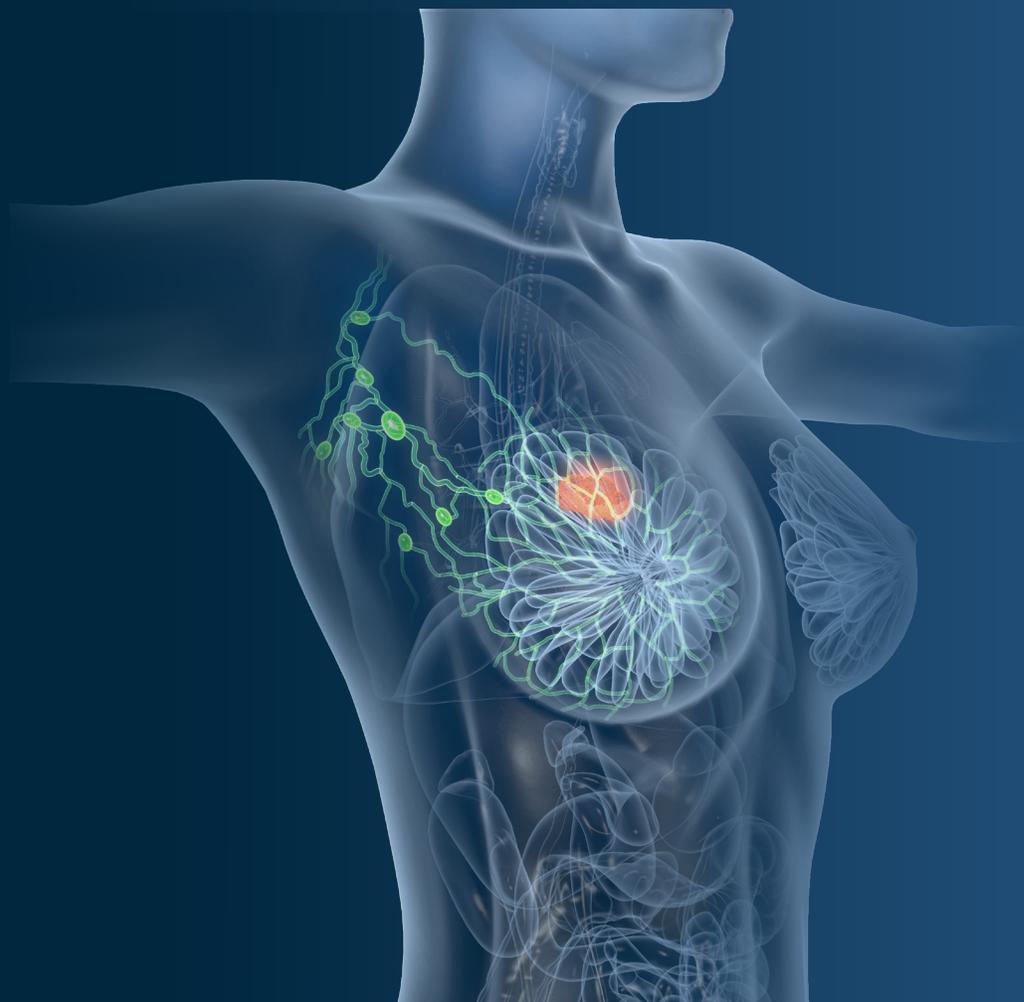




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In this ISSUE :

A NOTE REGARDING COVID-19:

Please note that the articles in this issue were written prior to the rapid outbreak of COVID-19 in Canada. Some details, such as events, have been adjusted to reflect the measures that were taken in Canada to contain the virus. Visit camrt.ca/covid19 for up-to-date announcements and new initiatives CAMRT is undertaking relating to COVID-19. Other aspects of the newsletter were left as they were before the outbreak.

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On the cover...

2019 MRT Week Photo Contest
winning entry by **Sima Nahli** of
Ontario

President's Message



CAMRT is also working hard to be a partner and resource to all MRTs in research, knowledge-building, and education.

At the risk of employing a tired refrain, “the only constant in life is change” has perhaps never been more apt for our profession than now.

Over the last several years, the CAMRT board and staff have been reflecting and deliberating about issues that we believe are particularly important. How will our ever-changing patient populations shape the work that we do? How will new and emerging technologies change our profession? How can we, as MRTs, have a real and effective voice in the conversations that will ultimately affect our lives?

Recognizing this reality, we created our 2019-2021 strategic plan to ensure that CAMRT – your national professional association is well positioned to serve our community, advocate for it, and integrate the most current knowledge and research into our educational offerings. The CAMRT board and our new CEO, Irving Gold, are excited about our commitment to increase our visibility and influence.

We are working to become better equipped to respond quickly to emerging issues of concern to our members and to be vocal in the many conversations that are happening within healthcare. In addition, we are working on a national MRT awareness campaign that will produce tools to help you, as members communicate the indispensable role of MRTs in a modern healthcare system.

With changes in technology and practice coming thick and fast, CAMRT is also working hard to be a partner and resource to all MRTs in research, knowledge-building, and education. You’ll see this reflected in our ever-broadening CPD catalogue and other educational opportunities we offer to members. We are always expanding our online information resources and will be working to make these easier to access.

I am confident that, together, we will make this a decade to remember for MRTs in Canada.

Addendum to message: Post-COVID-19

When deciding our course of action for this newsletter -- written before, but published during a pandemic -- we decided to maintain its content and adapt where necessary. The same was true of my message. I want you all to know that CAMRT is working very hard to respond to the emerging needs of MRTs during this outbreak (see <http://www.camrt.ca/covid19>). I also wanted you to know that we are still working hard to advance the profession and deal with issues that will extend beyond this current global challenge, including all elements in our strategic plan and the elements I reference above. Be safe everyone during this trying time. CAMRT and all Canadians greatly appreciate your dedication and the sacrifices you are making.

Things We Learned at



Chris Topham, Director of Advocacy and Communications

Every year, CAMRT uses the RSNA as an important opportunity to gauge progress and trends in medical radiation technology. Attending leading conferences like these, and sharing the information gained with members is an important role of the national association. My colleagues and I were fortunate to represent CAMRT during the event in Chicago—below are some of the ideas and trends that we found.

Artificial intelligence is here

When we first heard about AI at RSNA, the sense was this would be a coordinated development with one or more big players. There was one main display and one main application (reading images for interpretation purposes). What's clear now is that AI is being investigated and used in many ways by many researchers and vendors at the same time. Although the algorithms being addressed by each would be classified as very narrow AI (designed to carry out one very specific task), when you add all the activity together it amounts to substantial progress. Some of the ways we heard about AI being used:

- Screening (breast and lung), computer-aided detection or by offering a second read. Studies in these areas showed good results for AI, particularly when used in combination with radiologists
- Quantifying information from existing scans (referred to as radiomics, see below)
- Incorporation of information from many sources, both imaging and outside imaging (e.g., lab, pathology, other biomarker readings)
- Helping with more practical aspects of scanning; for example, using algorithms to enhance scans, compress data or reduce the time for scanning

Ever since AI and deep learning made their appearance at RSNA, there has been a parallel conversation about the future and evolving role of the radiologist. Gone this year were the sensational titles like “The End of the Radiologist”, supplanted by a more nuanced view of the changes to come. Throughout talks on AI was reference to radiologist or diagnostic assistance, whereby algorithms augment the abilities of the radiologist. I also heard more adventurous speakers talking about the need for radiologists to branch out into broader diagnostics, where they can be keepers and analysts of information coming not only from CT and MRI scanners, but also pathology reports, laboratories and more. One presenter warned that “focusing on radiology images alone would set the field up for long term failure”, instead advocating for a diagnostician role that integrates multiple sources of data with the help of AI.

There are lessons in the steady march of AI for the medical radiation technologist. The first is to get ready for a stream of AI-driven improvements. A second might be to start imagining a world where those with less patient interface begin to lose value in an AI world.

Quantifying images using AI

The field of radiomics seems to be growing in importance and interest among the radiology community. Broadly, radiomics refers to methods that extract information from different features on medical images like shape, texture, margins, etc. This field is growing, perhaps in large part due to new capabilities in computing, as well as AI. The promise of radiomics is that it may uncover disease characteristics and markers that are unappreciable to the naked eye. Quantification with statistical modelling and manipulation, allowing researchers to begin to make correlations between elements in images and other clinical signals. We also heard about some of the vast work being

done to correlate pathological findings with quantifiable elements of high-density medical images (e.g., radiomics). This greater understanding of clinical signals and markers from different fields, together with the growing capacity for radiology to deliver more information non-invasively, means medicine is moving to more precise diagnoses—and, ultimately, more precise management and outcomes for patients.

Shielding in x-ray

The American Association of Medicine in Physics (AAPM) recently put out a position on the practice of gonadal and fetal shielding in x-ray-based procedures. This topic was raised in the Image Gently meeting that we attended; as an organization they are supportive. CAMRT has been studying the research and is currently in the process of developing its own position. Stay tuned to our communications to learn more.

Professional burnout

It was interesting to all of us that come from the world of MRTs to hear so much talk of burnout among radiologists. For radiologists, just as for MRTs, it seems technological advances, and the ongoing pursuit of efficiencies in care pathways is coming up against the limits of human capabilities. The main factors mentioned as contributors to radiologist burnout were increased workload, a changing workplace, changes in the way we communicate (electronic vs. direct interpersonal), and societal expectations. Burnout is something we frequently hear about from Canadian MRTs and many of the factors mentioned by radiologists closely mirror those faced by MRTs. Burnout, and mental health more generally, is something we are studying at CAMRT, and we are working to bring tools to members.

Mental Health in the Workplace



Chantal Andersen, RTR

The mental health of medical radiation technologists (MRTs) has become a prevalent topic of discussion in medical imaging and radiation therapy departments across the country. CAMRT has taken a keen interest in the mental health of our community. This past October, MRTs nationwide took part in a live chat through the CAMRT's Communities of Practice (COP) SLACK platform to discuss how we can work together and share ideas to improve the mental health of our professionals working in the field. This article will provide an overview of the posted topics and questions during the chat.

What resources are lacking when it comes to mental health and wellness for MRTs/healthcare workers?

- ✿ A time and place to be able to talk about their feelings and mental health
- ✿ The need to go further than just documentation of incident or event
- ✿ Scheduling more time in the day for decompression and peer support

Technologists are lacking opportunities to debrief after difficult cases and are not given time to reflect on situations that can cause internal stress. As the work continues, the stress/trauma builds. How can we fix this?

- ✿ Daily huddle
- ✿ Learn how to cope/support colleagues who are struggling
- ✿ Have all departments support each other

Does your work have resources for mental health support? Are they easy to access?

- ✿ Many people discussed the availability of employee assistance-type programs that allow members of their organization to access mental health services
- ✿ Some people are not aware of these services, or some people feel shame for having to access it. It is important to remember these types of services are generally confidential in nature and you should investigate your organizations programs where applicable.

How do we practice these conversations with a busy schedule/workload?

- ✿ Get the conversation started! Chat with a co-worker or manager. For example, "Wow, that was a tough case!" or "I can't shake that case, you?" or "I need 10 minutes of fresh air, is it possible to pop outside? Anyone want to join me?"

- ✿ Try to get out of the workplace on breaks and go for a walk during your lunch hour to help decompress and recharge

Workload is a major driving factor!

- ✿ It appears that MRT's workloads are consistently increasing over time and staff are not being replaced after retirement or long-term leave. Workloads are increasing while staff is decreasing. Long-term vacancy positions are being filled with casuals, leaving no casuals to cover sick leave, resulting in short staff.

Staff stress could be discussed more

- ✿ Being recognized for additional workload can help. Being appreciated improves the work environment and a simple "thank-you" goes a long way—not just from management, but from coworkers as well.
- ✿ "A person who feels appreciated will always do more than what is expected"
- ✿ Building up morale can build a good support network

Need for down time between patients, allowing MRTs to recover

- ✿ Have better communication between departments so departments do not get overrun with work. A sense of urgency will always be there when you can see the lineup of people waiting, which adds more stress.
- ✿ Take a deep breath and do one patient at a time



- ✿ Refocus on reality rather than pressure, because we always want to put the patient first without thinking of ourselves
- ✿ Moving faster and overworking does not provide better patient care

Improving communication between our interprofessional teams and MRTs

- ✿ Be aware of interprofessional team's practice/relationships, treat all staff members with respect
- ✿ Have a mentor/manager know if there is an issue with interprofessional practices to help work towards improved working relationships all around
- ✿ Guilt from taking a mental health day compounds the issue, mental health is a newer conversation and it is hard to get past the stigma

The amount of feedback provided on the CAMRT's Communities of Practice (COPs) chat shows how important it is to openly discuss our mental health. Once we open the conversation in our own workplaces, it can start us on a path of supporting our coworkers and ourselves in taking better care of our mental health. Talking can reduce stigma and allow us to get the proper care and help we need. The goal is to take care of ourselves in the present in order to avoid potential injury from overwork or "burnout" in the future. We all have a passion for the jobs we perform, but the only way we can take care of other people is if we take care of ourselves first.

Resources

- <https://www.7cups.com/>
Need someone to talk to? 7 Cups connects you to caring listeners for free emotional support
- <https://www.taoconnect.org/>
Therapy Assistance Online, Mental health shouldn't feel out of reach. Our goal is to provide online and mobile tools to help you conquer the day-to-day struggles around general stressors like anxiety and depression
- <https://notmyselftoday.ca>
Not Myself Today helps companies build mentally healthy workplaces by creating greater awareness and understanding of mental health among the workforce and reducing stigma
- <http://greatnessmagnified.com/cool-stuff/>
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- ◆ 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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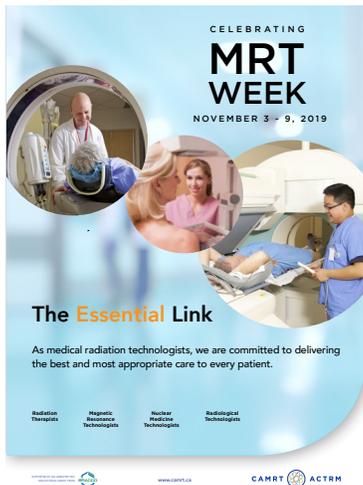


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A Look Back at MRT Week 2019



This year, MRT Week was from November 3-9, to highlight the essential role that medical radiation technologists (MRTs) play in the healthcare system. MRTs deliver professional imaging and radiation-related treatment services with a caring touch, allowing patients to fully benefit from the latest in medical diagnostic and treatment technology.

MRT WEEK IN NUMBERS



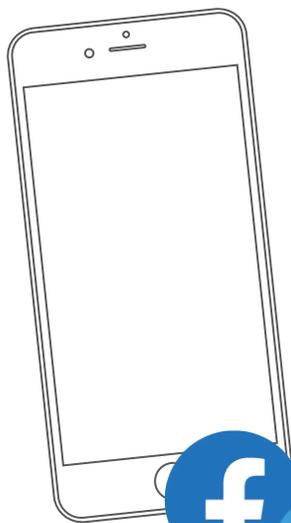
> 17,950 MRTs
participating in over 600 sites



4.5k
posters up across Canada



3,527
active members on Facebook

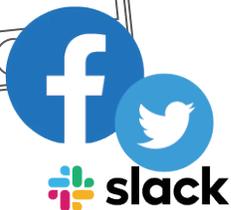


MRT Week Photo Contest

This year, CAMRT invited MRTs to take a group photo with their colleagues at work, with a caption about MRT Week and/or the MRT profession. They then had to share it on Twitter or Facebook with our #MRTWeek2019 hashtag for a chance to win a prize.

Congratulations to our 2019 winners:

- Anne Opavsky
- Calvin Yury
- Christina Breau
- Nicole Jenkins
- Sault Area Hospital
- Sherry McCluskey
- Sima Nahli



Mark your calendar!

MRT Week 2020 will be from November 8-14th!



Volunteer Experience:

Creating CAMRT's Diversity and Inclusion Micro-Certificate



Diversity and Inclusion workgroup, November 2019

Ben Lee, RTT

As a national professional association representing over 11,000 members, CAMRT is always looking for the next opportunity to enhance its educational capacity. Diversity is not only an asset to any organization; it is also something that all medical radiation technologists (MRTs) can relay and celebrate. In one of its latest endeavours, CAMRT is supporting a group of passionate volunteers to co-create a diversity and inclusion certificate program, focusing its first micro-certificate component on topics related to the LGBTQ2S+ community.

Early in 2019, a call for volunteers was initiated to help identify relevant LGBTQ2S+ topics important to MRTs. After receiving many helpful suggestions and useful ideas, a small, core group was formed. To move the vision forward through the development process, our group was intentionally designed to reflect on and to take advantage of the element of diversity.

We are made up of MRTs from across the country (British Columbia, Alberta, and all the way to Ontario and Nova Scotia); some of us are about to start our MRT careers while others are very

experienced practitioners with formal educational and leadership roles. Most importantly, as allies and members of the LGBTQ2S+ community, we all shared with each other our personal journey and experience, and how we could advocate for a more inclusive and healthy work/care environment.

We were all grateful for the opportunity to work together in-person in Ottawa this past November. After an intense, but rewarding two-day meeting, we are proud to present to you the topics for the LGBTQ2S+ program:

1. History Background & Intersectionality
2. LGBTQ2+ Health
3. Patient Care & Communication (specific to MRT environment)
4. Creating Inclusive Work Environments
5. Advocacy & Allyship

Learning outcomes and specific objectives have already been designed. In partnership with our course developer, Amanda Bolderston, CAMRT will be aiming to complete the content in 2020.

It was a blast volunteering with CAMRT and making so many new friends. With

the constant introduction of advancing technology and other competing priorities, it was a much-appreciated reprieve for MRTs to gather and discuss practice issues together.

I encourage everyone to stay tuned for updates from the LGBTQ2S+ program; it will help us examine health systems that support an open and inclusive work/care environment, and further explore opportunities to improve compassion and quality of care.

Working group members :

- Amanda Bolderston
- Sarah Kohli
- François Gallant
- Angela Turner
- Heather Armstrong
- Britany McCarthy
- Ellie Heo
- Yasaman Gheidi
- Colleen McHugh
- Liz Lorusso
- Megan Brydon
- Maureen DieBold
- John Milne
- Mel Tsai
- Ben Lee
- Sidsel Pederson

What is a micro-certificate?

A micro-certificate is a shorter type of certificate program to be offered by the CAMRT.

It is purely didactic (theoretical) and can be between 20-80 credit/learning hours.

Those who complete the micro-certificate program will be issued a digital badge in recognition of their learning.

Music Health Cares: A New Wellness Initiative



Music Health Cares

François Gallant

A new wellness initiative has been filling Sunnybrook Health Sciences Centre's Odette Cancer Centre with joy and song since the winter of 2018. 'Music Health Cares', part of the interprofessional Practice Council in Oncology (IPCO), was created by François Gallant (radiation therapy supervisor) and Joe Presutti (radiation therapist and educator) after a need was highlighted through patient surveys.

Using music, songs, and storytelling, staff members working at the Odette Cancer Centre explain their roles and add a personal story regarding their profession. Music is selected based on themes of support and unity and performed by François (vocals) and Joe (guitar) as well as other staff members. "Staff members wanted to share their love of music and song and explain why they chose to do what they do," said François. "We have managers, physicians, physicists, nurses, pharmacists, radiation therapists and even volunteers that come and participate, all to bring joy to patients, families and other staff members."

Feedback has been overwhelmingly positive. A total of 40 patients and staff members completed a survey asking if they 1) understood the activity, 2) enjoyed the activity, and 3) wanted to see it happen again. One hundred per cent of respondents answered 'yes' to these three questions. 'Music Health Cares' is now presented every three months, and funding for a new sound system was approved and purchased. "Patients and other staff members have given us such good feedback," said François. "We've received comments like, 'I think this is a meaningful way to let patients know that we care about them'; 'It gives us a chance to know some of our colleagues a bit better and why they do what they do'; and 'All of the songs brought a beautiful message'. I was so moved when one patient said, 'This was my first day of treatment and one of the most difficult days of my life but when your music started, it changed my whole perspective.'"

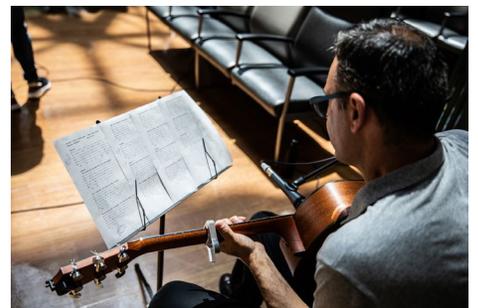
François and Joe say that they hope other departments consider adding music and storytelling to their wellness activities. "We have seen, felt, and heard the effect it has had on our patients, families, staff, participants, and on us," they said. If you are interested in starting or have any questions relating to creating a 'Music Health Cares' for your department, please contact François Gallant at francois.gallant@sunnybrook.ca.



François Gallant



Music Health Cares participants for the August 1st, 2019 (from left): Aaron Beattie, Mackenzie Smith, François Gallant, Madette Galapin, Joe Presutti and Dr. William Chu.



Joe Presutti

All photos are courtesy of Sunnybrook Health Sciences Centre.



Announcing the new Editor-in-Chief!



We are pleased to announce that **Dr. Amanda Bolderston** has been ratified as the new Editor-in-Chief (EIC) as of January 1, 2020. Dr. Bolderston teaches undergraduate research for the Radiation Therapy Program in the Faculty of Medicine and Dentistry at the University of Alberta. Her past professional roles include various educational and leadership positions in Ontario and British Columbia, as well as a term as CAMRT President. She has an impressive publication record; her most recent research involves improving the experiences of LGBTQ2+ patients and healthcare professionals. Look for Amanda's first editorial message, to be published in March 2020.

We thank **Lisa Di Prospero**, the outgoing EIC, for her outstanding contributions to advancing the JMIRS. During her 6-year tenure (2013-2019), Lisa oversaw dramatic growth in the quality and quantity of submissions to the journal, and the JMIRS was awarded a prestigious PubMed/MEDLINE indexing. Lisa has been recognized by the CAMRT Board of Directors with the formal title of Editor Emeritus.

Special Issue on Artificial Intelligence



Published as a supplement to our regular issue, this special edition features a series of commentaries curated by guest editor Caitlin Gillan on the topic of artificial intelligence in the medical radiation sciences. Congratulations to **Brian Liszewski**, our annual cover contest winner for this issue!

- [Meeting of the Minds: Considering the Real Impact of Artificial Intelligence](#)
- [Developing an Artificial Intelligence-Enabled Health Care Practice: Rewiring Health Care Professions for Better Care](#)
- [Artificial Intelligence and the Medical Radiation Profession: How Our Advocacy Must Inform Future Practice](#)
- [AI and Ethics in Medical Radiation Sciences](#)
- [Artificial Intelligence in Radiotherapy: A Philosophical Perspective](#)
- [Personalized Breast Cancer Treatments Using Artificial Intelligence in Radiomics and Pathomics](#)

Congratulations to our Top Peer Reviewers in 2019

The success of JMIRS is a direct reflection of our dedicated team of international peer reviewers who critically evaluate manuscript submissions. [Every year](#) we recognize the reviewers who provided exceptional feedback (and publish a [comprehensive list](#) of all those who contributed throughout the year).



*Reviewer of the Year,
James Loudon, RTT*

"Disseminating high quality work is an essential part of research and reviewing for the JMIRS is an excellent way to contribute to this process!"

Congratulations to our Outstanding Reviewers in 2019:

Sarah Pearce, MRT(R), ACR, CBI, BTech, MEd
Stephanie Lea, RTR
Kamarul Amin Abdullah, MSc
Robert Boily, PhD





We are pleased to announce the Top 5 papers in 2019 as selected by the Editor-in-Chief:

[Assessing Appropriateness of CT and MRI Referrals for Headache and Lumbar: A Canadian Perspective on Patient-Centered Referrals](#)

Mark Khoury, Michael Tolentino, Zak Haj-Ahmad, Courtney Lilek, Madelyn P. Law

[The Second Victim Phenomenon: Perspective of Canadian Radiation Therapists](#)

Crystal Kobe, Suzanne Blouin, Catherine Moltzan, Rashmi Koul

[Implementing Workshops to Improve Radiation Therapists' Knowledge and Attitudes about Sexual Health Issues in Cancer Patients](#)

Carina Feuz, Karen Tse, Maisie Kwan, Christine Hill, Peter Rakaric, Kieng Tan, Tara Rosewall

[Artificial Intelligence and the Medical Radiation Profession: How Our Advocacy Must Inform Future Practice](#)

Andrew Murphy, Brian Liszewski

[The Educational Utility of Blogging for MRI Technologists](#)

Holly C.P. Chun, Siew-Mei Skinner, Tara Rosewall

Call for Papers - Soft Skills

We are preparing a special issue on the topic of "soft skills", to be published in December 2020. Our goal is to present material of the highest quality that informs MRTs and members of the healthcare team on the role and impact of our professions beyond the technical aspects (those things we don't train and assess directly in the curriculum). Submissions are due by

May 1, 2020: <http://www.jmirs.org/>. For more information: <https://www.camrt.ca/blog/2019/08/06/jmirs-call-for-papers-2020-soft-skills/>

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Infrastructure Planning: Including the MRT Perspective



In this column, CAMRT member **Brian Liszewski MRT(T), BSc**, interviews **Sophie Foxcroft, BSc, MRT(T), MHSc, CHE**. Brian and Sophie work together at Ontario Health (Cancer Care Ontario), where Brian is a Senior Specialist and Sophie is the Director of System and Infrastructure Planning. Prior to joining Ontario Health (Cancer Care Ontario), Sophie was Director of Operations for the Radiation Medicine Program at UHN's Princess Margaret Cancer Centre where she had responsibility for ensuring the delivery of safe, high quality radiation therapy to over 8,000 patients per year and implementing multimillion-dollar infrastructure and capital investments to improve care for patients. She was the inaugural Radiation Therapy Clinical Quality Lead at Cancer Care Ontario, and co-lead on a province-wide radiation oncology peer review audit that established provincial guidelines and identified key metrics and success indicators to evaluate peer review practice. Sophie trained as a radiation therapist at the Princess Margaret Hospital School of Radiation Therapy, holds a MHSc in Health Administration from the Institute of Health Policy, Management and Evaluation at the University of Toronto and is a Certified Health Executive with the Canadian College of Health Leaders.

What is the importance of having an MRT voice involved in system and infrastructure planning? How this background has helped your decision-making?

System and Infrastructure Planning at Ontario Health (Cancer Care Ontario) translates and transforms data to inform strategic health system and capacity planning decisions. We do this work together with our partners to plan for a sustainable health system for all Ontarians. Our work includes: conducting health human resource (HHR) workforce planning for specialist oncologists and other key HHR; service volume planning for treatment and imaging; developing and implementing capital investment strategies for radiation and PET machines; building and equipping diagnostic and treatment facilities; planning the replacement of aging equipment; and leading the development of the Ontario Cancer Plan.

Our System and Infrastructure Planning team is comprised of members with diverse professional backgrounds including industrial engineering, epidemiology, business and health administration, and MRT. I draw on the skills I developed as an MRT in my everyday work including effective communication, teamwork and collaboration, change management, stakeholder engagement, and quality assurance.

My MRT experience provided critical insight into the front lines of care delivery and patient experience; this was essential in informing my understanding of the broader health care system.

Would you describe how you integrate the patient voice in planning at a systems level?

Patient and family advisers (PFA) are essential in systems planning. Recently, PFAs have played key roles in developing the Ontario Cancer Plan, the 2018 Radiation Treatment Capital Investment Strategy, and in Ontario's complex malignant hematology planning. When Ontario Health (Cancer Care Ontario) recruits and onboards new PFAs, we conduct interviews to understand their experience and particular interests in system improvement. We match advisors to initiatives to ensure a positive experience for advisors, and the availability of expert patient advice in the planning, implementation and evaluation of initiatives. We use various tools and approaches to routinely connect with our PFAs to discuss current and emerging issues, collect feedback, and promote new opportunities for engagement. We are actively involved in a number of strategic partnerships to reach under/never represented patient populations.



What advice would you provide MRTs interested in getting involved in this area (or beyond front-line care delivery, into leadership roles, etc.)?

MRTs are well positioned to participate in systems planning or other areas of health care. MRTs bring first-hand patient care experience, critical problem solving skills, multi-disciplinary collaboration, and a multitude of other transferrable skills. For MRTs interested in pursuing other roles, start by getting involved in local quality improvement initiatives, talk to your leaders and colleagues about your interest in further developing your leadership skills, seek formal or informal opportunities at or beyond your institution to learn about trends in healthcare, and reach out to people in roles you may be interested in to seek career path advice.

As you transitioned through your roles, would you describe how your perception of person-centre care evolved?

I started my career as a radiation therapist delivering care to patients. Early on, I realized the vulnerability of patients as they enter the health care system, and their gratitude when receiving compassionate and well-coordinated care. Delivering care was one of the most rewarding aspects of my career. As I transitioned to various leadership roles, my perception of person-centred care remains unchanged: patients are at the centre of every aspect of work we do. Whether we are implementing new models for health human resource planning or developing capital investment strategies, the needs of the patient are at the forefront. We continue to explore ways to reduce travel times for patients, decrease patient wait times for services, and improve patient access to physician specialists. Improving care for patients is the reason for system planning.

What would you describe as some challenges/opportunities you see for the profession related to changing clinical practice, new models of care, and emerging technologies?

The field of medical radiation technology is ever changing and evolving; this is part of what makes it an exciting field to be in. New equipment, new processes, and new roles are par for the course for MRTs. MRTs have a solid track record of providing leadership in times of change. MRTs have an opportunity to continue to lead and define priorities as models of care evolve and new technologies are introduced to improve patient care.



Cancer Care Ontario

Transformational Leadership: An Ethical Approach

Alan Thibeau, RTNM

Leadership may be loosely defined as a series of individual behaviours which, when performed correctly, have the potential to direct the activities of a group towards a shared goal. Unfortunately, most models of leadership were originally designed for the business world and then applied to the healthcare environment. Very few, if any, studies exist that clearly demonstrate that effective leadership styles are directly associated with improvements in patient care or organizational efficiency in healthcare. All of this said, there is certainly plenty of evidence to demonstrate the relationship between effective leadership and employee engagement^{1,2}.

With the rapidly changing healthcare landscape, many leaders are challenged to create high levels of engagement within their teams. They are also challenged to successfully implement important changes and convince staff to fully embrace such changes. The Canadian healthcare environment is experiencing a unique phenomenon whereby four generations are occupying the workplace simultaneously. These generations possess vastly different expectations regarding how they wish to be led and fully engaged in the workplace³. In this article, I would like to provide a model of leadership that, when performed correctly, has the potential to cross all generations effectively.

The Transactional Leader

Leadership style plays a pivotal role towards achieving optimal employee engagement and retention. Some have suggested that the use of varying leadership styles is required to properly lead a multi-generational team. I would challenge that this approach may lead to confusion and frustration for both staff and the leader. Historically, many leaders have utilized a transactional style of leadership whereby leaders promote compliance through the use of rewards and punishments. Simply put, transactional leaders exchange the appropriate reward and punishment for the employee's motivation, productivity and goal completion⁴. Typically, the transactional leader monitors the group's activity and corrects mistakes as required. Positive and negative reinforcement strategies are used in accordance with desired behaviours and actions. Depending on the personality of the leader and the diversity of the team, transactional leadership styles may be reasonably effective. However, low expectations are often set for the team and, consequently, minimal long-term accomplishments are achieved. The indirect effect may result in low levels of satisfaction and engagement from the team.

The Transformational Leader

The concept of transformational leadership has often been described as "the ability to get people to want to change and then lead the change themselves." Consider the analogy of a personal relationship

that you may have based solely on a common interest or hobby. Most interactions with this person are for the purpose of mutual gain, attained through the shared interest. At this point, the relationship may be termed transactional in nature. As the relationship matures and trust and mutual charity are fostered, the relationship takes on a deeper purpose and meaning. In the same fashion, the transformational leader has moved down the continuum by fostering trust and maintaining integrity to attain purposeful relationships with all members of the team. In 1995, Bernard Bass described four important characteristics of transformational leaders⁵:

1) *Idealized influence*

Transformational leaders are strong and positive role models who consistently model and exemplify integrity. This behavioural modelling naturally builds mutual trust with team members and micromanaging is no longer required. They also utilize an altruistic manner of leadership, whereby the needs of the team are placed above their own interests or needs. It goes without saying that this altruistic attitude never compromises important goal completion or objectives. They practice active listening styles, where listening is placed at higher priority than speaking. Team members are encouraged to exhibit creativity and ingenuity when problem solving or strategizing. The team clearly understands and focuses on a common vision for the department and for the overall organization. All these attributes are modelled in such a way that others aspire to similar



which transformational leadership is propagated through an organization.

2) *Inspirational motivation*

Transformational leaders are passionate and highly motivated. Their manner of communication consistently portrays their mission and vision centrality. Most importantly, they are able to present the vision to the team in an inspiring fashion, through the use of creative stories and imagery. They are also very interested in the team's ideas regarding potential alternative approaches towards achieving goals. By placing an emphasis on authenticity, cooperation, and open communication, the leader is able to build a unified team that consistently works as one entity.

3) *Intellectual stimulation*

These leaders recognize that the team has something very important to say and actively seeks to hear their ideas. Because of their obvious interest in others, they naturally inspire the intellect of the team while interacting. They will foster and encourage the contributions of all team members and prompt them to think outside of the box. They possess a high tolerance for mistakes, both from themselves and from the team. Yet, at the same time, they set high expectations for achievement and accountability. Team members will sense that they can share safely, without fear of criticism and retaliation.

4) *Individualized consideration*

Since this leadership style is very people-focused, it becomes paramount that the leader recognizes

relationships, while also recognizing the particular skills and assets of members. Where necessary, leaders must perceive when coaching or instruction is required and provide the appropriate resources.

Where do I begin as a leader?

Upon first consideration, the transformational leadership style appears to be more about the personality traits of a stellar leader than a series of actions that can be easily taught. Certainly, an aspiring transformational leader must already possess high ethical standards and have an approachable nature before embarking on this journey. A good place to start is with a candid discussion with the team; including relevant details and how this approach can benefit the entire team. Coaching and mentoring sessions from another successful leader may also be helpful at the onset. Ideally, this method is modelled by a senior leader for all leaders down the chain of command.

Evidence and practice have shown that leaders practising this leadership style experience improvement in personal motivation and job satisfaction. They also experience higher rates of task completion and tend to work more efficiently. Interestingly, these leaders also experience lower overall job-related stress and burnout. Of course, no one leadership style is perfect, and conflicts will inevitably continue to arise on occasion. However, when the same win-win approach is utilized, many conflicts can be more easily resolved. Leaders often

use communication styles and tools that build rapport and they listen carefully to clarify understanding. Utilizing strategies that attack the problem rather than the person sends a clear message that they are eager to help. This form of cooperative communication reduces the typical leader/employee "power over" complex.

The transformational leadership approach goes beyond the traditional transactional style of leadership (which focuses strictly on supervision, organization and group performance) by emphasizing that the entire team possesses a sense of mission, purpose and mutual respect. Most employees will interact more effectively and cohesively with managers who can lead them with positivity, respect and integrity. When MRTs are happy with their workplace environment and feel connected to a meaningful vision, overall patient care outcomes should improve.

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Working in Nairobi with RAD-AID



IR Suite at KNH

Meena Amlani, RT(R), BHS, MBA, DHlthSc

I was very fortunate to travel to Nairobi, Kenya with a RAD AID Interventional Radiology (IR) team from November 8th-21st, 2019. Dr. Frances Colgan from Christchurch, New Zealand and I spent two weeks at the Kenyatta National Hospital (KNH) IR Department. I knew I did not want this to be a once in a lifetime opportunity, but I also was not sure how my knowledge and experience would benefit such a large institution.

Kenyatta National Hospital, established in 1901, is the largest referral and teaching hospital in Kenya with almost 2,000 beds. The hospital site includes several programs including the University of Nairobi Medical School, Kenya Medical Training College (offers an MRT program) and the Kenya

Medical Research Institute. There are two dedicated IR suites at KNH. One of the rooms provides ultrasound to perform IR cases and the other room has a dedicated C-arm with DSA capabilities. There is one IR technologist, two IR nurses, radiology residents and IR radiologists performing up to 12 procedures per day.

Two weeks seemed like a long time at the beginning of the trip—but by the end, there was not enough time to accomplish everything on our lists. Our days were filled with giving lectures once or twice in a day; assisting with a variety of cases; clinical teaching to medical students, radiology residents and radiography students; and IR simulation training at the University of Nairobi. We were also quite involved with assisting the IR department with system improvement and education.

Every institution, regardless of location and level of resources, does their very best to provide the best care to its patients and communities. In my opinion, our role as MRTs in global outreach is to facilitate success in whatever circumstances are presented.

Thank you to the CAMRT and RAD-AID for this humbling opportunity.

Interested in pursuing opportunities to share your expertise in an international setting?

RAD-AID and CAMRT are now accepting applications. Learn more about this exciting opportunity, your eligibility and the requirements for the application on the [RAD-AID CAMRT Fellowship website](#).

Collaborative Learning through a Comprehensive Image Quality Peer Learning Program for Technologists and Sonographers

Caitlin Gillan, Manager, Education and Practice, JDMI

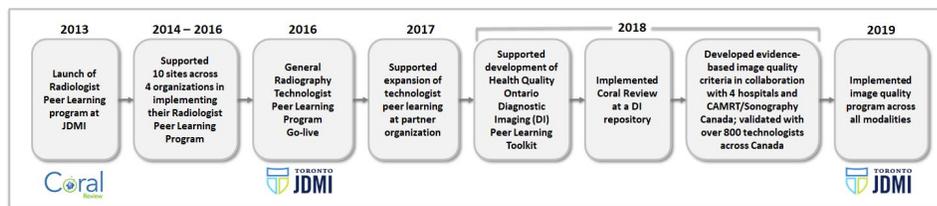
In October 2019, the Joint Department of Medical Imaging (JDMI), a multi-site, multi-organization department in Toronto, launched a comprehensive Image Quality (IQ) Peer Learning Program for approximately 400 medical radiation technologists and diagnostic medical sonographers at the University Health Network, Sinai Health System and Women's College Hospital. The program, enabled by a tailored in-house developed software, Coral Review, is the first of its kind in the province focused on fostering a culture of learning and continuous improvement for technologists.

What Is an Image Quality Peer Learning Program?

An Image Quality Peer Learning Program enables identification of opportunities for practice improvement and collective growth, leading to improved quality of patient care. It does so by harnessing the expertise of front-line staff to inform quality improvement in the following ways:

- Randomly assigning recently-acquired imaging studies to staff for assessment against established IQ criteria
- Providing a mechanism for investigation of images assessed to be of sub-diagnostic quality
- Engaging staff in forums to review unique cases or trends that could benefit from standardization, change in practice, and/or continuing education initiatives

In the JDMI IQ Peer Learning Program, technologists are periodically assigned cases automatically by the Coral Review system according to algorithms that consider a case mix representative of the technologist's clinical practice. As



Timeline of the Image Quality Peer Learning Program

a Program, JDMI technologists review 2-5% of all patient cases. The daily review process allows for real-time quality improvement through 'good catches'. However, the most valuable aspect of the Program is the opportunity to come together on a quarterly basis to participate in Quality Rounds to discuss best practices and share learnings that will improve evidence-based care.

Quality Leads, technologists assuming a leadership role in facilitating the Program, are integral to initiating further clinical action for cases requiring additional investigation, and in supporting teams to reflect collaboratively on practice improvement opportunities through Quality Rounds.

Coral Review also has analytic report capabilities, which are used by Quality Leads and leadership to monitor key performance metrics to inform ongoing program improvements.

A Program Built on Collaborations

Since 2013, JDMI has collaborated with multiple stakeholder groups through the peer learning program journey. Currently, the radiologist peer learning program enabled by the Coral Review software is implemented at a regional diagnostic imaging repository and is used by several health centres in Ontario.

What's next for Image Quality Peer Learning at JDMI?

In the two months since launch, close to 400 technologists have performed over 3,000 peer reviews. This translates to learning opportunities that will be further explored through peer-to-peer discussions during modality-specific Quality Rounds sessions happening in early 2020.

JDMI's vision is to optimize the Image Quality Peer Learning Program design internally and support partner sites across the country, enabling systemwide improvement and delivery of the highest quality of imaging and care for our patients.

“ Apart from technology, the accuracy of a patient's diagnosis is dependent largely on two things: the quality of the image that the technologist produces and the interpretation of the images by the radiologist. Our peer learning program is now integrated in a way that supports technologists to produce the highest level of image quality by enabling anonymous review of our diagnostic images, and most importantly, bringing teams together to learn about how we can collectively improve.”

- Catherine Wang, Vice President, Clinical Operations and Diagnostic Partnerships, JDMI

Representing CAMRT at the European Association of Nuclear Medicine Conference



Tina Alden, RTNM

My journey to the European Congress in Barcelona (EANM 2019) began nearly 3 years ago with an email from the former CAMRT CEO François Couillard, introducing me to the president of the EANM technologist section at that time, Pedro Costa. I was fortunate to participate on behalf of the CAMRT in collaboration with the EANM, SNMMI and ANZSNM on a paper about the technologist approach to dose optimization. After input and editing, "[Technologist Approach to Global Dose Optimization](#)" was accepted for publication in the *Journal of Nuclear Medicine Technology* as a Special Contribution (2019; 47:75–82). Following news of the publication, representatives from the CAMRT, EANMTC and ANZSNM were invited to present at the European Congress on topics directly linked to the recently published paper.

My topic within the opening CTE session was titled "PET/CT Dose Optimization and Occupational Exposure". Dose optimization goals include minimizing the dose to the patient while maintaining high technical quality images. One

must first determine if a requested PET/CT scan is justified and still required when the appointment day approaches to avoid unnecessary patient radiation exposure. In PET/CT imaging, patients' radiation dose comes from both the CT external radiation and the PET-administered activity. Deciding whether to acquire a diagnostic CT or a low dose CT is important to consider in dose optimization. In many cases, patients have already undergone a diagnostic CT elsewhere and a high quality low-dose CT may suffice for optimal PET/CT imaging. The technological advances in scanners, particularly the improved PET imaging sensitivity, allows for lower radiation injected activity. Lower administered dose also impacts technologists' occupational exposure. Technologists need to be conscious of minimizing time spent with patients post-injection, maintaining a reasonable and safe distance from patients and using PET appropriate shielding when possible. Staff also need to regularly review dose drawing and injection procedures and analyze dosimetry reports. Monthly dosimeter results for technologists working in PET can highlight department trends

of increasing radiation exposure and also individuals that may need improvement on their techniques. It is essential that departments routinely consider the goals of patient dose optimization and minimizing technologist occupational exposure by examining images and scanner parameters, reviewing current publications and guidelines, and evaluating technologist dosimeter reports and department workflow.

Along with CTE sessions, the EANM technologist committee organized a number of 10-minute technologist presentations on a variety of topics. British Columbia Institute of Technology (BCIT) educator and nuclear medicine technologist, Louise Rimanic, presented "An MRT Shares her Experience: When Health Care Provider becomes the Patient". It was a heartfelt and informative talk, reminding technologists to be mindful of patients' perceptions, including our interactions with the patient and the environment in which patients wait for procedures.



Louise Rimanic, presenting "An MRT Shares her Experience: When Health Care Provider becomes the Patient".



Nadine Colpo

The European Congress is now the largest nuclear medicine conference worldwide, yet the organizers created a friendly, social and interactive environment. Posters were uploaded online for viewing, and there were a few representatives from BC Cancer and BC Cancer Research Centre (BCCRC) including my co-worker, Nadine Colpo, who presented “Performance Evaluation of a New Collimator Optimized for ¹⁷⁷Lu Preclinical SPECT Imaging” based on collaborative work at BCCRC.

My favorite gathering of each day was the morning plenary sessions when doctors, physicists, researchers, and technologists came together in a large auditorium to listen and learn about important topics within the field of nuclear medicine. Plenary 1, “Radiomics and Artificial Intelligence (AI)”, discussed some interesting examples on how AI has improved radiology and nuclear medicine, including being able to use water for contrast (instead of iodine contrast, with its associated side effects) due to the better reconstructions now available. AI takes away bone age work on bone density scans, screening mammography is 99% more accurate, and algorithms are better able to predict organ metastases in radiology.

Plenary 2 included talks on prostate cancer imaging agents, arguments for the use of each radiopharmaceutical,

future tracers, and discussion on PSMA therapy. ¹⁸F labeled DCFPyL is the prostate cancer imaging tracer used currently at BC Cancer and is found to have better liver clearance than other tracers so metastases are easier to see. It is pertinent to have precision imaging in prostate cancer because patients presenting the same in clinic initially could have very different responses to treatment and early detection with imaging can impact treatment decisions. For example, a negative prostate imaging scan could be due to less biochemical persistence and knowing that information could guide treatment as much as a positive scan. As the PSA increases, the scans are more sensitive. BC Cancer is part of an Endocyte sponsored Lu-177 PSMA therapy trial and it was interesting to learn that patients presenting with heterogeneity in imaging (i.e., areas highlighted on an FDG scan that do not appear on PSMA imaging scan) cannot be targeted with Lu-177 PSMA. These patients should be excluded since they respond poorly to Lu-177 therapy.

Plenary 3 focused on cardiac imaging, Cardiac PET/MRI, and whether SPECT/CT DaT scans for Parkinson’s should be replaced with PET/CT.

Connecting with other attendees in a social setting at the start and end of the conference encouraged networking and left the participants with a positive feeling about the European Congress. It was an unforgettable meeting and an opportunity for which I am very thankful to have been included. I would encourage technologists to submit topics to present as a poster or in the technologist sessions at the next European annual meeting to experience all that a worldwide conference has to offer.



EANM 2020 **Vienna, Austria**

April 25, 2020

Abstract Submission
Deadline

June 26, 2020

Notification of Abstract
Acceptance

July 10, 2020

Early Registration
Deadline

October 12, 2020

Advanced Registration
Deadline



British Columbia

New Provincial Manager

In January 2020, CAMRT-BC welcomed Sarah Erdelyi to the Provincial Manager role. As previous Chair of the Advisory Council, Sarah worked alongside the former Provincial Manager, Louise Kallhood, during the transition phase to the new model of provincial association services. Sarah looks forward to continuing the initiatives laid out by Louise, and will be working closely with the Advisory Council, Site Ambassadors, and other volunteers to plan activities for 2020. Her full bio can be read here: <https://www.camrt.ca/bc/about-camrt-bc/staff/>

Regulatory Status and the Modernization of Health Professional Regulation Consultation Paper

In November 2019, the provincial government published a consultation paper to seek feedback from key stakeholders on their proposal on how to modernize the regulatory framework for health professions in British Columbia. Key objectives guiding this proposal are to improve patient safety and public protection, improve efficiency and effectiveness of the regulatory framework, and increase public confidence through transparency and accountability.

Recommendations that impact the work of the CAMRT-BC and its partners in regulation include:

- A reduction in the number of regulatory colleges from 20 to 5.
- The regulation of diagnostic and therapeutic professions, including radiation therapy, under a multi-profession umbrella college.
- The establishment of an oversight body to monitor and audit regulatory college performance and oversee the regulation of currently unregulated professions.

As discussed in the consultation paper on page 11, this change is not intended to reduce the number of regulated health professions or create a barrier to the regulation of new professions. The introduction of the oversight body hopes to streamline the process of regulating new professions.

CAMRT-BC and its partners are working in close consultation with the BC Ministry of Health to regulate our professions under the proposed framework. Full details including the consultation paper and response from the CAMRT-BC and its partners can be found here: <https://www.camrt.ca/bc/provincial-advocacy/regulatory-college-updates/>

Advisory Council

CAMRT-BC welcomes new members to the Advisory Council in 2020:

Ted Toriumi, RTT
Erin Robitaille, RTR, CBIS, CBID
Ravinder Jhaver, RTR, BTech, RTMR,
CT Specialty Certificate

Events

Due to the rapidly-evolving outbreak of the coronavirus (COVID-19), and in keeping with the recommendations and advice of governments and public health officials about public gatherings, the CAMRT-BC has made the difficult decision to postpone any upcoming events, including the BCIT commencement ceremony scheduled for April 26.

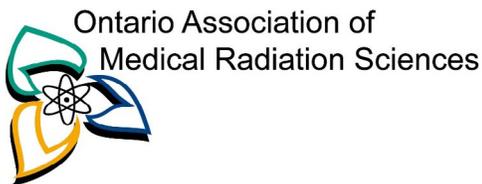
CAMRT-BC will continue to monitor the latest updates from the government and public health officials to determine if it will be safe to move forward with any of these events later this year.

Coronavirus (COVID-19) Updates and Resources – BC

The CAMRT-BC will be working closely with the CAMRT to gain a better understanding of the impacts the COVID-19 pandemic is having on MRTs both nationally and specifically in BC.

CAMRT-BC has set up a website to help BC MRTs stay informed about the latest updates and information affecting the province. This can be found at: <https://www.camrt.ca/bc/resources/coronavirus-covid-19-updates-and-resources-bc/>

Any questions about the activities of the CAMRT-BC can be directed to the Provincial Manager, Sarah Erdelyi, at serdelyi@camrt.ca



Ontario Association of
Medical Radiation Sciences

OAMRS 85th Anniversary – February 2020

The Ontario Association of Medical Radiation Sciences (OAMRS) celebrated 85 years of service to Radiological Science Technologists.

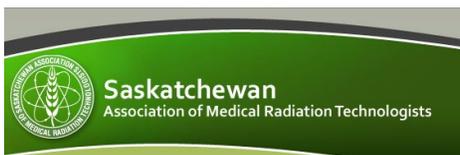
OAMRS 2020 Education Summit is going virtual!

OAMRS is supporting MRT & DMS Canada wide with a chance to earn up to 6 hours of education from the comfort of your own home! The theme is Synergy through Connection: Communication and connection are the hallmarks of effective patient care. The way we communicate, how we connect within our teams and how we care for ourselves is intrinsically linked to building synergy in our lives and in our practice.

Free for OAMRS members. Saturday May 2, 2020, 9:30AM – 3:30PM. Learn more at www.oamrs.org.

OAMRS Annual General Meeting (AGM) – Is Going Virtual

The AGM is your opportunity to review activities, investments, and priorities that your OAMRS Board of Directors is engaging in and approving on your behalf. It is your opportunity to learn, ask questions and seek clarification pertaining to the business of the Association. Day and time: To be determined. Stay posted for updates: www.oamrs.org.



Annual General Meeting and Conference – September 26, 2020

We are hosting our annual joint conference with Saskatchewan Association of Medical Imaging Managers (SAMIM) and Saskatchewan Association of Diagnostic Medical Sonographers (SADMS). The conference, originally planned for Saturday, April 25th, has been postponed to Saturday September 26th at the Conexus Arts Centre in Regina. This one day education conference includes the SAMRT Annual General Meeting and election of new Council Representatives as well as Awards presentations recognizing outstanding MRTs in Saskatchewan in a variety of categories.

Strategic Plan 2020 – 2022

The Governance Transition Committee is pleased to present the Strategic Plan for 2020 - 2022. Council approved the plan at the November 2019 Council meeting and it is available on the website under Member Resources. Council would like to acknowledge the committee for their significant efforts to develop the Strategic Plan.

Regulation of Sonographers

In December 2019, the Ministry of Health notified the SAMRT and the SADMS that additional consultations and collaboration is needed with Saskatchewan sonographers before the application can be approved. The SAMRT Council will review the Ministry's feedback before making a decision on how to proceed.

Council Update

Effective January 1, 2020 the SAMRT President is Mary Rafferty, and the Vice-President is Katelyn New both serving a one year term. Council also welcomed a new member, Kaylyn Hagel for a three year term. There will be three vacancies on Council in 2021; the election to fill these vacancies will occur on September 26th, 2020.



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Provincial Reports



There are things that MRTs do well... multi-task, provide exceptional patient care, and act professionally under pressure. On January 17th, 2020, MRTs in Eastern NL, put those tasks to the test in what us Newfoundlander's have called "Snowmageddon 2020".

Friday morning began with a light snow fall but with the hype of the massive snow storm that was going to descend upon us, many MRTs decided to report to work the night before, as well as many arriving early that morning, as there were fears that travel to work in the morning would be treacherous. All prepared with extra clothing and food not knowing when they would actually get home.

In Newfoundland & Labrador, blizzards are not uncommon. MRTs throughout our province brave this weather frequently and always prepare for the worst. As health care workers, it is natural for us to assume that we may have to stay late, or switch shifts to accommodate the adverse weather conditions. However, no one could prepare for what this storm delivered as those MRTs that made it into work were trapped there for days.

Friday lunch time, the city of St. John's declared a state of emergency. A phrase that we have not heard since the ice storm of 1984. The city and rural areas were being crippled by snow and hurricane winds. It wasn't until the snow ended and the winds subsided on Saturday afternoon, did we realize just how long the state of emergency would need to be in effect.

Forecasters described our storm as a "hurricane with snow". By the end, 93cm of snow had fallen, all of it blown around by winds upwards to 160km/hr. As we say in Newfoundland, "it was a fine state".

Back in the hospitals, MRTs were kept busy.



Some MRTs who either worked through the storm or provided relief post storm at the two hospitals in St. John's

Not just with imaging but lending a hand to all areas in the hospital that needed help, including creating sleeping spaces, serving food, and portering patients. In their own departments, they took care of each other, ensuring they were eating and taking appropriate rest periods. They offered support to each other, other health care workers and most especially to the patients. It was not until early Sunday morning did these MRTs return to their homes.

Pictures will never do justice to the amount of snow that we had to contend with on Saturday. With that snow, many people were without power and trapped in their homes. Cars were literally buried and the streets vanished, but even through that, MRTs were busy at work having to fulfill their essential service roles. Patients were reporting to the emergency departments, those already admitted to hospital still required our services. Those MRTs worked upwards of 50+ hours to provide care to those that needed it and did so happily. Sufficed to say, when their relief arrived on Sunday morning, they were certainly appreciative to see them.

The MRTs that arrived Sunday morning were equally as happy to report to work. Many of them were calling in throughout the worst of the storm to check on their colleagues and reassure them they would do whatever they could to get there so they could go home. Come Sunday, we were forecasting another potential 20cm of snow to fall, so these technologists also

prepared to stay for 24 hours shifts and did so graciously.

The remainder of the week had kept us in recovery mode. With the state of emergency in effect for 8 full days, our hospitals slowly began its way to becoming fully operational. While the storm may be over, the clean up has just begun. With the tremendous number of patients that had to be cancelled over the week, MRTs will be called to the task once again to provide service to these patients.

One thing that is apparent about the storm of the century; MRTs are exceptional members of the health care team. They provide an integral service to the patients of our community and they are desperately needed in health care organizations. Not only do they deliver imaging and therapeutic services to the highest standard of their profession, but the impact they have on a patient's life is outstanding. We have seen many hugs, hand holding, laughter and tears with our patients this week. All met with gratitude for being there to provide the care that we did.

As we reflect back on this storm, we will have some great stories to talk about for the rest of our careers. We know that this is not the end of our winter. Maybe the worst is yet to come, but if we know one thing - Newfoundlander's & Labradorians are resilient, and we can brave any blizzard with the right amount of storm chips and friends.

Announcements and Events

78th ANNUAL GENERAL MEETING of the Canadian Association of Medical Radiation Technologists

The Annual General Meeting (AGM) will be held on May 31, 2020 from 12:00 - 13:30. It will be broadcast live to make it accessible to all members. Register below to participate virtually, for free, via GoToWebinar. Available to CAMRT members only.

Click here for Virtual AGM Registration: <https://register.gotowebinar.com/register/1827782354798383885>

The [AGM documents](#) will be found in the [members-only](#) section, under the tab Inside CAMRT. These will be available in the weeks leading up to the meeting.



CARO Annual Scientific Meeting
September 23-26
Toronto, ON

Volunteer Reviewers Recruitment - Continuing Education Credit Approval Program

CAMRT is recruiting individuals who are interested in volunteering their time and expertise to peer review Continuing Professional Development (CPD) content and/or to assist with the assignment of credit through our Continuing Education Credit Approval Program (CECAP).

To support these ongoing processes, CAMRT is seeking volunteers in **all disciplines and specializations**. **These volunteers are** called upon (as needed) to complete reviews related to their discipline or area of expertise.

As a volunteer reviewer for the CAMRT, you will:

- Ensure newly developed CAMRT courses reflect current practice and clinical relevance
- Assign continuing education credit to educational activities available to MRTs in Canada
- Earn continuing education credit for your personal portfolio

For more information or to obtain a copy of the application form, please contact **Melanie Bérubé** at mberube@camrt.ca



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2020 Continuing Profess

In Effect

BREAST IMAGING CERTIFICATE PROGRAM CHANGES 2020-2021

Starting January 2020, an experience requirement is required to register into either of the CBI programs. For the CBIS – Certificate in Breast Imaging – Screening, the candidate **requires a minimum of 1450 hours as a practicing mammography technologist** over the 3 years preceding entry into the program.

For the CBID – Certificate in Breast Imaging – Diagnostic, the candidate **requires a minimum of 1750 hours as a practicing mammography technologist** over the 3 years preceding entry into the program.

As of January 2021, Mammography 1 and Mammography 2 will no longer be accepted as prerequisites for either of the CBI programs. Any candidate wishing to use these courses as prerequisites must register by **December 31, 2020**.

CT IMAGING & PET/CT IMAGING CERTIFICATE PROGRAM CHANGES IN EFFECT FALL 2020

These programs are being revised considering changes to the entry-to-practice requirements and to ensure they continue to reflect current and emerging practice, providing MRTs an opportunity to enhance their knowledge and gain recognition for their clinical expertise in CT as well as PET/CT imaging.

One of the changes coming to both of these programs is a **mandatory Sectional Anatomy Exam**.

This new sectional anatomy requirement **will be a prerequisite for CT 2 and CT 3 courses**. It will be delivered in a self-directed format and will be accompanied by a study guide, recommended textbooks and sample exam questions.

What does this mean?

Effective Winter Term 2021:

If you have not completed CT2 or CT3:

- You will be required to successfully complete the pre-requisite sectional anatomy exam before registering for CT2 or CT3.
- If you wish to take CT2 or CT3 in Winter 2021, you may write the sectional anatomy exam at either our Fall 2020 or Summer 2020 exam sessions. See dates/deadlines here: <https://www.camrt.ca/professional-development/full-length-courses/registration-information/term-dates-and-deadlines/>

If you have completed CT2 but not CT3 (or vice versa):

- You will have until **Winter 2022** to complete the remaining course*. If you do not complete the course in this timeframe you will be required to complete the sectional anatomy exam before accessing your remaining course.

** Note: Effective Winter Term 2021, CT2 and CT3 will be significantly revised. Those who have until Winter 2022 to complete their remaining course will be enrolled in the previous version of the CT series courses (not the revised version). This will ensure that all those completing the CT Imaging Certificate program will acquire the full set of required didactic objectives, as content between the courses will shift and change in the redesign.*

Also starting 2021: The new didactic requirements for the PET/CT program will include CT1, Sectional Anatomy Exam, CT2, CT3 and PET/CT Theory & Applications. This change is to reflect the increasing importance and prevalence of diagnostic CT in the nuclear medicine environment.

The PET/CT Theory and applications course is also being revised and will be available Fall 2020.

For any questions regarding the upcoming changes to the Certificate programs, please contact specialtycertificates@camrt.ca or call: 1-800-463-9729 extension 226.

The Power of a Virtual Classroom

Introduced in 2019, the CAMRT is offering a new type of online education for MRTs. The new virtual classroom series includes online, interactive lectures designed to enhance and refresh foundational knowledge. These high-quality lectures are a convenient and innovative way for MRTs to meet continuing competence requirements and offers a great opportunity to learn from clinical and industry experts.

- **INTERACTIVE**
Audiovisual and interactive learning activities
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- **PEER REVIEWED**
Reviewed by subject matter experts for quality
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At only \$39 (member rate), you may want to register for more than just one!



Register Now:

- Cardiac Catheterization
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- Personal Leadership – Empowering Self
- Fragility Fractures and Fracture Risk Determination

Coming Soon:

- MR Simulation & Planning
- Theranostics: Treatment of Neuroendocrine Tumours
- Strategic Planning

! Each Virtual lecture has been approved for continuing education hours / Category A credit and can be used towards your professional CPD requirements.

Supporting you through COVID-19

Like everyone in Canada, CAMRT is working to adapt in this rapidly-evolving COVID-19 outbreak. We are working hard to deliver excellent and seamless member service, and are available via all the usual channels. In addition, we are making it a priority to find extra ways that we can be of support and of service to members and MRTs across Canada in these exceptional times.

Announcements on all our Programs, Services and Events

New Practice Supports and Resources

Advocacy for MRTs across Canada

CPD Updates and Offers

Find out more at:

www.camrt.ca/covid19

The power of information

CAMRT's Communities of Practice brings the collaboration of the association online. Our new COVID-19 community is a place to share factual information and trusted practices, MRT to MRT.

It is available to all CAMRT Members.

Register to join the community at:
www.camrt.ca/camrt-cop-reg/

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