entry-level for safe, effective and ethical patient care. They also provide a foundation for the curriculum of accredited MRT education programs in Canada. The revised version of the competency profile will be modeled on the CanMEDS educational framework.[1]

What is the CanMEDS framework?

The CanMEDS framework, developed by the Royal College of Physicians and Surgeons of Canada, is an educational framework that outlines the required abilities of physicians to effectively meet the needs of patients.[2] In the CanMEDS framework these abilities or competencies are grouped thematically under seven roles.

Though originally developed for physicians, this framework has been adopted and adapted by other health professions both nationally and internationally. In fact, it is one of the most widely adopted competency frameworks for health professions in the world.[1]

More information on the CanMEDS framework can be found here: http://www.royalcollege.ca/rcsite/canmeds/canmeds-framework-e.

The CAMRT will be adapting this framework for entry-level MRT practice. Traditionally the CAMRT competency profiles have grouped competencies under modules (e.g., Professionalism, Operation of Equipment, etc.). Using the CanMEDS framework, MRT competencies will be grouped thematically under seven distinct roles: *Professional, Communicator, Collaborator, Care Provider, Scholarly Practitioner, Leader* and *Clinical Expert*.

With the overarching goal of improving quality of care, this framework links the required entry-level competencies to the roles MRTs play in patient care and service delivery, highlighting the contributions MRTs make within the larger healthcare environment.

MRT Roles[1]

The CAMRT will be reaching out to CAMRT members in 2019 for input.

References

1. Frank JR, Snell L, Sherbino J, editors. CanMEDS 2015 Physician Competency Framework. Ottawa: Royal College of Physicians and Surgeons of Canada; 2015

2. Royal College of Physicians & Surgeons. (n.d.). CanMEDS: Better standards, better physicians, better care. Retrieved from: http://www.royalcollege.ca/rcsite/canmeds/canmeds-framework-e

From PETs to pets, and back again...

***Jin Huang, RTNM, RTMR** is currently a Medical Radiation Technologist working at the Joint Department of Medical Imaging (JDMI) in Toronto. She has recently returned to imaging humans after 6 years working in a veterinary medical imaging centre. Jin tells us that working with animals had a significant impact on the way she practices as an MRT, and she shares those thoughts and experiences below.*

Q1: Can you describe your experiences working in veterinary medical imaging?

I worked at the Joint Department of Medical Imaging from 2007 to 2012, first in nuclear medicine, then in MRI. In 2012, I moved to Saskatoon and worked as an MRT in the Western College of Veterinary Medicine (WCVM) at the University of Saskatchewan. WCVM is an academic facility, but it also provides full clinical services for all kinds of animals. Comprehensive medical imaging is one of the critical services that WCVM is particularly proud of.

Dogs, cats and horses made up the majority of the clinical imaging work, but we also imaged exotic pets such as turkeys, turtles and guinea pigs. Wild animals, such as reindeer and a golden eagle (pictured here), were also my patients. We used a 'human' multislice CT (320 slice), MR (1.5 T), gamma camera (and soon a PET/CT), to image the animals. There was also a low field 'standing' MRI to image large animals. The equipment was quite basic, but it was possible to tailor it to the diverse size, shape and physiology of the different animals. Thanks to that, I came to know the imaging capabilities of the equipment very well, including the use of advanced CT postprocessing algorithms.

As it is an academic facility, the department also engaged in research imaging to improve treatment for animals. For example, we evaluated treatment response using MRI following stereotactic radiotherapy to treat brain cancer in dogs, and we used our nuclear medicine equipment to evaluate the use of liquid I^{131} administration to treat thyroid disease in cats.

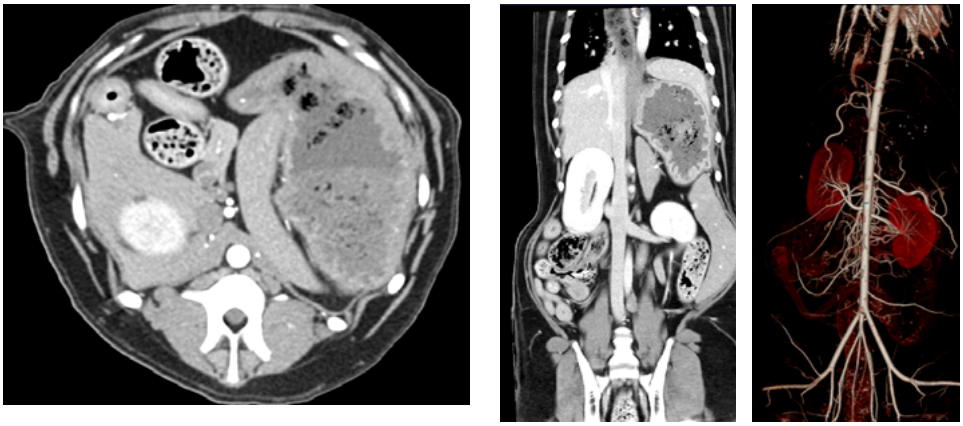
Q2: What was your motivation to move into veterinary practice?

My main motivation to move into veterinary medical imaging was the need for a new challenge. I was curious about this totally different field of work, and I was interested to see what was happening in that world. Because of all the anatomical and size variations between the different animals, every animal was imaged in a different way, with no set protocols in place. It was a great opportunity for me to develop protocoling skills, as this was something I would not be able to do in the human imaging practice environment where everything is fixed. It quickly became clear that my basic training was not enough and I chose to enroll in a master's program to update my skills. Also, the department was very supportive of developmental work. There was time to 'play' on the scanner and I was encouraged to tweak imaging parameters to improve the quality of images. With time to experiment and learn, I feel I now have a much better understanding of theoretical underpinnings of clinical practice.

Q3: What made you come back to imaging humans?

It was fun working with animals, and I was able to use my clinical expertise and judgement a lot. For example, making autonomous decisions about the optimal position for animals with general anesthetic. However, the equipment was quite limited, and we didn't have access to the newest software advances. Over time, imaging animals became routine, and developing new and better protocols was not possible beyond a certain point because the vets were concerned that they were not able to

read the new types of images. Perhaps the most challenging problem was that I had no mentors or peers to work with, and I felt that there was no way to develop myself further without that support. Also, I felt that the human imaging field was developing and changing very quickly, and I wanted to ensure that my clinical skills remained relevant. Therefore, in early 2018, I moved back to Toronto to work in the JDMI Nuclear Medicine Department.



Contrast-enhanced abdominal CT angiogram (CTA) study in a dog. Volume-rendering of segmented abdominal CTA using region growing from seed points and thresholding segmentation technique.

Q4: How has this experience changed you?

I am definitely more confident now, because I have a better knowledge of and experience with protocoling. Because of my work with animals, I am much more thoughtful about the techniques and parameters I am using in human imaging. I find myself thinking 'how and WHY is this different from what I would do with animals', striving to understand why the protocols are designed that way. That heightened level of comprehension is very satisfying and engaging.

I am also much more aware of the costs of equipment, and I think about servicing and logistical costs in a different way now. I find that I am much more frugal in the use of equipment, and will attempt to fix what I can using analytical tools, etc.

I think the biggest lesson that I learned is that every piece of knowledge is transferable and, if I don't know something, I have the tools and the skills to find out. This attitude was very helpful when I returned to human imaging, as nuclear medicine clinical practice had developed and expanded while I was away, with lots of exciting new procedures and therapeutic applications.

I am very grateful for the opportunities, the experiences and the fun I had at WCVM, while working with all kinds of animals. But ultimately, I prefer human medical imaging, because there are more technical challenges, more meaningful interactions with patients, and a great team of my fellow MRTs to work with. This is a field that I want to contribute to, and I look forward to the challenges and opportunities to grow, particularly while working in an academically focused department like JDMI.

Celebrating Member Success

Ana Gabor, MRT, has been proudly employed at the Montreal Children's Hospital for over thirty-five years as a technologist in the medical imaging department. The different modalities she works in range from general radiology, to specialties such as CT scanning and fluoroscopy imaging.

Ana has accumulated awards and professional acknowledgements throughout her illustrious career. These achievements have included articles published in ECHO-X, as well as the CAMRT and OTIMRO journals. Ana says it was pride in her profession that encouraged her to get involved in research. As far as how she balances research with work, she is a firm believer that determination leads to realization.

1993 Winner of the Dr. Petrie Memorial Award (CAMRT), Certificate of Merit, for the essay, *Pediatric Esophageal Dilatation Using Balloon Catheters*.

1995 Winner of the Jean Rocheleau RT Award for Best Scientific Article Published in ECHO-X (OTIMRO), *Pediatric Esophageal Dilatation Using Balloon Catheters*. This article demonstrated how a strictured esophagus in a child can be inflated in order to stretch the tissue in a safe, non-surgical method performed in the medical imaging department.

1995 Co-winner of the Dr. Petrie Memorial Award Competition, Highest Standing Achieved in the Submission of a Technical Essay (CAMRT), for *Embolization of the Vein of Galen Aneurysms*. This essay illustrated how this procedure is done resulting in alleviating stress to the heart and thus preventing further damage.

1995 Marie Flore Gagné Award, Best Scientific Essay (OTIMRO), *Embolization of the Vein of Galen Aneurysms*.

2002 Mention of Honour, *"J'ai Ma Profession À Cœur"*, during OTIMRO's Radiology Week, for creating a medical imaging colouring book, *Who will take my X-ray picture? The Radiology Technologists!* Through visual explanations of procedures, exams are demystified in a fun manner relatable to children, leading to stress-free experiences for both patients and parents. These books were distributed to pediatric patients at the Montreal Children's Hospital.

Celebrating Member Successes!

We want to use our national and international platforms to spread the word about the accomplishments of MRTs across Canada. Have you or your colleagues:

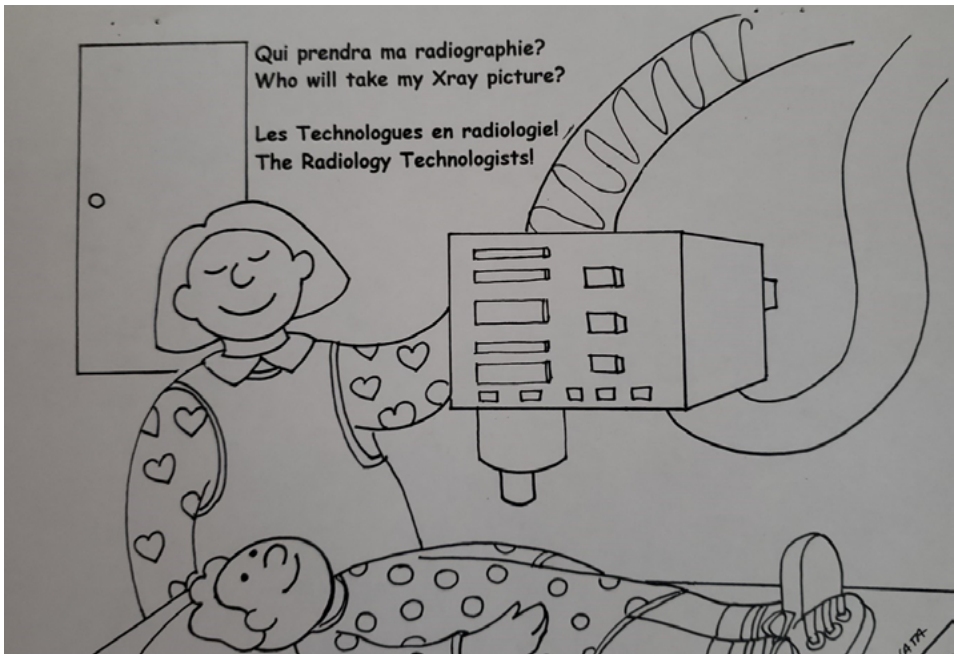
- published a paper?
- presented a poster?
- won an award?
- been accepted to speak at a conference?
- received a grant?

Let CAMRT know!

This is your association, and it is a powerful vehicle to share our achievements and collective learning.

Simply contact Carly (cmccuaig@camrt.ca) and we will prepare an article for the quarterly CAMRT newsletter, the bi-weekly e-news, or our social media channels (Twitter, Facebook, LinkedIn).

Left: Jean Pierre Huot, sales and marketing director of Therapex, E-Z-EM Canada Inc; Middle: Ana Gabor; Right: Johanne Bergeron, President of OTIMRO. The award being presented is the Jean-Paul Rocheleau RT award for the Best Scientific Article Published in the ECHO-X.



Speaker Competition Winners

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.

***Phillip Kennedy** presented at the 2018 ASRT@RSNA conference in Chicago this past November.*

***Mikki Campbell** was selected to attend the 2018 ASRT Radiation Therapy Conference in San Antonio in October.*

Here are their stories!

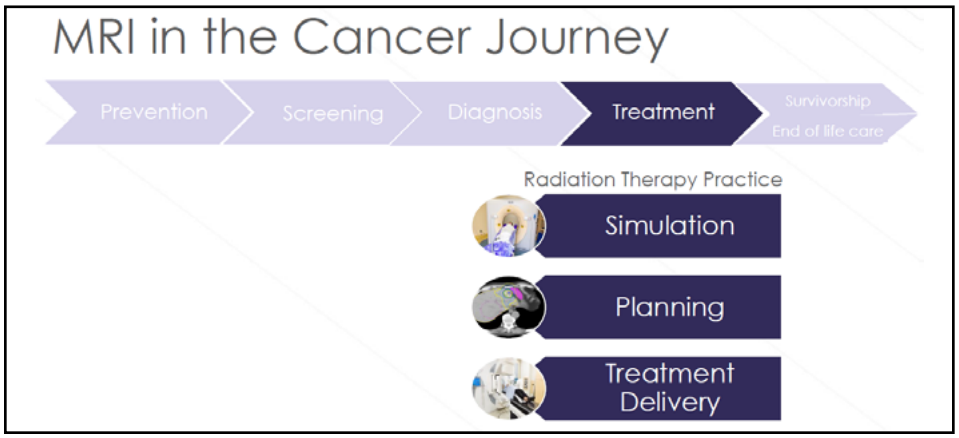
The Journey of MRI in Radiation Therapy Told Along the San Antonio River Walk

Submitted by Mikki Campbell, RTT

Just as the River Walk has a longstanding history in San Antonio, magnetic resonance imaging (MRI) has a similar enduring history in radiation oncology. Reflecting on this parallel, it was quite fitting to share "The Inside Story: Integrating Therapeutic MRI into Radiation Therapy (RT) Practice" at the 2018 ASRT Radiation Therapy Conference in San Antonio.

How Our Journey Began

About two years ago, in collaboration with my colleagues Laura D'Alimonte and Darby Erler at Sunnybrook's Odette Cancer Centre, we started along the path of better understanding the integration of MRI into RT practice. As part of our efforts we conducted a national environmental scan to understand the current state and projected utilization of MRI in RT departments across Canada. The results demonstrated that radiation therapy managers recognize the value of MRI. In fact, 35% anticipate acquiring a dedicated MRI simulator in the next 5 years, and 33% anticipate an integrated MR-Linac in the next 5-10 years at their respective institutions.



The environmental scan also revealed a lack of consensus regarding staffing models for MRIs within RT departments and confirmed that there is a need for education and training focused in MRI safety, MRI-based anatomy, MRI image quality, scan optimization/ interpretation and QA requirements and procedures. An unintended but welcomed outcome of the environmental scan was awareness of other RT teams exploring education and training programs for MRI in RT, such as the Alberta team co-led by Fiona Mitchell, Susan Fawcett and Amanda Bolderston.

Armed with a better understanding of the Canadian landscape of MRI in RT, Laura, Darby and I began submitting our findings to national and international conferences and initiated discussions with the Alberta team and appropriate national and provincial professional associations and colleges. Given the expanding role of MRI in RT across the globe, we agreed that it was imperative we broadly disseminate our findings and initiate discussions with other radiation therapists and medical dosimetrists. What better place to do this then by joining more than 1,000 of our peers in San Antonio at the ASRT Radiation Therapy conference? We were absolutely delighted to learn that the CAMRT agreed as well. Laura, Darby and I were honoured to be the successful recipient of the International Speakers Exchange Award and immediately began brainstorming how best to translate and exchange knowledge of MRI in RT with our North American peers.

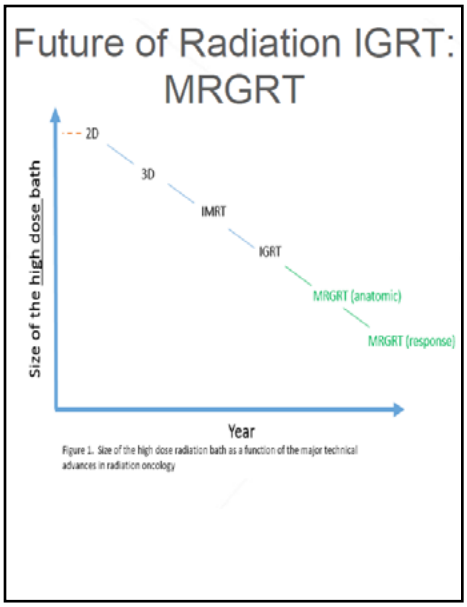


Figure 2. Size of high-dose radiation bath as function of the major technical advances in radiation oncology.
Slide courtesy: Dr. Dave Fuller, MDACC

The Inspiration for Our Story

The longstanding history of MRI in radiation oncology quickly became the inspiration for our story – soon to be known as the "Inside Story" – pun intended. MRI has increasingly been integrated into routine radiation oncology practice, playing a critical role in the diagnosis, staging and monitoring of treatment outcomes. Interestingly, MRI in oncology dates back to 1974 when a patent was approved for MRI, which defined it as an apparatus and method for detecting cancer in tissue; in 1978, the first MRI was acquired detecting cancer in a human. Moving forward in time, with recent technological advancements, MRI is now being integrated into radiation therapy practice, including simulation, planning and treatment delivery (Figure 1). MR-RT simulators are commercially available and clinical implemented in many cancer centres and MR-Linacs are well on the way to receiving regulatory approvals in all countries. With the introduction of these systems, we are now beginning to witness the decrease in the high dose bath as we shift from 2D to IMRT and now to MR-guided radiotherapy (MRGRT) (Figure 2). This is an exciting paradigm shift for our field and for our patients.

The Experience of Sharing Our Story

ASRT staff members were available along the way as I prepared and finalized our story to be shared. The staff were readily available up until the moment I presented, which helped to alleviate any speaker anxiety I may have experienced. The CAMRT, including Carrie Bru, Director of Education were also very supportive every step of the way. The experience of presenting a topic that excites you to an attentive North American audience is one that I would highly recommend to everyone. The room was filled; the audience was actively participating; we were all enjoying exploring the story of the integration of MRI into RT practice together. At that moment we were all able to forget any difference we may have in the way that we practice and were able to discuss the similarities in how we will all soon be interacting with MRIs in some capacity in our daily practice. I had thoughtful discussions following my presentation with many peers who were interested in learning more about the next steps we are taking to address the knowledge and training needs. As I walked along the River Walk before flying back to Toronto, I reflected on the post-presentation hallway chats and the positive feedback I received regarding the story of MRI I shared, and I felt invigorated to continue my pursuit. I was even more enthusiastic to move beyond understanding, to now focus on actively addressing the identified education and training needs that are inherent with the integration of MRI in RT practice.

Our Story Doesn't End Here

Back home in Toronto, Laura, Darby and I continue our work and many discussions on the integration of MRI into RT practice. Just as new walkways and shops continue to be added along San Antonio's River Walk, we will also continue to evolve our work on the integration of MRI in RT.

Toward the RSNA…

Submitted by Phil Kennedy, RTR, Cert.Ad.Ed

Our society is constantly evolving in unique and interesting ways. And as new generations emerge, we often must adapt to new societal and cultural landscapes that challenge our current paradigms. As an educator of radiography students, I find that I am perpetually 'adjusting' my teaching methods in response to ever-changing student needs that are collectively driven by societal and cultural change. It's a reality for educators, and it is part of our job that we mustn't neglect. In addition to my role as program director at the Saint John School of Radiological Technology, I teach several courses to our future radiographers, including Health Care Professionalism. But several years ago, I realized that it was becoming more and more difficult to be successful teaching professionalism in the 'traditional' way.

As do most instructors of professionalism, I would go over our Codes of Ethics, Scope of Practice, Standards of Practice, discuss negligence and malpractice, and talk about the fundamental importance of good communicative ability and maintaining confidentiality. I would discuss higher personal attributes as well such as empathy, altruism, honesty, integrity, accountability, and responsibility. Aside from that, I would mainly point my students toward examples of professionalism, and hope that they would emulate some of our professional technologists. Eventually they would 'become' professional via 'osmosis' in the clinical environment. For generations that methodology was fairly standard across disciplines and seemed to be effective.

Along with many of my peers and colleagues, I had begun noting that professionalism in the workplace had been declining – it was becoming palpable and was resulting in some significant discontentment among patients, co-workers, and employers

alike. At the same time, there was a rise in the number of healthcare-related incidents and adverse medical events being reported. In 2013, I came across a startling article that was conducted in 2012 and published on the website of the Goals Institute, an organization committed to providing educational programs geared at teaching skills for success in the workplace and in life. The article was called *Professionalism: The Decline of a Critical Set of Behaviours - An Analysis of Published Data and Recommendations*, by Patrick J. Miller, PhD. The analysis revealed that not only was professionalism declining across all disciplines, it was on an accelerating decline. This suggested that our efforts at teaching professionalism within the context of our current societal and cultural landscape simply are not working. A different approach to teaching professionalism was needed.

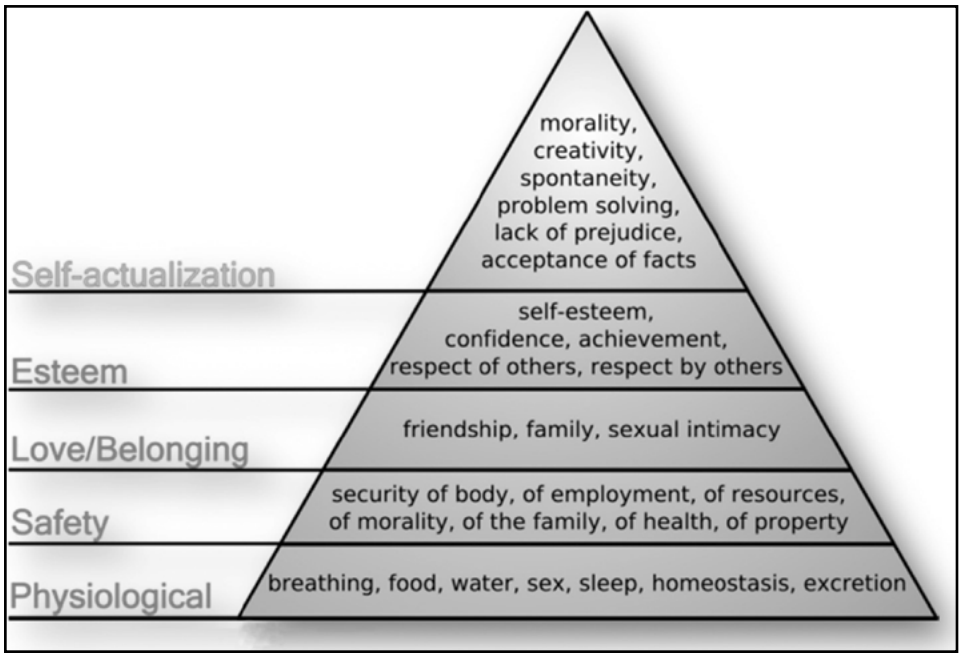


Figure 1. Maslow's hierarchy of needs.

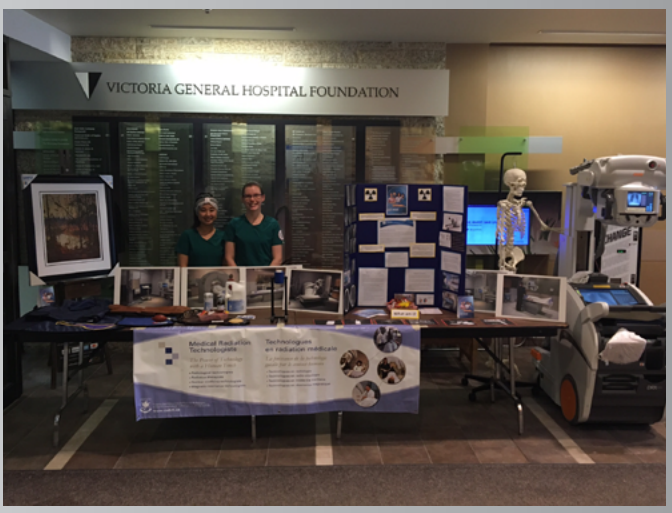
At one point, I began to realize that what we often consider to be 'professional traits and characteristics' such as honesty and integrity, altruism, self-awareness, good communicative and interactive ability, high moral and ethical standards, competence, accountability and responsibility are virtually identical to what Abraham Maslow referred to as "traits and characteristics of Self-actualized persons". It dawned on me that perhaps what we are really hoping for when we seek to educate our students in professionalism, are signs that they are beginning to display traits and characteristics of self-actualized persons. This made perfect sense and helped me realize the likelihood that factors inherent in our current society and culture are inhibiting previous rates of progression through Maslow's Hierarchy of Needs (see Figure 1), and the decline in the rate of Self-actualization is manifesting as a decline in professionalism in the workplace.

My new approach to teaching professionalism now includes all those traditional things we used to do, plus efforts and intentional strategies geared toward helping our young students progress through Maslow's Hierarchy of Needs. Providing positive reinforcement to our students is no longer just important, it is critical.

Just as critical is the provision of a learning environment that promotes a sense of safety, acceptance, security, and trust. Students now like never before need socialization in the context of their profession, and abundant opportunity to prove their abilities to themselves and to their mentors – to be accepted for who they are, and to be encouraged for their good work. In so doing we can help students gain the kind of self-confidence, self-esteem, and the esteem of others that will propel them onto a self-actualizing path with a feeling of affinity toward professionalism.

I ultimately authored and submitted a brief communication article on the subject that was accepted for publication in the *Journal of Medical Imaging and Radiation Sciences* in 2017. I later applied to the speaker competition and was notified in early 2018 that I had been selected as the recipient for the international speaker award and would be given the opportunity to present at the 2018 ASRT@RSNA in Chicago, Illinois. I was truly honoured to have been selected, and I am so grateful to the CAMRT staff and our neighbors at the ASRT for their support. Chicago is an amazing city, and my trip to the RSNA is an experience that I will cherish for a very long time.

MRT WEEK CELEBRATION



NS 2018

Last year, MRT Week was celebrated from November 4th to 10th.

As always, the week provided a special opportunity for MRTs to spread the word about the essential and unique roles they play in the care of patients across Canada.

Magnetic Poetry Contest

For this *#MRTWeek2018* we decided to tap into member creativity with the 'Magnetic MRT Poetry Contest'. Participants had to make a message (poetry or prose) about the MRT profession using the MRT Week magnetic word set. We received dozens of creative entries.

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

- **Gloria Lee** and **Yvonne Fontaine** - QSS Gift Certificate
- **Beth Nevills** - Playmobil CityLife Imaging set
- **Nuclear Medicine Technologists from Insight Medical Imaging in Meadowlark, Edmonton** - $100 iTunes Gift Card

Sharing Knowledge

During the week, CAMRT offered a series of webinars on the topic of Choosing Wisely and Appropriateness.

Almost 250 MRTs participated in this free learning opportunity discussing patient safety and error management, PLI, and incident investigations.

If you were unable to take in the webinar during MRT Week, the free webinar is still available for Category A Credit. Simply log-on to the CAMRT website and select the webinar in the CPD catalogue.

Awareness Activities

Each year, many MRTs take part in local, regional and even province-wide awareness campaigns. This year, we got reports of giving presentations, making announcements over the radio, placing advertising for public education and more. All these activities play an important role in generating awareness for the MRT profession and the essential role that MRTs play in the health of Canadians.

MRT Week in Numbers

> 17,800 MRTs celebrating at 600 participating sites

4K MRT Week posters on display across Canada

3 free live webinars were available

2,855 active members on CAMRT Facebook Group

In 2019, MRT Week takes place November 3rd to 9th

Medical Radiation Technology

Five Things Medical Radiation Technologists and Patients Should Question
by
Canadian Association of Medical Radiation Technologists
Last updated: December 2018

Choosing Wisely Canada™
In partnership with the Canadian Medical Association

1. **Don't image a patient without a relevant clinical history and a complete requisition in order to prevent unnecessary or redundant studies.**
An accurate and comprehensive clinical history ensures patient safety and reduces unnecessary repeat examinations. Medical Radiation Technologists (MRTs) are encouraged to engage patients in conversation to fill in any gaps in the clinical information available. MRTs should speak with other members of the healthcare team to address any discrepancies with an imaging request.

2. **Don't perform medical imaging/radiation therapy procedures before assessing patient preparedness in order to prevent repeat procedures.**
Proper patient preparation reduces the need for repeat procedures and is an important quality and safety consideration for both medical imaging and radiation therapy. A multidisciplinary approach to pre-procedural care emphasizes the importance of advanced planning to achieve the desired outcomes for the procedure and ensures that the procedures do not need to be cancelled or repeated. This includes necessary laboratory results, adherence to dietary requirements and administration of pre-procedure medications. It is the Medical Radiation Technologist's (MRT) responsibility to ensure patients have completed all necessary pre-procedural instructions.

3. **Don't perform medical imaging or radiation procedures prior to assessing the patient's ability to tolerate the procedure in order to prevent repeat or poor quality studies.**
Many patients have difficulty tolerating medical imaging and radiation therapy procedures that often cause repeat examinations and/or poor-quality outcomes. Medical Radiation Technologists (MRTs) must communicate with patients, their families and other healthcare providers to ensure patients are physically, mentally and emotionally able to perform the procedure requested.

4. **Don't perform medical imaging or radiation therapy without using appropriate and/or available radiation dose reduction strategies and technologies.**
Stopping patients from receiving unnecessary radiation dose is a primary consideration for Medical Radiation Technologists (MRTs). MRTs should use all available hardware, software, accessory devices, and patient instructions (pre and post procedure) to minimize dose to patients during medical imaging and radiation therapy planning and treatment alignment. All imaging should be performed using the As Low as Reasonably Achievable (ALARA) principle to optimize the appropriate dose for each clinical situation.

5. **Don't start peripheral venous lines when an appropriate central access is available.**
All available central venous access lines should be assessed for compatibility with contrast injections before a new peripheral venous line is started. This prevents starting unnecessary lines which are uncomfortable for patients.

How the list was created

The Canadian Association of Medical Radiation Technologists (CAMRT) established its Choosing Wisely Top 5 recommendations by creating a subject matter expert Choosing Wisely Core Committee representing all four Medical Radiation Technology (MRT) disciplines: radiological technology, nuclear medicine, magnetic resonance and radiation therapy. This committee created and sent outlines for 10 recommendations to key professional stakeholders including the CAMRT Board of Directors, the MRT Alliance of Regulators and Provincial MRT Associations. This consultation used a Delphi survey to establish the top 5 recommendations. Individual recommendation committees were then created for each to perform an extensive literature review and participate in a rigorous critical appraisal process. All recommendations were then reviewed by the Core Committee for consistency in language, by the Choosing Wisely Physician Committee, and finally by Choosing Wisely stakeholders.

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JMIRS to be listed on MEDLINE/ PubMed!

CAMRT is very excited to announce that your official journal, the *Journal of Medical Imaging and Radiation Sciences* (*JMIRS*), has been accepted to MEDLINE! MEDLINE is a database of citations and abstracts to biomedical literature, and only the most prestigious journals are chosen. A MEDLINE listing means that the journal will now have a wider impact as a global audience will now be able to find our articles, cite them in their own research, and build on our published body of knowledge.

This listing is the result of many years of planning, starting back in 2008 when the *JMIRS* aligned itself with the publisher, Elsevier. We would like to acknowledge the efforts of the editorial board both past and present to continuously raise the bar of quality. Special thanks to Editor-in-Chief, Lisa Di Prospero for her leadership over the last several years.

Remember: as a CAMRT member, you have free access to all content published in the *JMIRS*. You must log-in through the CAMRT Members site to unlock the content as opposed to accessing it directly at www.jmirs.org, because articles on this site are blocked by a paywall.

Questions? Contact the Managing Editor at editor@camrt.ca.

Special issue on Personalized Medicine now available

Congratulations to **Tina Wu**, our annual cover contest winner for this issue! Tina is a second-year student studying Radiation Therapy at the University of Toronto and The Michener Institute, and she created this image to include some of the professions represented by CAMRT while also suggesting the importance of customizing care for each patient within each of these professions.

We were also lucky to have **Sophie Huang** act as Guest Editor for this issue. In her editorial, Sophie, a research radiation therapist at Princess Margaret Cancer Centre, points out that "In the milieu of personalized medicine, we must broaden our horizons through education, teaching, and research, and we must continue to strive to learn beyond our existing secular frameworks. We promised this to our patients when we embarked on our careers."

Here are a few of the great articles included in this issue. If you have any feedback on an article, consider writing a Letter to the Editor! Contact Carly at editor@camrt.ca to get published.

Imaging Biomarkers for Precision Medicine in Locally Advanced Breast Cancer

In this commentary, the authors present studies within the framework of imaging biomarkers used to measure breast tumour response to chemotherapy. Current studies are showing that significant progress has been made in the accuracy of measuring tumour response either before or during chemotherapy, yet the challenges at the forefront of these works include translational gaps such as needing large-scale clinical trials for validation and standardization of imaging methods. However, the ongoing research is showing that imaging biomarkers may play an important role in personalized treatments for LABC.

"I Want to Help, but What Do You Do in a Situation Like That?" Health Care Providers' Qualitative Perspectives on Working with Disabled Women in Breast Cancer Screening

Disabled women find that social and physical discomforts during encounters with health providers pose barriers to breast cancer screening. The authors studied providers' perspectives and learning needs related to this problem in order to develop a disability education initiative. The study elicited important information about the concerns and learning needs of health professionals who provide breast screening services to disabled women. This information supported development of a disability education curriculum for these providers.

Regional Cardiac Sympathetic Nervous System Evaluation Using 123I-mIBG SPECT in Patients with Heart Failure

Heart failure (HF) involves both mechanical and autonomic nervous system dysfunction that can lead to sudden cardiac death. In the failing human heart, there is increased release of norepinephrine from neurons and reduced uptake. Iodine-123–labeled metaiodobenzylguanidine (123I-mIBG) demonstrates reduced global uptake and increased washout associated with increased mortality in HF. This research examined the potential benefits of single-photon emission computed tomography (SPECT) regional quantitation in risk stratification of HF patients and its role in prediction of cardiac morbidity and mortality.

Music and Music Therapy in the Medical Radiation Sciences

This commentary briefly explores the neural correlates and biological and physical effects of music stimuli and aims to provide a snapshot of current music therapy within the medical radiation sciences and the broader health care setting.

The Education and Practice Environment for Medical Radiation Science Professionals Caring for Lesbian, Gay, Bisexual, and Transgender Patients: An Analysis of a #MedRadJClub Tweet Chat

The medical radiation sciences' (MRS) MedRadJournalClub attracts a global group of participants to monthly sessions to discuss selected journal articles. The September 2017 session explored the experiences of MRS professionals working with lesbian, gay, bisexual, and transgender (LGBT) patients. The aim of the chat was to establish staff educational preparation, how participants' organizations approached the issue, and what participants would do differently at work or at home in relation to this patient population after the chat.

CAMRT Reasearch Grant
Get Your Application ready!

Deadline for applications is April 1, 2019

https://www.camrt.ca/mrt-profession/professional-resources/research-support/

Celebrating
Breast Cancer Awareness month

The Mississauga Halton Central West Regional Cancer Program celebrates successful "Mammothon" screening campaign

Submitted by: Rugsha Sivanandan, Quality & Performance Consultant, Integrated Cancer Screening, Mississauga Halton Central West Regional Cancer Program

October marked Breast Cancer Awareness Month internationally, and the Mississauga Halton Central West Regional Cancer Program (MHCW RCP) in partnership with Cancer Care Ontario, encouraged women between the ages of 50-74 to talk to their healthcare providers about getting screened with a mammogram.

As part of the effort to raise awareness about the importance of regular breast screening, and to motivate as many women as possible to book their mammograms, the MHCW RCP hosted Mammothon events across the region October 22-26, 2018. Mammothon is a breast screening campaign targeting under- and never-screened women with the goal of increasing breast cancer screening participation and building capacity within Ontario Breast Screening Program (OBSP) sites and community organizations. Public education and creating an environment that addresses barriers to screening and respects the diverse needs of the community are a major focus of Mammothon each year.

Across Ontario, regional OBSP sites are invited to host walk-ins and/or block bookings for screening mammograms throughout the annual Mammothon week. This year, a total of 17 OBSP sites participated across the Mississauga Halton and Central West Local Health Integration Networks (LHINs), with the MHCW RCP providing promotional support to spread awareness to primary care providers and community members in the region. A total of 286 women were screened, 48% of whom were known to be under-screened (36%) or never screened (12%) for breast cancer. The remaining 52% of participants were known to be regular screeners.

Screening awareness campaigns such as Mammothon that connect the community with OBSP sites that provide high-quality breast screening services closer to home is part of the MHCW RCP's commitment to improving screening rates across the region, province and beyond.

Celebrating Breast Awareness Day at Arnprior Regional Health, October 17th

Photos submitted by Vicki Hallas, Manager of Diagnostic Services

Vicki Hallas, Karen Smith, Brent Schultz and Sharon Murphy

"Hands of Care": the clerk that registers you and keeps track of your chart, the technologist that takes the images, the sonographer that scans the lumps and bumps, and the manager that answers the difficult questions.

Impact & evidence: LTWRAP conference

Submitted by Amanda Bolderston RTT, FCAMRT, University of Alberta

The LTWRAP conference this past October brought together some of the leading lights in radiographer advanced practice. The event was supported by CAMRT and held at the Michener Institute in Toronto. Cate Palmer (Director, Medical Radiation Sciences Program at the University of Toronto) chaired the conference, which was planned by a local organising committee (Jean Nash, Yasmin Allidina, Susan Weltz, Kitty Chan, Laura D'Alimonte and Mark Given).

Dr. Rachel Harris (Professional and Educational Officer, Society and College of Radiographers, UK) started us off with a summary of how we got here. The first LTWRAP conference (held in 2016 at Sheffield Hallam University in the UK) originated from a Twitter chat, and there was a lot of avid tweeting in evidence at the second one. Rachel reminded us that expert clinical practice is "a given" for an advanced practitioner (APs), but education, leadership and research are what makes APs "movers and shakers". She spoke from the heart about her recent experience with breast cancer, and ended by stressing that however far we go, we need to remember that the patient is at the heart of the work we do and we should "treat patients as people, not bodies".

During the two-day conference four keynote speakers discussed the state of play in their country:

Canada: Nicole Harnett (Director of the Accelerated Education Program, Radiation Medicine Program) described the Clinical Specialist Radiation Therapist (CSRT) project in Ontario, and the subsequent Canadian Association of Medical Radiation Technologists' AP certification process. Her recent publication details some of the impact of the CSRTs working in areas like palliative care, brachytherapy and breast treatment. For example, CSRTs can add 20% net new patients to the system, and task delegation from radiation oncologists (ROs) can save 15-24 hours per month of RO time.

UK: Dr. Johnathan McConnell (Consultant Radiographer, National Health Service, UK) discussed the UK's consultant radiographer (medical radiation technologist) role. The role should include the four core domains (expert clinical practice, professional leadership and consultancy, education and professional development and practice and service development – research and evaluation) but there is no particular time allotment for non-clinical practice domains (so sometimes non-clinical work like research may be prioritised less). Clinical academic roles can mitigate this but they aren't common. A lack of research activity and a small number of radiographers holding doctorates are possible barriers to consultant practice. Johnathan contended that regardless of proportions of the domains involved in a role, passion for the job is vital.

Australia: Mary Job (Advanced Practice Radiation Therapist, Princess Alexandra Raymond Terrace) described her role as one of Australia's first five accredited APs. She stressed that there needs to be more investment in AP roles, and the implementation should be evidence based. Her own role is in palliative care and involves strong advocacy for both radiotherapy and AP. She showed the impact of territoriality and professional resistance on AP roles with the recent contentious RANZCR statement on radiographer reporting that stated the association did not support extending radiographer roles in this area.

USA: Vicki Sanders (President, Society of Radiology Physician Extenders) discussed the role of the Radiologist Assistant (RA). The RA is a "mid-level provider" role with practice standard oversight from the American Society of Radiologic Technologists. They can perform certain invasive and non-invasive radiologic procedures, administer medications and report initial observations to the radiologist. However, recognition and funding of the RA role is an issue in the US, since it is currently not recognised under the social security act whereas other similar roles, such as Physician Assistants, are.

The main conference themes that emerged were impact and evidence: demonstrating the impact of AP roles, publishing the evidence, building connections across the world to make the evidence stronger, and learning from each other to see what impact different roles in different areas can have. These weren't the official themes, but they came across loud and clear.

The conference closed with thanks to Cate Palmer and the local organising committee. Cate announced that LTWRAP 2020 will be held in Australia. Stay tuned for dates, our new website and more details to come!

More conference highlights can be viewed with the Wakelet Twitter summary available here: https://bit.ly/2ABlpZS. Abstracts for the full conference have been published in JMIRS (September 2018. Vol.49; No.3S).

Visit https://www.camrt.ca/mrt-profession/advanced-practice/ to learn more about CAMRT's advanced practice initiatives, including an **AP Framework and certification process.**

Taking research on the road!

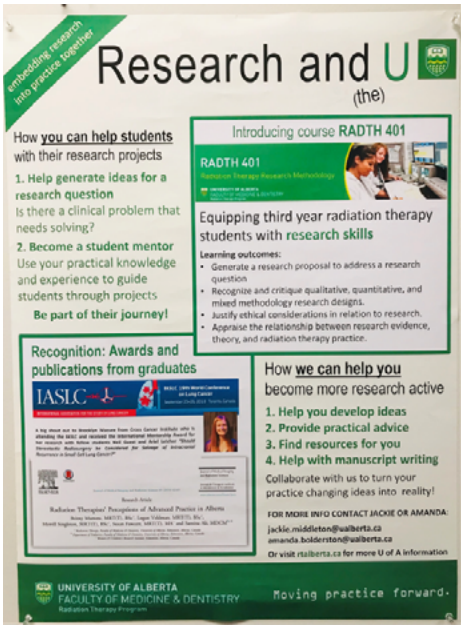
Submitted by Amanda Bolderston, RTT, FCAMRT, University of Alberta

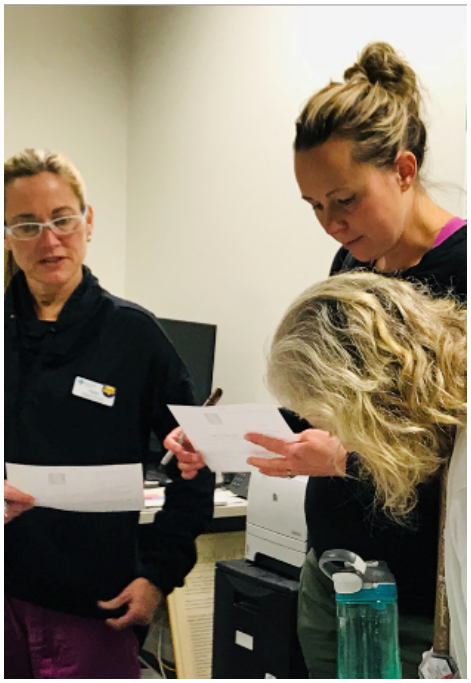
The University of Alberta's Radiation Therapy Program (RADTH) celebrated MRT Week with a research roadshow! Two faculty members, Amanda Bolderston and Jackie Middleton, visited the Tom Baker Cancer Centre in Calgary and the Cross Cancer Institute in Edmonton to spread the research love with Fiona Mitchell, the Alberta Health Services Radiation Therapy Professional Practice Lead.

The RADTH program prepares undergraduate students for research with a final year methodology course. Students learn research skills in class, and then carry out a research project when they go into their clinical placements in the fall. They usually have a team supporting them, and research mentors are very important to the process. Previous students have presented, published and won awards for their projects.

Amanda and Jackie hit the road to drum up some research ideas for future students, to offer support for therapists who want to get involved in their own research, and to encourage people to think about being research mentors.

Over thirty therapists stopped by to chat, win some prizes and offer ideas. JMIRS and CAMRT provided swag (thank you!) and encouragement to publish and apply for the CAMRT research grant of $5,000. Thank you to the staff and leadership at both centres for making us so welcome – and to the therapists interested in research we say get in touch – we're here to help!





Report from the **CAMRT Foundation**

CAMRT Foundation Events

CAMRT Foundation AGM

The CAMRT Foundation Board would like to invite members to attend their AGM during the Governance Forum in Ottawa April 25-29, 2019. Our AGM will be held **over lunch on Sunday, April 28**. We also invite members to join the Foundation team at the CAMRT Ceremony of Excellence where we will be auctioning more great items. Funds raised during the auction will go to support MRTs working in the field of medical radiation science.

Foundation Pub Night

There is discussion that we may revive our Pub night at the Ottawa Governance forum on the Friday night, April 26. We will be sure to send an invitation to all members attending and in the Ottawa area.

MRT Week activities

During the 2019 MRT Week, it is in our plans to have an online auction and we will send out an invitation by email to check out our items, if we can organize the details on how to manage this fundraising event.

Provincial events

It is also our plan to host fundraising activities at several provincial conferences this year. Stay tuned!

Supporting the Foundation

We continue to appreciate all our members for their generous support.

Johnson Insurance

Our affiliation with Johnson Insurance Inc. continued to be very profitable in 2018, the Foundation benefited by receiving **over $12,000** 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 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.

Memorial donations

The CAMRT supports the Foundation as well by giving us a memorial donation whenever one of our CAMRT members pass away. The CAMRT provide $50 to the Foundation in memory of that member. Simply notify Shaely Williams, Director of Member services to initiate that remembrance donation.

The CAMRT continues to support the Foundation by giving staff time, webpage support, points from their credit card usage and office storage space.

For all this support, the CAMRT Foundation Board would like to send a huge thanks to the CAMRT Office for all their assistance throughout the year.

CAMRT Foundation Grants

Last year we were pleased to award over $25,000 to our members through grants and scholarships.

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/.

CAMRT FOUNDATION
FONDATION DE L'ACTRM

2018/2019 CAMRTF Executive Board

Vicki Sorhaindo – President (2018-20)

Shirley Bague – Treasurer (2018-20)

Samantha Moraes – Secretary (2018-20)

Karren Fader – CAMRT Board representative

Jonathan Bower – CAMRT Board representative

Provincial liaisons

NSAMRT Liaison: Chrissy Gamache

MAMRT Liaison: Lesley Veale

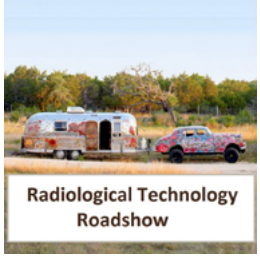
SAMRT Liaison: Katelyn New

Conferences and Events

Be sure to check out these **conference recordings from 2018**:
Simply log-on to the CAMRT website and select Virtual Programming in the CPD catalogue

GAMECHANGERS 2018

This collection includes 4 recordings from the event that took place in Ottawa this past May, including: "**The Ethical and Risk Implications of New and Emerging Technologies on MRT Practice**"; "**Applications of 3D Printing in Medical Radiation Technology & Diagnostic Imaging**"; "**Virtual Reality in Medicine and Radiology"** and **"Next Generation Technology for Radiology**".



RADIOLOGICAL TECHNOLOGY ROADSHOW 2018

"Staying Human(e): Preventing Burnout Through Compassionate Care"
Presenter: Dr. Laura Kelly, MD (Ridge Meadows Hospital)
Objectives:
1. Identify causes of stress in the workplace and how it relates to professional burnout
2. Learn simple strategies to improve resilience
3. Discuss how compassion training can be used to prevent burnout
4. Re-examine "difficult" patients in the context of compassionate care

CONNECT 2018 (IN COLLABORATION WITH ACMDTT)

Browse the collection of 14 recordings from this educational conference, including "**Mental Health in the Workplace**" and "**Chest Radiography – The Most Common (yet frequently) Repeated Exam in Radiology**".

MR LEARNING LABS (IN COLLABORATION WITH SMRT)

"**MRI Contrast Agents: Safety Issues and Practice**"
Presenter: Dr. Lawrence Tanenbaum, MD, FACR
Learning Objectives:
1. Describe the different gadolinium contrast agents available, including their chelate structure, stability and retention
2. Describe the link between gadolinium contrast agents and Nephrogenic Systemic Fibrosis (NSF)
3. Review current literature and regulation related to the safe and effective use of gadolinium contrast agents
4. Identify strategies for discussing contrast media with patients

CANM-CAMRT JOINT CONFERENCE 2018

"A Patient Centered Journey"
Learning Objectives:
1. Understand the use of genomic based testing in oncology
2. Examine the use of PET for genomic based testing
3. Review the pitfalls of genomic based testing

Look for these great events in 2019!

These meetings provide MRTs with access to the most relevant trends, research and clinical applications, and provide an excellent opportunity to network and collaborate with the professionals they work with on a daily basis. Events are being added to http://www.camrt.ca/conferences/ as they become available.

CAMRT National Governance Forum
April 26-29, Ottawa

CONNECT 2019 (with ACMDTT)
May 10-11, Edmonton

2019 CAIR-CAMRT Annual Meeting
May 29 – June 1, Toronto

Nuclear Medicine Roadshow
June 8, Halifax

Radiological Technology Roadshows
Sep 28 – Moncton
Oct 5 – Ottawa

2019 CARO Annual Conference
October 2-5, Halifax

Other Events:

WAVELENGTHS 2019
technologists transforming the future of medical imaging

Location: The Michener Institute of Education at UHN, Toronto
Registration Now Open!

April 26, 2019 from 3:00 pm to 6:00 pm**:**
Pre-Symposium **Research Workshop**: The ABC's of Academic Practice: Putting research into practice

April 27, 2019 from 8:00 am to 5:00 pm: **Symposium:** Technologist Led Research and Practice Innovation Presentations

2019 CPD Highlights

CAMRT VIRTUAL CLASSROOM – LECTURE SERIES

Two-hour, on demand lectures designed to help enhance and refresh foundational knowledge. Informative, interactive and low cost; the virtual lectures allow you to learn from clinical and industry experts from the comfort of your own home.

Sneak Peak at some 2019 topics:

- Applications of MRI in Radiation Therapy
- PET/MR
- Bone Density – Fragility Fractures and Fracture Risk Assessment
- Cardiac Catherization

And more …..

Check our website and member eblasts for more information!

CHALLENGE AND REWRITE EXAM FEES

Effective January 1 there was a minimal fee increase for Challenge and rewrite exams. The member fee is now $150 while the non-member fee is $300.

Deadline to register for a Challenge or Rewrite Exam in Winter 2019 is **April 1, 2019**.

CERTIFICATES IN BREAST IMAGING UPDATES

CAMRT's new Breast Imaging 1 and 2 courses are the **new didactic component** for the Certificates in Breast Imaging – both screening and diagnostic. Both Mammography and Breast Imaging courses (individual or a combination of both) will be accepted towards the CBI program prerequisites until **January 1, 2021**. As of this date, CAMRT will not longer recognize either of the Mammography courses for this program.

NEW 2019: Breast Cancer: An Overview (Quick Self Study) is now a requirement for the Certificate in Breast Imaging – Screening. Successful completion of this QSS must be within 5 years of your CBIS program expiration date.

For more detail on the changes taking place to these programs, please contact specialtycertificates@camrt.ca or visit www.camrt.ca.

QUICK SELF STUDIES AVAILABLE SOON

Stereotactic Radiosurgery (SRS)
This Quick Self Study will discuss the historical development of SRS and SRT treatments, guidelines for patient selection and the different proprietary devices available.

Basics of Breast MRI
This Quick Self Study is an introduction to the use and benefits of evaluating breast tissue with magnetic resonance imaging.

Brachytherapy: An Overview
This Quick Self Study will provide a brief overview of past, current and future practices for brachytherapy.

New in 2019 :
The member rate for a QSS under 4 credits has been decreased to $65 for a member and $130 for a non-member. QSS over 5 credits are now $90 for a member and $180 for the non-member.

For more information and questions please contact cpd@camrt.ca.

"Hi, I'm..." Introducing the CAMRT Finance Team!

Chor Chan
CAMRT Finance Officer

Chor is responsible for making sure that our books are in order, and that our policies and procedures are being followed by all staff. She also prepares the supporting documentation that our auditors need to complete CAMRT's annual audit. Chor is one of the longest serving staff at CAMRT, and after 28 years, her keen attention to detail, and friendly rapport with staff continue to the association well! In her spare time, Chor likes to volunteer at her church, and spend time with her family.

Fahad Sami
CAMRT Director of Finance and Administration

Fahad is responsible for providing leadership and direction, as well as planning and maintaining oversight of the day-to-day financial, information technology, human resources, and administration functions of the association. He works closely with the amazing members of the Finance and Administration team to make sure that the rest of their colleagues have the support and tools they need to do their important work of supporting our members. In his spare time, Fahad likes to avoid large crowds, listen to science-y podcasts, and is a fan of (almost) all things science-fiction.

Lisa Liu
CAMRT Finance Coordinator

Lisa is responsible for ensuring that the office is running smoothly – from keeping the printers up and running, to making sure that staff have the supplies they need, to making sure that our offices aren't too hot/too cold (an uphill battle). She's also responsible for entering transactions into our accounting system and ensuring that all our vendors are paid on time. In her spare time, Lisa likes to look for places that she and her husband can travel to, as they try to cross every country in the world off their list!

Kevin Quesnel
CAMRT IT Manager

Kevin is responsible for managing and maintaining our information technology systems, and for ensuring that we're always thinking ahead when it comes to the future needs of your association. Kevin works closely with each department at CAMRT, ensuring that they have the tools and technology they need to serve our members. In his spare time, Kevin is an avid technology enthusiast, and is currently working on making his home the "smartest" home in North America!

Provincial Reports

Manitoba

MRT week was a vibrant and exciting time for MAMRT members. Entering into our 90th anniversary year in 2019, we wanted to ramp up with our most exciting MRT week ever. To kick off, members were invited to a Beer + Botany workshop organized by local florist FreshCut Downtown. Members enjoyed food, drinks and a class on building their very own succulent terrarium.

Over 30 members joined in celebrating Wilhelm Roëntgen's discovery of the X-Ray on November 8th at the AHL's Manitoba Moose game. The Moose were very gracious in offering us premium seating for $20, and we all enjoyed the experience immensely!

The MAMRT Facebook page also ran two contests throughout the week – a lunch for staff prize was awarded to Jacqueline Kiemele in Souris, MB for her delicious looking MRT themed cookies she brought in for her coworkers to celebrate. Congrats Jacqueline!
The next contest asked members to design a commemorative pendant in conjunction with Hilary Druxman Jewelry Designer + Mastercraftsman. Congratulations to Robin Thorvaldson for being the first member to submit a design and winning the first submission prize! We look forward to seeing the results in the New Year.

In the public eye, the MAMRT had its most successful MRT week in recent history. To begin with, over 20 rural municipalities, towns and cities officially declared MRT week by issuing Proclamations leading up to, and throughout the week, including 8 of the largest cities in Manitoba. To cap it off, the Minister of Health, Seniors and Active Living for the Province of Manitoba officially declared MRT week at the Provincial level.

Ontario Association of Medical Radiation Sciences

Ontario

OAMRS Upcoming Events:
Webinar Wednesday Series: OAMRS most popular free program. Join us every 2nd Wednesday of each month and earn for a wide range of interesting conversations. Earn CE hours.
MORE INFO

OAMRS Awards Gala: The social event of the year to celebrate and showcase our great profession. All member have an opportunity to be invited to this FUNtastic free event, Toronto – March 22
MORE INFO

OAMRS Annual General Meeting: Health care is provincial. As your lobbyist OAMRS ensures the bright future for Ontario MRTs and Sonographers. All are encouraged and welcome at the AGM to discover more about how OAMRS supports and advances your career. Includes appetizers and a cocktail. Thunder Bay – May 03
MORE INFO

OAMRS Education Summit; Patient Care & Diversity in Medical Imaging: The pinnacle opportunity to learn from industry leaders, meet old and make new friends, Thunder Bay – May 04.
MORE INFO

Online courses: Industry leading online education to suit your needs and interests. LEARN MORE

Local Section Education Days: Enjoy an interesting day of education, food and fun with colleagues – all close to your home. Organized by OAMRS volunteers. Spring 2019 LEARN MORE

Webinar Archives: Choose from over 40 interesting webinars on a wide range of topics. At least 10 recent new additions to the archives! Earn CE hours - free. Available 24/7. MORE INFO

MRI Safety Day: April is becoming MR safety awareness month with our second annual symposium. This year to be held April 13th at McMaster Innovation Park in Hamilton. Speakers will touch on many topics from the MRSO syllabus including CIED's and magnet fields to Gadolinium and 3T safety concerns.

Alberta College of Medical Diagnostic & Therapeutic Technologists

Alberta

CONNECT 2019 Conference

The ACMDTT, in collaboration with CAMRT will be holding the annual CONNECT 2019 conference in Edmonton on May 10-11, 2019.

It's the largest such event in western Canada as over 400 MRTs, ENPs and DMS convene for networking, learning and development. There will be a variety of sessions on trends, technologies and best practice presented by leading experts. Alberta members can meet up to 50% of their annual CCP requirements in only two days.

ACMDTT staff volunteer at Ronald McDonald House

For more information, go to https://acmdtt.com/connect-2019-2/conference-home/.

Bill 21 – An Act To Protect Patients

On November 19, 2018, the Government of Alberta has given Royal Assent to Bill 21 – An Act to Protect Patients. This Bill introduces the most profound changes to the Health Professions Act (HPA) since its inception in 2001. Parts of this legislation came into force on the day of assent with the balance coming into effect on April 1, 2019.

The enactment of this legislation has far reaching impact on health Colleges and their members. The bill is available at Bill 21. This HPA amendment addresses

sexual abuse and sexual misconduct by healthcare professionals directed to patients. For more information, click here.

The ACMDTT staff had the pleasure of preparing lunch for the families and volunteers of Ronald McDonald House in Edmonton on December 4, 2018. It was a heart-felt experience as we met some of the families with seriously ill or injured children receiving treatment in Edmonton. At the Ronald McDonald House families have warm beds, hot showers, laundry facilities, family-friendly kitchens, and playrooms – all the essentials of a home away from home.

ACMDTT President presents "Transgender Awareness & Acceptability"

ACMDTT President Kelly Sampson, MRT(T) presented "Transgender Awareness & Acceptability: From a regulator and MRT perspective" at the National Network meeting in Toronto on November 20, 2018. The National Network is represented by provincial regulators, OAMRS, CAMRT and Sonography Canada. To view the presentation, click here.

Saskatchewan Association of Medical Radiation Technologists

Saskatchewan

Annual General Meeting and Conference

Together with the Saskatchewan Association of Medical Diagnostic Sonographers (SADMS) and the Saskatchewan Association of Medical Imaging Managers (SAMIM), the SAMRT Annual General Meeting (AGM) and Spring Conference will be held in Saskatoon on May 4, 2019. The single day meeting will provide an opportunity to meet more than 50 percent of member's annual continuing education requirements. The AGM will also feature awards presentations to recognize the contribution of council and committee members, academic excellence, and a Life Member Award to Debbie Lundy, RTNM, CRPA(R).

Update on the Regulation of Sonography

In October 2018, 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. We await further news of the application in early spring 2019.

MRT Week Activities

We were pleased this year that the Honorable Jim Reiter, Minister of Health, in the province of Saskatchewan designated November 4th to 10th to be Medical Radiation Technologist week. We were also proud to sponsor a billboard campaign to celebrate the work of our profession during MRT week. The digital image appeared on billboard displays in Moose Jaw, Prince Albert, Regina, Saskatoon and Yorkton throughout the month of November providing more than 80,000 opportunities to promote awareness about the MRT profession. The billboard once again reflected the design work of SAMRT member Peter Derrick.

Announcements

Are you a member of the Canadian Radiation Protection Association (CRPA), or would like to become one?
The CAMRT is proud to be a corporate member of the CRPA and we want to pass some savings on to our members. CAMRT members can save **20%** on new or renewing CRPA full or Associate Memberships for 2019. Simply use discount code **CAMRT-NP-COMPMEM-2019-1** — **Renew Now**

Remembering Eugen Hlasny

It is with great sadness we announce the passing of Eugen Hlasny, retired MRT, and beloved friend of many across JDMI and UHN. Eugen passed away in Nova Scotia on November 16, 2018.

Retiring earlier this year, Eugen had an incredible 20-year career at UHN, where he cared for patients and conducted research in MRI, angiography and interventional radiology.

He worked the last half of his career as JDMI's lead MRI research technologist. During that time he became an indispensable part of the research team, able to provide tremendous insight into the nuances and fine details of new and complicated procedures.

Eugen will be remembered as a warm, helpful, compassionate colleague and friend. He was a true gentleman and will always remain a member of the JDMI family.

Remembering Tammy Brown

It is with great sadness that we share with you the news of the untimely passing of our MRT colleague and valued CAMRT volunteer, Tammy Brown. Tammy was an instructor at Saskatchewan Polytechnic, a long time member of CAMRT's computed tomography imaging certificate (CTIC) committee, as well as an instructor and course developer for our CT courses.

All of us are still in disbelief – Tammy was a bright shining light, a dedicated educator, a valued volunteer and most importantly a friend to all.

What a loss to our MRT community. Our thoughts and prayers go out to her family and friends.

Tammy's colleagues set up a GoFundMe page seeking to raise funds for the education of Tammy's two children, Dane and Josie: https://ca.gofundme.com/tammy-brown039s-children039s-education-fund

The CAMRT is pleased to announce the results of the election for the CAMRT Directors for the provinces of Newfoundland and Labrador, Ontario and Prince Edward Island. The online election ran from October 12th to November 11th, 2018 with 1,325 members (11.9% of eligible voters) casting their ballots, with results securely processed and tabulated by Simply Voting Inc.

Director, Newfoundland and Labrador
Dorothy Bennett, RTR

Director, Ontario
Elizabeth Lorusso, RTR, RTMR

Director, Prince Edward Island (acclamation)
Tanya Dickey, RTR, RTMR

The CAMRT also extends its sincere appreciation to Ontario candidate Reshika Balakrishnan, RTT, and to Breanne Teasdale, RTT, Newfoundland & Labrador candidate, for their willingness to serve in the capacity of a board director. At the same time, we thank the voters for their contribution to effective governance of our association.

The election results are also published on the Simply Voting website (https://camrt.simplyvoting.com/).

The election will be final only upon ratification by the members present at the 77th Annual General Meeting, (AGM) which takes place in Ottawa, on April 27, 2019. While the AGM takes place in conjunction with the Annual Governance Forum, members can participate virtually and contribute to the governance decisions of the Association.

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CAMRT ACTRM

Members Discounts
Réductions pour les membres

Free iPhone 8 with select plans

Get a new iPhone 8 64GB for $0 when you activate or renew your 2-year TELUS Your Choice™ family share or an $80 8GB BIG DATA individual plan

Free iPhone XR offer

Get a new iPhone XR 64GB for $0 when you activate or renew a 2-year $90 10GB BIG DATA plan

$200 Number Porting Bonus on Your Choice™ family share plans

For a limited time, get a bill credit of $200 for each line you bring to TELUS and activate a new smartphone on a 2-year Your Choice™ family share plans.

Save 30% off select 2 year Your Choice™ family sharing plans

Save 30% with Corporate Your Choice voice and shareable data plans every month. Choose data plans from 1 GB to 80 GB and share it with up to 9 phones on your TELUS account

Get 3GB of bonus data per month

For a limited time, get 3GB of extra data on select TELUS Your Choice™ family sharing plans with 1GB, 2GB, 6GB, 8GB or 10GB data plans.

Customize the perfect plan for your family

Save $10 per month and get 4GB of Bonus Data each month when you add-a-line to your TELUS Your Choice™ family sharing plans.

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TELUS Easy Payments™ let you add iPads, tablets, Apple Watches and smartwatches to your TELUS account from $0 upfront with $10 1GB data plan. Devices costs are spread over 24-month term without interest charges and the $10 1GB data is shareable with Your Choice™

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OAR CME
Leading the way for DI learning

SAVE THIS DATE!

Join us Saturday, April 13, 2019

OAR Breast Positioning Event

Course Will Also Be Webcast Live!

HANDS-ON Positioning Workshops with Live Models!

Course Director:
Joan Glazier, MRT (R) CBI

Provincial MRT Lead, Ontario Breast Screening Program (OBSP), Cancer Care Ontario and diagnostic mammography, breast ultrasound and interventional procedures technologist, Breast Imaging Department, Women's Health Centre, IWK Hospital, Halifax, Nova Scotia

The Ontario Association or Radiologists is pleased to once again provide technologists with a unique educational experience in breast positioning and updates in Breast Imaging!

WE LISTENED TO YOUR SUGGESTIONS!

More hands-on workshop time!
More mammography equipment!
More models of all shapes, all sizes!

More information will be available soon

Location: Twenty Toronto Street Events & Conferences
20 Toronto Street, 2nd Floor, Downtown Toronto

NOTE: A videographer will participate in the positioning workshops to ensure that webcast participants can experience close-up visuals of hands-on positioning to provide an optimal learning opportunity. Evaluations from webcast participants from last year's program said the close-up visuals provided a phenomenal learning experience.

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

Ontario Association of Radiologists
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