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Canadian Association of Medical Radiation Technologists
1300-180 Elgin Street
Ottawa Ontario K2P 2K3
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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 pmondesir@camrt.ca.

On the cover...

Submission from "Profiles of MRTs during COVID-19" by **Lorna Nyman** of Mississauga, ON.



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President's Message



*Volunteering in our association
has been one of the most
rewarding experiences of my
professional life.*

I have been a member of CAMRT for almost 40 years, and I have been honoured to be its President for the last two years. Clearly, we are living in unprecedented times. COVID-19 has given us the opportunity to reflect on how and why we do things as we do, and this gives us challenges as well as opportunities.

I found it very rewarding to see how many members sought out CAMRT for advice on personal protective equipment (PPE) and other professional practice issues during the pandemic. The connection with you at the front line gives us as an association the opportunity to hear you so that we can better educate others and advocate for our profession.

It is interesting to me that not all governments see us as frontline workers. Despite all our advocacy efforts over the years, and all across the country recently, there is still much work to be done. This is work CAMRT is well-positioned to take on, work we have been planning for in this strategic cycle, work we are committed to seeing through. It is time for you, as a member, to consider how you want your association to support you and how you want to participate in and support your association.

Volunteering in our association has been one of the most rewarding experiences of my professional life.

Witnessing, firsthand, the commitment of our volunteers and paid staff to our association is nothing short of remarkable. I have learned many things about other disciplines, how our profession has cultural differences across the country, and more. I challenge all of you to consider volunteering in some capacity. Having had the opportunity to represent CAMRT nationally and internationally, it has been rewarding to see how CAMRT is looked to for leadership amongst our fellow national associations, and gratifying to see how we are viewed nationally and internationally as considered, consistent, determined and effective.

I would be remiss if I did not acknowledge the outstanding staff who represent us in the CAMRT office; they have supported me in every way, doing anything they could to make my life easier. We are indeed fortunate to have such committed caring individuals working for us. Each, in their own way, with their own set of expertise, ensure we serve our members.

It is with mixed and complex emotions that I leave you in my final President's Message. Pride and joy, that I have been a member of such a wonderful profession and that I have been able to take on the honour of representing this profession as President. Sadness and regret, that I did not accomplish all that I would have liked to accomplish personally for all of you, the members, during my short term. But most importantly, confidence, in the Board of Directors with whom I have served and am now handing the baton—I know we are in good hands.

Thank you to all my Board colleagues, for all you have done for me over the past two years. Most importantly, thank you for choosing to serve your association.

From the desk of the CEO

Dear Members,

Despite the surreal nature of these times, and the specific challenges they pose for you and your colleagues, I hope you are finding some time to enjoy the beginning of summer. It has now been just over 6 months since I took over the helm at CAMRT. To say that it has been a period of intense learning would be an understatement. That said, in some ways, it has been a perfect opportunity for me to observe, reflect, and implement some of the ideas and priorities I had coming into the job. So, in this contribution to our newsletter, I thought I would share some of these reflections, actions taken, and a glimpse into what the future holds for our work.

Back in 2018, the CAMRT identified Profile and Influence for the MRT Profession to be a strategic priority. Since then we have been building our plans and developing key messaging for an ambitious national campaign. We were planning for the big launch to coincide with MRT Week 2020—the biggest awareness event of the year for MRTs. Then COVID-19 hit. When the pandemic reached Canada, we began to hear about potential issues for MRTs and healthcare professionals almost immediately. The issue of PPE shortages became clear right away. Through HEAL (the national partnership of healthcare professions that we belong to), we began to raise awareness of the issue and propose substantive actions to increase a secure supply of the PPE required to keep healthcare workers safe and the system going.

In early April, we released a CAMRT position statement on MRT use of PPE during COVID-19. It was around that time that we also began receiving emails and reports from provinces and institutions on an issue secondary to the general shortage—that MRTs were having difficulty obtaining PPE in facilities where supply was judged to be in adequate supply. Our ensuing survey of CAMRT membership (thanks to the over 3,000 who participated) revealed the enormous extent of this problem.

The lack of understanding and appreciation of the roles that MRTs play in our healthcare systems among healthcare decision makers has resulted in unacceptable consequences. Decisions were being made based on the erroneous and misguided belief that MRTs were not performing their work at the front lines.

After 30 years working in the healthcare sector, I have observed that many (including myself when in my previous roles) have known very little about the important role of MRTs in the healthcare system. This despite the participation of many in countless meetings labelled as inter-professional. This observation has been reinforced to me in a dramatic way these last few months. COVID-19 made a chronic lack of awareness of the profession (that many MRTs had simply come to accept) into an acute issue with very significant implications. All of this has deepened my sense of need for this work and CAMRT's commitment to this awareness work. Others have come to the same or similar conclusions, and we are pleased to be working closely with many partners across the country to create greater awareness of the vital roles all of you have in keeping our healthcare systems going.

We have much work to do. It will be a marathon, not a sprint. CAMRT and partners are in the midst of developing information and awareness materials to highlight the vital roles of MRTs to the Canadian healthcare system. We will also need all of you to help us achieve these important goals. Our most effective messengers are members like you. As you communicate what you do with your patients, colleagues, family, and friends, you contribute to a wider societal understanding. This will be key to convincing policy-makers to address the issue in a meaningful way. The greater our membership base is and the more people we reach, the more effective we will be.



All of this has deepened my sense of need for this work and CAMRT's commitment to this awareness work.

A handwritten signature in black ink, appearing to be 'J. Smith' or similar, written in a cursive style.



CAMRT Advocating on your Behalf

Advocacy at CAMRT involves working with provincial and federal stakeholders to amplify the voice of our members, and the profession at large. We engage decision makers using the best available evidence to address issues—both new and pre-dating COVID-19—with the ultimate goal of influencing policies that will make a difference to MRTs.

Our [2019-21 Strategic Plan](#) identified the need to build beyond the vital awareness work we do through [MRT Week](#) and the national “Image of Care” campaign. Even before the coronavirus hit our shores, CAMRT had built plans for a modern, accessible, and advocacy friendly MRT awareness campaign, and was beginning its implementation. One of many components of the campaign was published in print versions of the [National Post](#) and online on [healthinsight.ca](#). As we come across other issues, whether it be access to PPE or temporary pandemic pay, we are noting an increased need for this work. And, as such, we are ramping it up.

Please find highlights of the CAMRT advocacy efforts (as of the time of this writing) in response to the COVID-19 pandemic below. Visit our website for an overall summary of CAMRT’s [general](#) and [COVID-19-specific](#) advocacy.

**PROXIMITY TO PATIENTS
DEFINES RISK, NOT A
JOB TITLE.**



**PROTECT
EVERYONE ON
THE FRONTLINES**
#ProudMRT
CAMRT ACTRM

“Canada’s MRTs practice at the intersection of technology and care, bringing compassion and care to high-tech interventions.”

- Irving Gold, CAMRT CEO

NATIONAL POST



Media

- Be sure to **join the #ProudMRT campaign on social media** to amplify our voices! Share this image to educate the public on the critical frontline role we play in the healthcare team
- CAMRT [calls for action](#) to correct PPE shortages and other real-world consequences for MRTs as forgotten frontline workers.
- [The Future of Technology in Health- MRTs: At the Forefront of Canadian Health](#)

Collaboration

- With CAR and other partners, CAMRT was part of a taskforce to create *Guidance for radiologists, MRTs and sonographers on the resumption of radiology clinical services in Canada* ([available here](#))
- HEAL Press Release: [Broad Effects of COVID-19 on Healthcare Professionals](#)

Government Outreach

-  See our [message](#) delivered to MPs and decision-makers in Ottawa regarding PPE
- CAMRT [communicated directly with the offices of](#) the Federal Minister of Health and Chief Public Health Officer of Canada addressing the PPE shortage
- CAMRT [sent a letter](#) to the Ontario government in support of OAMRS's appeal to reconsider its omission of MRTs from the list of professionals eligible for pandemic pay at the front lines of COVID-19

We want to hear from you!

We are also looking for issues from you, the members. We also ask that you keep us up to date on your own advocacy work that might be happening at the local, provincial, or national level. If you have an issue you think we should be advocating for, please contact our [advocacy department](#).

Research, Submissions and Positions

- In response to these reports from MRTs from different areas of practice and in different parts of the country about uneven access to personal protective equipment, CAMRT conducted a short survey ([see results](#)). Thanks to the thousands of you that responded we developed this [position statement](#).
- Taking clear positions on issues of importance to the profession will help to guide decisions on those issues, and also help to raise the MRT profile in the healthcare decision-maker community. The CAMRT position on MRT Access to PPE will be the first of many, with several now in development.
- CAMRT also seeks to contribute to discussions and decisions in government directly via its contacts and formal processes. Recently, CAMRT has shared and submitted ideas/proposals on AI, Access to Imaging, Scope of Practice Innovation, studies of medical imaging, task shifting in palliative radiation therapy and more.
- For a comprehensive listing of submissions, research and positions see: www.camrt.ca/about-camrt/advocacy/camrt-positions-and-research/

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A Closer Look:

Profiles of MRTs during COVID-19



Across Canada, medical radiation technologists are adapting to deal with the changes brought on by the global pandemic. We asked members to tell us about their experiences and we received some very interesting responses. From dealing with PPE, shifting to working at home, redeployment, and changes to MRT student education, there is a lot happening as our profession steps up in a variety of ways. Please contact cmccuaig@camrt.ca if you would like to share your experience in the next issue!



Jeffrey Ng, RTR, RTMR
(Oakville, Ontario)

"Life as an MRT during these times has put into perspective the challenges that we as healthcare workers face while performing our duties as technologists. I will never forget starting out as a newly graduated MRI technologist and thinking that this was one of the most daunting experiences thus far. Medical implant contraindications and the pressures of maintaining exam times were always on my mind during scanning. I remember working my first overnight shift alone and repeating to myself, "Trust in your training, trust in your training," just to make it through the shift and then doing it all again the next day. Over time and with the support from my colleagues, I developed the confidence to overcome those pressures. Never did I expect to face an additional challenge—a pandemic as drastic as COVID-19—so soon in my career.

I recall discussing transmission-based precautions in seminars and training on the proper use of PPE during simulations. However, this training did not prepare me for the threat of PPE shortages as well as the effect COVID-19 is having on a community level. Rationing of masks, physical distancing and self-isolation were all foreign concepts prior to this pandemic. I believe that all allied health professions would benefit greatly from studying and incorporating pandemic practices into their future curriculum. By pooling our knowledge and experiences, we can come together and establish a stronger future for healthcare."



Michelle Willert, RTR, CBID
(Brampton, Ontario)

"Being an X-ray tech during this time is stressful, but at the same time it's very rewarding knowing we play such an integral part in diagnosing COVID. It's a very different work environment right now with many changes to regular workflows, and things continue to change daily as the pandemic progresses."

Lynn Boyd, RTR
(Amherst, Nova Scotia)

“Unprecedented times to unprecedented measures. I was sent to work from home on March 16 by the NSHA IM IT department. I work in Nova Scotia as the PACS Coordinator (Northern Zone, Cumberland Regional Health Care Centre) but live in New Brunswick, so this facilitated my situation by not having to travel across the border where all citizens are being stopped for COVID-19 restrictions. It takes patience and imagination to work from home. Things that took 5 minutes at work can take much more time at home. I’m looking forward to returning to my work area and I believe it’s going to be very busy with delayed projects and items that can’t be accomplished at home.”



Lorna Nyman, RTR
(Mississauga, Ontario)

“Today was a very new experience for me. I was redeployed to work in a drive through assessment centre for COVID-19. My job was to run paperwork for some amazing nurses and a doctor. We all come from different departments and sites and may not have ever crossed paths before this, yet we worked as a team and together helped patients in our community.

In case anyone is wondering why there are varying levels of PPE used in the photo... nurses and doctors who speak to the patient need droplet/contact PPE. The nurse swabbing the patient needs a higher-level gown. I did not interact with patients; therefore, I only needed a mask.”

Kelly Maloney, RTNM, RSO
(Yarmouth, Nova Scotia)

“Here at the Yarmouth Regional Hospital Nuclear Medicine Department in Nova Scotia, we have had to reduce our bookings to only urgent and oncology studies. With less staff needed in the department, one of our Nuclear Medicine Technologists, Tim Hatfield (pictured), has been helping out at Fit Testing Clinics. This ensures all staff at our facility are fitted with the proper N95 mask.”





Pegah Azadeh

(Vancouver, British Columbia)

"I'm a medical radiography student. Currently all my 33 credits are being taught online for the winter/spring semester (rough!). My last clinical starts in May, three weeks earlier than initially scheduled, due to the pandemic. That means no break between our semesters. I was informed about the COVID-19 Response Team - Access Control Screener job opportunity at Providence Health Care by my program head. It is my pleasure to help out and do my part during these difficult times while studying.

Stationed at the Mount Saint Joseph Hospital entrances, I assess patients before letting them enter the emergency department; distinguishing possible COVID-19 cases from others. I also perform symptoms screening and temperature checks on staff beginning their shifts, and send them to attend a staff testing site if required. I go to work daily worrying about becoming a carrier to my parents, since I live with them. I miss hugging and kissing them.

Working during a state of emergency is a different experience. It is difficult to wear full PPE for 8 hours. I've learned how to use our resources just enough so we are safe, but also still ready for the unknown future. I've also learned how a pandemic can affect society from a healthcare perspective, especially when I'm at the emergency department.

I would like to thank all the essential workers. Together we can overcome this. Remember that this is hard for everyone, so be nice to one another, and stay safe."

Jamie Eliasson, RTR

(Halifax, Nova Scotia)

"I am currently working as an educator in the Radiological Technology program at Dalhousie University in Halifax, Nova Scotia. The global pandemic of COVID-19 has impacted the hospitals and diagnostic imaging departments. It has also brought many changes and challenges to our students and faculty. In mid-March, with only a couple weeks of classes remaining, Dalhousie converted to an online learning environment and clinical education placements were suspended.

As a team, faculty quickly converted their remaining lectures, learning materials, assignments and exams to an online format, and students had to quickly adjust to this new "normal". The lectures varied between live video lectures, pre-recorded lectures and additional resource and learning materials. This was a new way of teaching, learning and assessments for all.

Our students in years 1-3 should be heading into a two-month clinical placement in May, which has been postponed, and our fourth-year students will be graduating without the official ceremony and celebrations. Luckily, they are able to write the CAMRT exam and are eager to join the front-line health care environment in the months to come.

While we have made some major adjustments to the courses and clinical placements offered this term, we will see the effects of COVID-19 on future terms and clinical placements with modifications needed to be made to the entire program. This has been and continues to be a very busy few months for all educators and learners in all Health Science programs at Dalhousie University and beyond!"





Jennifer Lam, RTT
(Surrey, British Columbia)

“Radiation therapy at BC Cancer Surrey has not slowed down since the start of the pandemic. One adjustment that we have made in the department is to wear surgical masks and goggles when we are providing direct patient care, since we are unable to maintain physical distancing guidelines when setting up a patient for treatment. Ears can hurt on a daily basis and goggles are always slipping down because not all nose bridges are the same. To solve these issues, we have tapped into our creative abilities! Dental wax has been used on goggles to minimize sliding, and we have made a variety of different ‘ear savers’ for surgical masks. We have made one out of a thermoplastic material (aquaplast) and cut notches into it so it can sit in your hair (the white one). The grey one is a 3D printer product, and the last one is a pink knitted ear saver.”



Samantha Moraes, RTR, CTIC
(Mississauga, Ontario)

“I am living through a pandemic - that is something I never thought I would say. How surreal! From being fully equipped in PPE to being inundated with policy updates, we have all risen to the challenge and I am just glad that I can be of help.

It is heartwarming to know that people have not taken us for granted, from the support that our local communities have shown to patients' kind words. While we may not be the first people that patients visit, as MRTs we do play a crucial role - as our slogan goes, we are ‘The Essential Link.’”



Beth Murchie, RTR
(Halifax, Nova Scotia)

“The IR team at the QEII in Halifax decided to split the group into 3 teams during the COVID pandemic, trying our best to reduce staffing impacts if anyone was to contract the virus. It has been a challenging time with lots of changes to our routines and procedures (with the addition of doffing and donning- our favorite new terms!) We have been managing well, keeping spirits lifted with acts of kindness...sending gifts of snacks and doughnuts between sites and writing daily positive comments on our white boards. Communication has been a key element, with weekly team meetings via phone and daily updates about what's new or changed from the previous day! We all look forward to be one big team again soon.”



Natalie Edwards, MRTR, DMS, CBI, RDMS(BR), CBMD

(Ottawa, Ontario)

"This pandemic has been stressful for all MRTs no matter what environment you're working in. As the manager of the mammography/x-ray department at a large independent health facility, I have to balance the health and safety of my staff with the needs of my patients. To achieve this, we have drastically reduced service so we can maintain social distance and our cleaning regime, which was always vigorous, is now stringent. It's a lot of hard work but worth every moment when our patients tell us, every day, how much they appreciate us coming to work and being there for them. I wouldn't want to be anywhere else. MRT proud!"



Lisa Dovgalev, MRT(R)(DMS), RDMS(BR), CBIS, ADT

(Ottawa, Ontario)

Being called back to work during the COVID-19 pandemic brought the expected stress of new protocols and anxiety for both staff and patients, but one thing I noticed in my patients early on was the need for eye contact in our interactions more than ever. Wearing masks creates an added barrier to communication and so the eyes become a new way to actually see one another while we ensure we are being heard. I am a Mammographer and Breast Sonographer in an independent healthcare facility and so I've witnessed firsthand that women coming for their problem workups during a pandemic have an added dimension to their anxiety about their test. The new protocols afforded me added time with my patients and so I decided to use this opportunity to ask them how they are coping with the pandemic. For some women, I was the first person they had physical contact with and a real conversation with outside their family or a Zoom call in weeks, and so they appreciated the connection, as short as it was. Strangely enough, a simple, real conversation with a stranger made some really happy. For others, it was a means to just know someone was there to offer some level of comfort and physical contact (in full PPE of course!).

One older woman had recently lost her husband, so living through this pandemic without the love of her life by her side was lonely and hard. She couldn't breathe with the mask on due to her anxiety about all of it, and so we proceeded without it. A lot of women told me that they were managing just fine in working from home and having the support of a partner. I have learned during this time that humanity is more important than ever; as is the need to see our patients as a whole person, and not just another diagnostic test I have to perform. Focusing on human connection during this pandemic has brought some normalcy to my life, and hopefully my patients, in a time clouded by uncertainty.

Colleen Nicholson, RTR
(Summerside, Prince Edward Island)

I am the co-ordinator of Gen Rad at Prince County Hospital. Like all health care providers across Canada, the past few months have been very challenging as we work on the front lines during the pandemic. Here on Prince Edward Island we are very fortunate to have had only 27 cases of COVID-19 and all are resolved and we have had no deaths or patients requiring hospitalization. There have been many isolation cases in our department for suspected COVID and our work place and work flow looks very different than before. I have noticed an increase of mental fatigue I have when I go home after a shift due to the constant updating of new information on the virus and updates on what is occurring in other provinces that have community spread. There is also the stress of finding childcare for essential workers as daycares and schools have closed and the constant worry that I could bring the virus home to my family. As an Islander I am very proud how the province has come together and followed the measures to prevent community spread. Many local businesses have dropped off meals and treats to the hospital staff and patients have expressed their thanks for my role as an essential worker. I take great pride in my profession and the role we play in health care. I hope that all my fellow MRTs across Canada and the world stay safe and know that they are valued and appreciated for all that they do.



Jenna MacLaine, CTIC, RTR
(Thompson, Manitoba)

As a hub hospital for several outlying communities, we have experienced challenges with urgent patient care and travel restrictions. With restrictions lifting, there are areas of DI experiencing overwhelming requests and orders. The wellness of staff is of importance to reduce burn-out during these times of uncertainty in all aspects of our lives.



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“Can you print this?”

3D Printing Face Shields

Vahid Anwari, MRT (R), MSc student,
Rehabilitation Sciences Institute, University of Toronto, Toronto Joint Department of Medical Imaging, Sinai Health, University Health Network, Women’s College Hospital

The fourth call for a portable chest X-ray in the Toronto General Hospital ER came past the first hour of the midnight shift. The personal protective equipment (PPE) sequence went like this: while gloved, remove the surgical mask from its bag and have it worn securely over my nose and lower jaw. Remove gloves, put on the face shield, then go outside the patient’s room with the portable X-ray machine to don new gown and gloves before entering the patient’s room.



The same face shield and PPE was to be reused throughout the night. My MRT colleagues and other healthcare workers could not have previously imagined the situation we now faced, having to reuse our PPE. I sometimes felt powerless and overwhelmed; however, it remained clear to me that I was going to provide the same exceptional care to our patients whatever the circumstances. This sentiment was also echoed by my MRT colleagues I was working with, and it gave me the inspiration to work alongside them during this COVID-19 pandemic.

The next night shift, I had one of those “aha!” moments when a colleague shared with me a video of a technology enthusiast 3D printing a face shield and asked me “Can you print this?” I thought about it the whole night shift. I had published an article on the use of 3D printing to make abdominal phantoms three months ago; the task did not seem challenging at all.

After my shift was done, I grabbed a Red Bull and went on a Google search to find the materials I needed to 3D print face shields on my own. Two days later, I had my own face shield prototype in my hands, and reached out to Azad Mashari (Faculty of Anesthesiology, University of Toronto; Department of Anesthesia and Pain Management, University Health Network) a co-collaborator on the 3D phantom project to see if we could 3D print face shields together. It turns out, he had the same thought and direction, and thus we joined forces to make hundreds of face shields together. We teamed up with Glia.org, a non-profit from London, Ontario to make Health Canada approved face shields in large numbers.

Fast track four weeks later, we have delivered over 1000 face shields to various hospitals across the GTA. Our

team is comprised of physicians, medical imaging technologists, designers, materials engineers and printing experts. The team traverses the community, four universities, and respective teaching hospitals, including Toronto General Hospital and the Hospital for Sick Children. The community heard our calls for help and the Toronto Public Library loaned their twelve printers to make face shields. We’ve also received support in expertise and printers from the University of Toronto. We are now focused on developing a fully tested, reusable N95 mask and will release this model under a Creative Commons license, allowing anyone to make them and benefit from them. As we continue battling the COVID-19 pandemic, the face shields have become incredibly useful to myself and colleagues as we continue to take care of patients and help them heal.

Through these challenging times, my MRT experience and mindset of adaptability, workload management and resourcefulness has been incredibly useful as I continue to help meet the PPE demand in our community.



My Perspective on Learning Patient Care Skills During COVID-19



Submitted by **Allison Pages**

When I thought about my first year at The Michener Institute, I certainly did not picture this: the world is completely chaotic and everything is changing. It is a scary place to be right now. This disease, COVID-19, is spreading throughout the entire world and is now being called a pandemic. People are ill everywhere and dying as I sit here and type. As a student in training to become a future healthcare professional, this is extremely eye opening. This year in my patient care course, I learned many skills that have helped me become prepared to deal with living in this situation safely, as well being prepared to work on the front line with these types of patients.

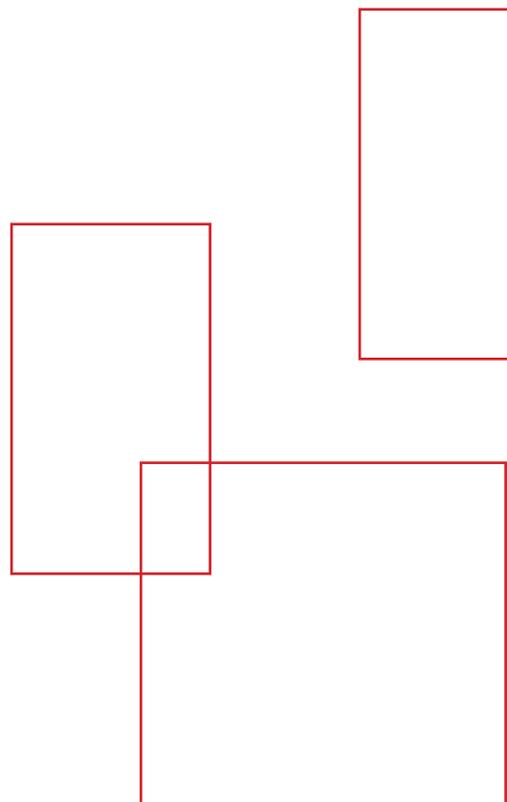
Some of the key skills I learned were how to perform proper hand hygiene, donning and doffing of all personal protective equipment

(PPE), and utilizing the proper oxygen delivery equipment in order to care for patients safely. By attending class and labs, I learned the necessary skills for my future career as a Nuclear Medicine Technologist and gained great communication and professionalism skills. As I listen to our leaders speak about COVID-19 and all the healthcare professionals involved, the skills I have developed are being used daily to treat these sick patients. I am thrilled about the opportunity to utilize what I have learned some day.

With what is going on in this world with COVID-19, I am nervous and scared. I feel this way because I have only book knowledge and no patient clinical experience yet. I do not believe I am prepared enough to work with patients who have COVID-19 until given the opportunity to practice in a clinical setting under the supervision of a Medical Radiation Technologist. Furthermore, just because I have all the skills and knowledge, does not mean that I feel ready to be on the front lines helping. However, through continual practice of all the things I learned in patient care, I believe my feelings will change.

COVID-19 has changed my perception of healthcare. I believe that healthcare guidelines and regulations will change due to this illness. Hospital protocols will become more strict and patient care safety skills, such as hygiene and decontamination, will become more important than they already are. This pandemic has changed me because it has made me realize when policies and protocols are set they

must be followed. I now will make sure I prioritize the safety of everyone when dealing with a patient by ensuring no possible contamination and all infection control techniques are followed properly. There are a couple things I think I need to improve before I get into the hospital: I believe I still need to improve my confidence and skill level in order to provide adequate care to all patients. After completing my program at The Michener Institute in Medical Radiation Sciences, I believe I will feel more confident in caring in a healthcare system with unforeseen challenges, such as COVID-19.



The Canadian Medical Imaging Inventory (CMII)

How Canada's largest medical imaging database can help to inform front-line change

CADTH

ACMITS

Submitted by **Lisa Pyke, MA, RTR, RTMR, CHE**; Manager Implementation Support, Eastern Canada, Knowledge Mobilization and Liaison Officer Program, CADTH

The field of medical imaging is a rapidly evolving one. And health system decision-makers as well as front-line medical radiation technologists—who are the ones navigating the changes first-hand—may wonder how best to keep pace with it all.

This is where the Canadian Medical Imaging Inventory, also known as the “CMII,” can be a valuable resource. CADTH is the pan-Canadian organization currently responsible for the CMII, which is Canada's largest medical imaging database at the national level. The CMII keeps track of the type, number, make and model of medical imaging machines across the country. It also captures data on medical imaging modality usage, radiation protection/safety features, trends in the use of different modalities, international comparisons, and much more.

Importantly, for the next iteration of the CMII—with an anticipated release date of fall 2020—CADTH has expanded its data collection. This was in direct response to pan-Canadian consultations with key stakeholders, including health care leadership and clinician groups, to help determine what sort of data would be most useful to those on the front lines.

So, what are some things to look forward to in the next iteration of the CMII?

The CMII can provide insight into human resources and staffing needs, as well as educational and training requirements

The rapid rate of change in the field of medical imaging—including changes in the relative use of different modalities, as well as technical advances—will lead to corresponding changes in staffing needs. For example, the number of full-time staff specialized in different types of equipment and exams will need to adapt in response to the relative number of different types of medical imaging machines.

For the first time, for the 2020 iteration of the CMII, CADTH will be collecting and publishing data on the number of full-time medical radiation technologists at the facility level. This will allow decision-makers to make comparisons between the staffing needs of individual facilities and will also help to optimize workflow efficiencies. CADTH will also collect provincial data, capturing and reporting on the number of radiologists, medical physicists, and nuclear medicine physicians and providing brief summaries of their respective scopes of practice. An outline of which health care providers can order exams at the provincial level will also be provided.

Additionally, and of particular interest to medical radiation technologists, educational and training requirements will need to evolve to reflect the latest advances in the field of medical imaging. The CMII can help to shed light on how educational needs may change by forecasting future demands for various medical imaging modalities as well as

providing pan-Canadian insight into the ways in which technological advances (such as artificial intelligence and clinical decision support systems) are being integrated into front-line work.

The CMII can help to forecast medical imaging equipment needs

The 2020 iteration of the CMII will be noting the trends in use for CT, MRI, PET/CT, PET/MRI, SPECT, and SPECT/CT. This expands on the 2017 iteration, which captured trends in use for these six modalities from 2007 to 2017. Additionally, for the 2020 iteration, the trends in use will be combined with population growth data to forecast the needs for each imaging modality (both the number of units and the number of exams) over the next five, 10, 15, and 20 years. The data will be summarized on a national level in the CMII report, but requests can be made for provincial data.

On top of this, when collecting new data for the 2020 CMII, CADTH also asked survey respondents to outline the main drivers for their decisions about replacing, upgrading, and adding new equipment; their funding sources for new equipment; and their criteria for expanding imaging modalities into new geographic locations where they did not previously exist. The goal is to provide decision-makers with insight into not only projected medical imaging technology needs, but also how other facilities and jurisdictions are approaching similar decisions with regards to equipment procurement and placement, as well as machine upgrades and replacement.

CADTH and COVID-19

If you're looking for credible answers to your COVID-19 questions, CADTH can help. CADTH is responsible for providing Canadian health care decision-makers with objective evidence, advice, and recommendations to inform their policy and practice decisions.

If you're looking for credible answers to your COVID-19 questions, CADTH can help. CADTH is responsible for providing Canadian health care decision-makers with objective evidence, advice, and recommendations to inform their policy and practice decisions. As the COVID-19 situation is changing daily the need for credible information is critically important. As such, CADTH has enacted a new COVID-19 online portal. On this site, you'll find information related to COVID-19 from CADTH and other respected organizations. Although some of the information predates the COVID-19 pandemic, all of it is timely and relevant to this current situation. We'll be updating and expanding the site regularly as new evidence becomes available. Feel free to share with others <https://covid.cadth.ca/>

Most importantly, if you can't find the information you're looking for on COVID-19, please feel free to submit a request. CADTH is prioritizing COVID-19 evidence needs and is accepting new COVID-19 evidence requests. CAMRT members working in a publicly funded health care organizations responsible for health service delivery within Canada are eligible to request new research. To submit requests visit <https://covid.cadth.ca/submit-a-request/>

Stay safe and well informed.

We're all in this together!

The CMII can help decision-makers and front-line staff keep pace with other technological advances such as artificial intelligence and clinical decision support systems

For the next iteration of the CMII, CADTH also asked survey respondents how they have been managing the adoption of other technological advances. These included, but were not limited to, the increasing use of artificial intelligence (AI) and clinical decision support (CDS) systems.

For example, the new CMII survey explores AI as it relates to activities such as the reading and interpretation of images, the prediction of outcomes, radiation dose reduction, image reconstruction, treatment planning, and administrative tasks.

The field of medical imaging is likely to be one of the first to be profoundly impacted by emerging technologies such as AI. As a result, the goal is for decision-makers across the country to be able to build upon each other's experiences and strategies for managing this type of large-scale change, and then help to educate and prepare front-line staff as the use of these technologies becomes increasingly widespread.

Additional ways the CMII may be of help

While insight into medical imaging-related staffing needs, educational requirements, projected machine usage, and technological advancements are all anticipated to be of interest to decision-makers and front-line medical radiation technologists, these are only some examples of how the CMII may be of help. The expanded data collection goes beyond the scope of one article, and additional data will include (but not be limited to) data on exam appropriateness and radiation safety procedures, teleradiology services, and radiotracers.

To inquire about CADTH's upcoming iteration of the CMII, contact CMII Lead Andra Morrison (andram@cadth.ca) or Lisa Pyke (lisap@cadth.ca). We also encourage you to use the CMII data to support your day-to-day work, be it for research purposes, a business case, strategic planning, or simply to gain insight into how the field of medical imaging is growing and evolving.

Subscribe to [New at CADTH](#) to receive updates on CADTH's latest reports, including the upcoming 2020 iteration of the CMII.

CAMRT supports this work by CADTH and is encouraged at the expanded scope of this latest version of the CMII. In addition to all the ways Lisa states above, CAMRT uses the CMII to bring real-world data to advocacy conversations. For example, we look at usage in one province vs. another, asking questions as to the reasons, the best practices and equity in access across all regions.



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Radiomics:

A Brief Introduction



Submitted by **Andrew Lagree MSc;**
Tina Wu BSc; and **William T. Tran**
MRT(T), MSc, PhD; Sunnybrook
Research Institute, Toronto

In recent years, quantitative imaging from various modalities such as ultrasound, computed tomography (CT), magnetic resonance imaging (MRI) and positron emission tomography (PET) has been shown to yield information about the physiologic and metabolic processes of tumors. Advances in computational capacity over past decades have permitted in-depth analysis of those medical images, which can output features and attributes (i.e. imaging biomarkers) related to the tumor's biological portrait. There are potentially thousands of computationally derived biomarker datasets, that are in principle, minable. Subsequently, these imaging biomarkers may be used to develop models for medical decision-making; this field of research is known as radiomics.

Overall, radiomics focusses on extracting high-dimensional biomarkers, and quantitative data from medical images that are clinically meaningful for diagnosis and screening, treatment response measurements (i.e., theranosis) and for prognostication. Artificial intelligence (particularly, machine learning classification and deep learning algorithms) plays an integral role in image analysis, which are used to seek patterns and construct meaningful models that can be

interpreted clinically. For example, radiomics research in oncology have been used to characterize the spatial and temporal properties of tumors associated with metabolism, cellularity and tissue composition. In cancer treatments, this is particularly useful for measuring tumor aggressiveness as well as measuring the tumor's response to treatments, such as radiotherapy. The ultimate goal is to provide actionable insight from quantitative imaging data at all stages of the patient-care pathway; i.e., to give clinicians enough information to improve and personalize patient care strategies. Radiomics holds the promise of providing objective, measurable, and quantitative data; however, there are still several translational challenges to achieve this, which include: 1) ensuring standard protocols for image acquisition, 2) concerns surrounding data repeatability and reproducibility, and 3) carrying-out robust data provenance. To work out these challenges, several steering organizations, such as the Quantitative Imaging Network (QIN), and the Image Biomarker Standardization Initiative (IBSI) have been created to establish appropriate guidelines. Progress has been made so far in terms of bringing together experts in the field, and developing radiomics analyses, and workflow that can be adopted in both academic and clinical settings.

“Indeed, the future impact of radiomics to the clinic is an area of major concern, since it is poised to reshape practices of physicians, radiographers, radiation therapists and other health-related professionals.”

Indeed, the future impact of radiomics to the clinic is an area of major concern, since it is poised to reshape practices of physicians, radiographers, radiation therapists and other health-related professionals. For example, the impact of automation, ethics (i.e. administering treatments for known-resistant cancers) and systematic implications are areas of intense research and consideration. Despite these current and forthcoming considerations, advancements in radiomics-based science will grow exponentially as quantitative imaging technologies and computational capacities increase. This will inherently necessitate in-depth analysis and require well laid-out policies at the local, provincial and national levels.

About the Authors:

Mr. Andrew Lagree is a data science researcher at Sunnybrook Research Institute. Ms. Tina Wu is a radiation therapy student at Sunnybrook Health Sciences Centre. Dr. William Tran is an assistant professor in the Department of Radiation Oncology at the University of Toronto.



Podcast now available!

We are pleased to announce that the JMIRS has produced its first ever podcast! Our first edition features Editor-in-Chief Amanda Bolderston chatting with Phyllis Butow, the author of *Unmasking Anxiety: A Qualitative Investigation of Health Professionals; Perspectives of Mask Anxiety in Head and Neck Cancer*. This 12-minute episode is available on the JMIRS homepage, but it can also be played or downloading at <https://anchor.fm/jmirs> using multiple platforms (Spotify, Google podcasts, etc). We plan to record a new podcast quarterly—look for the next episode with our June issue!

Highlights from recent issues

If you have any feedback on an article, consider writing a Letter to the Editor! Contact Carly at editor@camrt.ca to get published. 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.

- [From Quality Improvement Project to Publication: A Narrative from a Novice Author](#)
- [Pan-Canadian Survey of Medical Radiation Technologist's Views Toward Evidence-Based Practice, Research, Barriers, and Enablers](#)
- [On the "Flip Side": An Autoethnography Utilizing Professional Reflective Practice Skills to Navigate a Medical Experience as the Patient](#)
- [What We Know So Far \(As of March 26, 2020\) About COVID-19—An MRT Point of View](#)
- [Infection control in the medical imaging department during the COVID-19 pandemic](#)



Popular on Twitter! [A Pilot Study to Examine the Effect of an Educational Poster on the Knowledge and Practices of Lateral Elbow Radiograph Repositioning in Radiographers](#) (See graphic below)

NAVIGATE YOUR WAY TO A TRUE LATERAL ELBOW

Lateral elbow x-ray repositioning for radiographers

Capitellum
Medial border of the trochlea

The capitellum should always articulate with the radial head. Find the capitellum and its direction of displacement in relation to the trochlea!

Reposition your lateral elbow x-rays using the "Compass Technique". While this poster focuses on elbow and hand positioning, it should be noted that other repositioning techniques (centering, elbow flexion) exist and should be adjusted appropriately.

University of South Australia
Isabella Calabrese
UNISA 2016
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Volunteering with RAD-AID



Submitted by **Jenna MacLaine RTR, CTC**

On a bitter cold day in the middle of January, I began my trek to Tanzania. The difference in temperature was going to be about seventy degrees Celsius and the air was about to go from dry to very humid. I had visited the country of Tanzania about five years ago as a tourist, travelling through the Serengeti National Park and the island of Zanzibar. Visiting East-Africa was an amazing trip and I never imagined that I would have the opportunity to go back, let alone go back and volunteer with RAD-AID.

I was in a bit of shock when I received the call to volunteer with RAD-AID. When I applied, and even after the interview, I never imagined I would be selected. After five flights and a nine-hour time difference, I found myself in the capital of Tanzania, Dar es Salaam.

I spent three weeks at Muhimbili National Hospital, the largest hospital in the country, which also is attached to a university campus. I was impressed with how new the radiology equipment was. There was a digital x-ray room, the ultrasound machines looked brand new, there was a 3-Telsa MRI that was not quite a year old, and the CT scanner was a 4-year-old Siemens Flash. I was getting the opportunity to work on a scanner faster than the one I work on back home! As Swahili is the first language, I was surprised to see the requisitions and doctors' handwriting was in English.



However, this did make things easier on me as my knowledge of Swahili consists of only a few words.

As one of the first technologists to spend time in the CT department at Muhimbili, I felt it was important to build a relationship with the technologists. This department has been established for a few years, previously having a Philips scanner, and I wanted to gain an understanding as to why their processes and procedures are what they are. I realized there could be possible limitations when suggesting changes, but I knew little of what these limitations might be. I wanted to go in with an open mind, as there was an opportunity for me to learn as well.

For the first couple of days, I observed my surroundings and tried to take in what was going on around me. The waiting room seemed to always be full, with an average of seventy patients being scanned per day. No appointments were made, just walk-ins with their requisition. Patients requiring more time to prep were given a time to return the following day.

During my time in the department, I had some great conversations with the technologists and was able to better understand their processes and limitations. The protocols around creatinine checking and managing dialysis patients were much like ours. On a couple of occasions, the department experienced a contrast-shortage.



“ Muhimbili National Hospital may be on the other side of the world from where I normally work and things might be done a little differently, but the bottom line is that patient care is still the same. ”

This is not uncommon, since it is not always accessible or available, which can create challenges. While I was there, patients were asked to come back the next day when contrast would be come available again; however, long periods of supplies being unavailable do occur and the department continues to scan patients to the best of their ability.

The focus of my time became working with the technologists on scanning protocols and contrast timing-delays. We were also able to review some quality control and radiation protection procedures. Muhimbili National Hospital may be on the other side of the world from where I normally work and things might be done a little differently, but the bottom line is that patient care is still the same. The technologists I had the opportunity to collaborate and spend three weeks with are passionate about doing everything they can for their patients.

I would like to thank the RAD-AID organization for the work they are doing around the world and for this opportunity. A huge thank you to Anne-Marie Lugossy, Jessica Shell, and Dr. Arlene Richardson of the Tanzania Program for their guidance and support before I left home, during my travels, and once I returned. Thank you to CAMRT for their partnership with RAD-AID and offering travel funding. This was an amazing experience which I am truly grateful for. I encourage anyone interested in volunteering with RAD-AID to visit their website, www.RAD-AID.org.



I'm **Anne-Marie Lugossy**, the Director of RAD-AID Tanzania and a prior CAMRT outreach fellow! I've been with the organization, volunteering my time since 2017.

COVID-19 has postponed all of the organization's outreach trips. However, every team is working remotely to continue to support our partner hospitals in different ways.

My colleagues and I from the Tanzania Program, Jessica Shell (RT(R)(MR)(CT)) and Dr. Arlene Richardson (radiologist) are in constant contact with our partners in Tanzania and with candidates who are interested in our program. We're also working hard at setting up a Moodle Learning platform that will assemble all the different resources we can get our hands on, so that our colleagues in Tanzania can have access to educational content and support wherever they may be. We're also working on a blog to help increase awareness about our program, as we hope to convey our love for global health and our colleagues in Tanzania.

I would like to take this opportunity to ask that if anyone would like to donate educational content (resources they have stumbled across, PowerPoint presentations, case presentations, etc), we would be very happy to add what you have to offer to our dedicated learning platform for our colleagues in Tanzania. Please don't hesitate to contact me via e-mail at amlugossy@RAD-AID.org

For those interested in volunteering on an outreach trip, please visit the RAD-AID.org website! There are different funded opportunities available (obviously when the pandemic settles)!

Key Takeaways: COMP Winter School

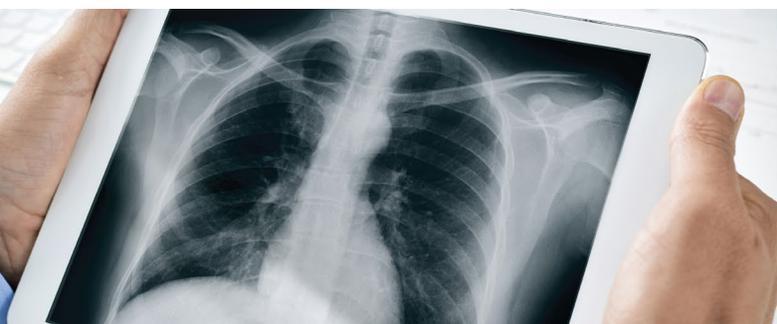


The Canadian Winter School, a multi-professional learning event organized by COMP (Canadian Organization of Medical Physicists), was held this past February. The overarching goals of the 2020 Winter School were:

- 1) To understand clinical communication and clinical involvement impact Quality and Safety
- 2) To discuss novel roles for radiation medicine professionals
- 3) To discuss the potential impact of those roles.

CAMRT member **Julie Renaud** attended the event and shares her key takeaways:

- The scope of practice and roles of MRTs varies greatly between Canada and the US. The variety of Canadian MRT roles, their involvement and in education, research, advanced practice and technology stood out. It made me feel proud to be a Canadian MRT(T)!
- There is a perceived gap in the US related to patient education specific to radiation treatment planning and delivery process. This was highlighted in a presentation about a clinical trial led by UCSD Medical Physicists who are trying to bridge that gap and demonstrate the added value of physicist-led direct patient care interventions.
- Our patients want to be viewed as partners in care. We need to keep challenging the traditional provider-patient relationships, so they feel like an integral member of their own care team.
- The future of radiation therapy services is looking bright, with so many different ideas and opportunities to leverage, and build on existing technologies. Collecting, analyzing and learning from patient-reported outcomes has the potential to transform our approach to future treatment planning design and delivery services.
- Artificial Intelligence doesn't replace or compete with Emotional intelligence! We need to continue developing our communication skills to improve inter-professional relationships and the quality of our interventions with our patients.



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Advocating for MRI Technologists of BC

Late in 2019, magnetic resonance imaging (MRI) technologists in BC notified the CAMRT of several grievances and concerns they were facing with respect to the Health Science Professionals Bargaining Association (HSPBA) [Collective Agreement](#). It was expressed to us that many technologists felt as though they did not have a voice within their union and wanted to explore ways the association could support them to strengthen their voice.

CAMRT and CAMRT-BC responded by seeking to gain a better understanding of the issues faced by the technologists in BC. In addition to several hours of research and preparation, we attended a 2+ hour face-to-face meeting with Health Science Association (HSA) officials right here in BC. The meeting with HSA was attended by Sarah Erdelyi, Provincial Manager of CAMRT-BC, along with Mark Given, Director of Professional Practice, and Irving Gold, CEO of the CAMRT. In addition to seeking answers to many questions, we had the opportunity to share some of our concerns with the union, including our dissatisfaction with the wage rates for MRTs in BC, noting that they have fallen behind compared to other provinces. CAMRT clearly expressed our desire to collaborate with the union going forward and want to be a resource and partner in advocating for the needs of medical radiation technologists in BC.

This meeting was followed by a gathering for MRI technologists in downtown Vancouver. The discussion was facilitated by Mark Given and

Irving Gold, and attended by Sarah Erdelyi. MRI technologists from across the province were invited to attend either in person or via teleconference to seek information and have their questions answered in an “open floor” format. We were able to share information passed along to us from the union, hoping to resolve misunderstandings and clarify the union’s intention to ensure fair and equal treatment of its members. The discussion wrapped up with and understanding of the need for MRTs across the province to stay united, working together toward regulation and the advancement of our profession. One of the takeaways from the meetings was to realize the true value of belonging to the association: MRTs have a stronger voice when they are members of the CAMRT/CAMRT-BC, who can advocate on their behalf.

If you were not able to attend this meeting or attended this meeting and still have questions, please get in touch with Sarah Erdelyi at serdelyi@camrt.ca.

Next Steps

Union officials reminded us that the current collective agreement expires in 2022, and the next bargaining conference is likely to occur in the spring of 2021. Now is the time to prepare evidence and determine your “asks” for the bargaining committee to consider.

Useful links

Learn more about national and provincial advocacy at <https://www.camrt.ca/about-camrt/advocacy/> and <https://www.camrt.ca/bc/provincial-advocacy/>

Learn more about the HSPBA Collective Agreement and 2019-2022 wage rates at <https://www.hsabc.org/collective-agreements/health-science-professionals>

The new job family for Magnetic Resonance Imaging Technologists is described in “Appendix A” (p. 83) of the [Proposed Terms of Settlement](#).



Provincial Reports



Virtual Outreach

To help members stay connected with the association, CAMRT-BC held a virtual meet and greet with the Provincial Manager on April 30. A recording of this presentation is available at: https://www.camrt.ca/bc/resources/webinars/?fbclid=IwAR0ddJ-s4m3PbFWb36RAOTbYpu7JsKqK3KMuH7hUnlYLJxKk_JSngLvBO5Y

Site Ambassadors are engaging on Slack

Slack is the technology platform that hosts CAMRT's online Community of Practice (COP). We have had great uptake from BC Site Ambassadors using Slack to communicate with each other in our #bcsiteambassadors chat channel. Among the 100+ Site Ambassadors, 93 are members of this private channel. CAMRT has also started a #covid19 channel, which is a public channel open to all CAMRT members. Slack users can add themselves to any public channel they are interested in, while private channels are for specific groups, such as volunteer committees. Slack is different from social media because only CAMRT members can join – therefore you know you are speaking from one MRT to another and who your intended audience is. We have observed a lot of participation from BC MRTs in this online community sharing their experiences with MRTs across the country.

Advisory Council Update

CAMRT-BC Advisory Council members met (virtually) on May 9. This meeting was also attended by the upcoming BC Director for the CAMRT Board, Kristy Owen. Our next meeting will be held some time in October. The new Chair of the Advisory Council is Erin Robitaille.

Provincial Advocacy Update

MRI Technologists of BC seek help with Union Advocacy

Over the last several months, the association has been involved in supporting MRI Technologists in their advocacy with the union. This work was initiated when MRI Technologists reached out to the CAMRT to explore ways the association could be of assistance and help strengthen their voice.

After some additional investigation and discussion, a decision was reached to set up a meeting with union officials at the Health Sciences Association (HSA) office in BC. That same evening, a gathering of MRI Technologists was held in downtown Vancouver. This meeting helped to unite MRI technologists across the province and strengthen their voice in future collective bargaining meetings.

CAMRT-BC and COVID-19

Allowance fund negotiated for health science professionals who provide direct patient care during the COVID-19 pandemic

On March 31, the Health Sciences Association (HSA) of BC released a news bulletin to members raising attention to the fact that employers would be paying a premium to BC nurses working in direct patient care during the COVID-19 pandemic. HSA stated, "this is unfair treatment of other members of the health care team who are putting their lives on the line during the pandemic" and wrote a letter to the BC Ministry of Health, advocating for all frontline health

care professionals to be recognized and treated equally. CAMRT-BC was aware of this and sent our letter of support to HSA, highlighting the role of MRTs during the pandemic.

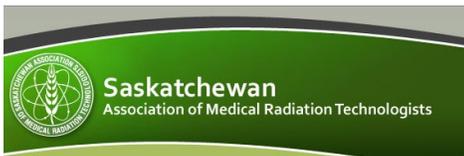
Read CAMRT-BC's letter of support here: <https://www.camrt.ca/wp-content/uploads/2020/04/CAMRT-BC-letter-of-support-to-HSA.pdf>

On April 25, CAMRT-BC was very pleased to receive the news that MRTs will be receiving supplemental allowance pay for their important work on the front lines of the battle against COVID-19. CAMRT-BC thanks HSA for its advocacy to get the fund instigated.

Read HSA bulletin here: <https://www.hsabc.org/news/5mn-allowance-fund-negotiated-health-science-professionals>

BC Emergency Health Providers Registry

The association is working directly with the BC government to help build a list of qualified MRTs (currently only for Radiological and MRI Technologists) who are available (BC-based) and willing to return to work or be redeployed from private practice to a health authority to assist with health system capacity in the event of a critical shortage. We received an update from the BC government that BC is "flattening the curve" so to speak and the need for mass redeployment of health professionals does not appear to be required in the immediate future. However, the potential for transmission remains real and the full impacts of COVID-19 are not yet clear, making it difficult to be certain of the number and type of health care providers that will be needed to care for British Columbians as the pandemic evolves. It is expected that the Emergency Health Provider Registry will continue to be an important tool to connect health professionals with health authorities.



Annual General Meeting – Rescheduled

The SAMRT has postponed the annual general meeting from April 25, 2020 to September 26, 2020. The election of the President and Vice-President for 2021 will occur at that time.

Council Update

The SAMRT is pleased to announce that Julie Lemoine, Michael McKechnie and Mary Rafferty were each acclaimed to serve on Council for a three-year term effective January 1, 2021.

Network of Interprofessional Regulatory Organizations (NIRO)

In Saskatchewan, there are 27 health-related professions with the authority to regulate their profession. Saskatchewan Health and the Network of Inter-Professional Regulatory Organizations (NIRO) are committed to promoting ethical and competent professional services and minimizing the risk of harm to consumers. We recently launched our new website which includes a link to each of the 27 regulated bodies: <http://www.nirosask.ca/>.



SAMRT Council

This website has been made available so the public can connect with, and easily access information about the health care regulators.

Regulatory Bylaw Amendment – Emergency Licence

In March 2020, the Saskatchewan Ministry of Health (MoH) and the Saskatchewan Health Authority (SHA) identified ten regulated health professions (including MRTs) as essential in to the COVID-19 Pandemic response. Under their direction, we have amended the SAMRT Regulatory Bylaws to add Section 12.1 which provides the authority to issue Emergency Licences to inactive MRTs.

We continue to work closely with the MoH, the SHA and NIRO to support the pandemic response.

Working Remotely

The SAMRT closed the office to walk-in traffic on March 20, 2020 and staff are working remotely. Our systems allow us to continue to operate with minimal disruptions, with no impact to our public protection mandate, however some projects have been delayed. Council has continued with business via video and teleconferencing and we held our April Council meeting via Webex. We are also using Facebook to communicate with the members and the public.

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Provincial Reports



PROCLAMATION is Happening!

We have received word from government that, due to the COVID-19 pandemic, proclamation timelines are quickly being moved forward. It is now anticipated that NSSDMS and NSAMRT will join to become the Nova Scotia College of Medical Imaging and Radiation Therapy Professional (NSCMIRTP) in mid-June, 2020. See our logo below!

This is an extremely exciting time for all MRTs and Sonographers in Nova Scotia.



NSAMRT Annual AGM

The Annual General Meeting was held virtually on Saturday June 6th @12pm.

Site Visits

NSAMRT's annual spring site visits have, unfortunately, been cancelled this year.

Annual Report

NSAMRT's full annual report is out and can be accessed here https://nsamrt.ca/sites/default/files/annual_report_2019_-2020.pdf

NSAMRT's Registrant Profile for 2019 can be reviewed here https://nsamrt.ca/sites/default/files/mrts_profile_2019.pdf



AMRTA Conference

The 2nd biannual Atlantic MRT Conference has unfortunately been postponed due to the COVID-19 pandemic. A new date in September has been secured at the same location, the Delta Beausejour in Moncton, NB. We remain hopeful the event can continue as planned but will respect all public health guidelines. More information to come soon.

Note from NSAMRT on COVID-19

The best thing to come out of all of this has been the recognition and incredible support from our communities and generous donations from local businesses all over the province. MRTs are VISIBLE! and I think our pride grew just a little bit more, if that was even possible! The teamwork and dedication among departments is amazing, and we've discovered new opportunities to improve our workspaces and procedures. This unprecedented time has allotted for research and thought processes which lead to the creation of many documents and lots of training so we can all be prepared for similar events in the future.

A huge shout out to CAMRT as well for stepping up the support and advocacy during this time. Thank you.



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The MAMRT recently announced the winners for the competitive awards. These award winners are based on high achievements in their respective disciplines. Congratulations to the following award winners!

Reanne Barnabe- Registration Award: MRI technology

Kristin Spearing- Registration Award and Proficiency Award: Nuclear Medicine

Kevin Santos de Guzman- Registration Award: Radiological Technology (tie)

Rachel Suderman- Registration Award: Radiological Technology (tie) and Education Award: Radiological Technology

Jenna Schurman- Registration Award: Radiation Therapy (tie)

Stephanie Henderson- Registration Award: Radiation Therapy (tie) and Proficiency Award: Radiation Therapy

The MAMRT Awards & Recognition Ceremony will be postponed to the autumn of 2020, to be held on a date during MRT week, when we will host our full awards ceremony for all awards.

MAMRT and COVID-19

MAMRT has also been reaching out more on Facebook to our community. Daily COVID-19 updates are posted via the Government of Manitoba. We have also begun a shout out to our fellow MRT healthcare heroes on Facebook. Each week, we select a different town in Manitoba where we have MRTs working. We post the location and the names of the technologists to thank them for their tireless efforts in working the frontlines, now more than ever. Thus far, we have recognized our technologists in Churchill, Pinawa, Hodgson, The Pas and Ashern. Stay tuned- your name and town could be recognized next!

Two of our board members took an online course through Volunteer Manitoba about using social media for non-profits.

Some of the course content will be useful in developing social media strategy. We are also looking further into advertising on social media to create a wider audience and create greater recognition of our profession in the general population.

During this time of social distancing, we have found our community of support is stronger than ever. Our technologists are being thanked by community members and patients. We have received treats and meals brought into hospitals. A sewing group in Manitoba has started up to make caps for all front line employees, and some of our technologists have been recipients of these caps. Friends and family members have been busy making and distributing ear guards to help protect our ears from wearing masks all day. While we may not be able to see our friends and families in person, we know that they are thinking about us daily, and have appreciated the additional support during this time.



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- ◆ Bone Densitometry
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- ◆ Fluoroscopy Management & Safety
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Digital Badges and CAMRT

A new decade brings about new initiatives and the CAMRT's Continuing Professional Development (CPD) department is no exception. We all remember the badges ceremoniously assigned to young Boy Scouts or Girl Guides everywhere, which were proudly sewn onto uniforms. These badges had a meaning and represented a unique accomplishment or skill. Fast forward to present day, and the CAMRT is happy to introduce digital badging for medical radiation technologists in Canada and worldwide.

What is a digital badge?

A digital badge is a digital representation or symbol of an educational achievement awarded on completion of a set of educational objectives.

The digital badge is embedded with meta-data that describes and validates an individual's acquired knowledge, skill, or competence within a specific area of practice.

Shared and displayed digitally, digital badging allows recipients to showcase their achievements and provide proof of learning in an ever-increasing digital environment.

Digital badges encourage, motivate, and connect learners to new and rewarding opportunities while promoting these same achievements to current and future employers.

How are they used?

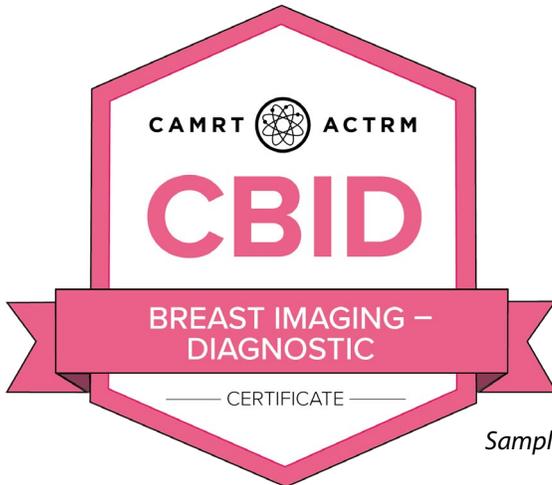
MRTs want to showcase their educational and professional achievements. Earned badges can be uploaded and displayed to social media profiles such as LinkedIn or Facebook, personal websites, as well as on resumes. These are embedded with meta-data that authenticates the badge and creates an online record of the achievement therefore making the accomplishments more "visible" online.

Potential employers or curious colleagues could click on the badge to instantly verify the credential or achievement earned, including the recipient's name, the description of the credential or achievement, what was required to achieve it, and the issuing organization. Much like traditional awards for educational or professional development achievements, digital badges proudly display professional accomplishments across the web.

The CAMRT will be issuing digital badges for:

1. Successful completion of our popular certificate programs (CT, Breast Imaging, Interventional Radiology, Dosimetry)
2. Successful completion of a micro-certificate (first CAMRT micro-certificate to launch 2020-2021 – Cultural Safety: Diversity & Inclusion)
3. Special Recognition – awarded for other significant and specialized learning achievements. The first Special recognition badge will be for successful completion of the Identity Matters: LGBGTQ2S+ Education for MRTs program, to be launched late 2020/early 2021.

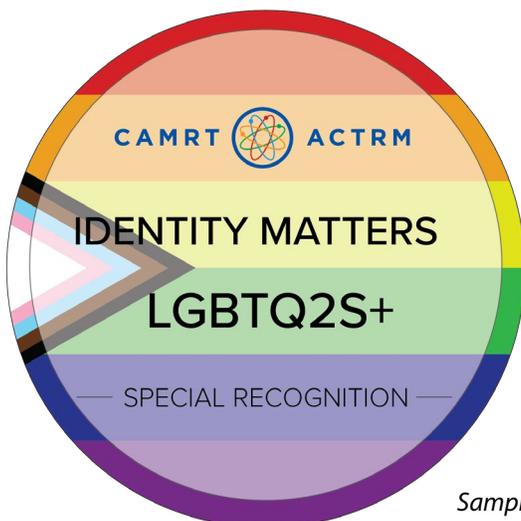
What do they look like?



Sample certificate badge



Sample micro-certificate badge



Sample special recognition badge

Starting Fall 2020, CAMRT will be issuing a digital badge to all CAMRT Certificate holders including those for CT Imaging, PET/CT, CT Therapy, Breast Imaging (screening and diagnostic), Dosimetry and Interventional Radiology.

Also anticipated for Fall 2020/Winter 2021 is the introduction of Identity Matters: LGBTQ2S+ Education Modules – a series of 5 learning modules on various topics relating to the LGBTQ2S+ community and the MRT environment. As previously mentioned, upon completion of all modules, individuals will receive a Special Recognition digital badge, identifying achievement of learning on a topic that promotes safe, affirming equitable and inclusive care and work environments.

Continuing Professional Development News

CTIC Program Changes

The CTIC and PET/CT programs are being revised due to changes made to the entry to practice requirements and to ensure the programs continue to reflect current and emerging practice. The revisions will ensure that these certificate programs continue to provide MRTs an opportunity to enhance their knowledge and gain recognition for their clinical expertise within these specialised areas.

CHANGE #1: PRIOR RECOGNITION OF LEARNING FOR CT IMAGING 1

Candidates may be eligible for prior recognition of learning for CT Imaging 1, if they graduated from a Canadian accredited radiological technology or nuclear medicine program, April 2018 or later and meet specific criteria, as evidenced through official transcripts. An administrative fee will apply. Please check our website for more details.

Prior recognition of learning will be considered starting January 2021.

CHANGE #2: INTRODUCTION OF A SECTIONAL ANATOMY PRE-REQUISITE EXAM

The Sectional Anatomy Exam will be a pre-requisite for the new CT Imaging 2 (CT 2) and CT Imaging 3 (CT 3) courses.

This new sectional anatomy exam will be a mandatory requirement for the CT Imaging and PET/CT certificate program. It will be delivered in a self-directed, self-study format and will be accompanied by a Study Guide, recommended textbooks and sample exam questions.

Individuals have the option of enrolling in Sectional Anatomy 1 and Sectional Anatomy 2 full-length courses in lieu of the sectional anatomy exam, if they are not comfortable with the self-directed/self-study format or feel they need additional support and guidance in learning sectional anatomy.

This prerequisite exam will be implemented Fall 2020.

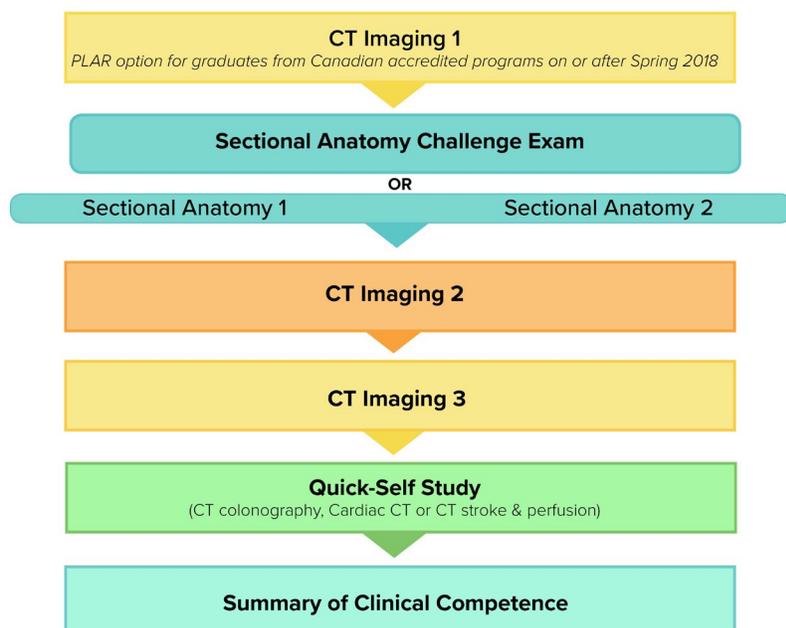
CHANGE #3: CT IMAGING 2 & 3 FULL LENGTH COURSES ARE BEING REVISED.

As sectional anatomy will be offered as a self-study exam starting fall 2020, the sectional anatomy content in CT 2 and CT 3 will be replaced with enhanced coverage of CT procedures, pathologies and emerging practices.

Increasing the depth and breadth of the content will ensure it continues to align with a post-certification level of competence and recognize those who have developed further expertise in the area of CT. Revisions to the courses are required to ensure the certificate program continues to reflect current and emerging practice and a level of competence and experience beyond entry-to-practice.

The revised CT 2 and CT 3 courses will roll out Winter 2021.

New Pathway for the CTIC Certificate



Effective Winter Term 2021:

If you have not completed CT2 or CT3:

- You will need to successfully complete the pre-requisite sectional anatomy exam before registering for CT 2 or CT 3*.
- If you wish to take CT 2 or CT 3 in Winter 2021, you may write the sectional anatomy exam in the Fall 2020 session.

We highly recommend completing the sectional anatomy exam prior to registering for CT 2 or CT 3; however, candidates do have the option of completing both the exam and the CT course(s) simultaneously as a co-requisite. It is an expectation that those registering for CT 2 and CT 3 have a foundational knowledge and understanding of cross-sectional anatomy.

CTIC Program Changes

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

- You will have until the Winter 2022 term to register and 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.

* Effective Winter Term 2021, CT2 and CT3 will be significantly revised. Those who have until Winter term 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.

Please note: These changes do not apply to the CT Therapy courses/certificate program, only to the CTIC (radiological technology, nuclear medicine) and PET/CT program.

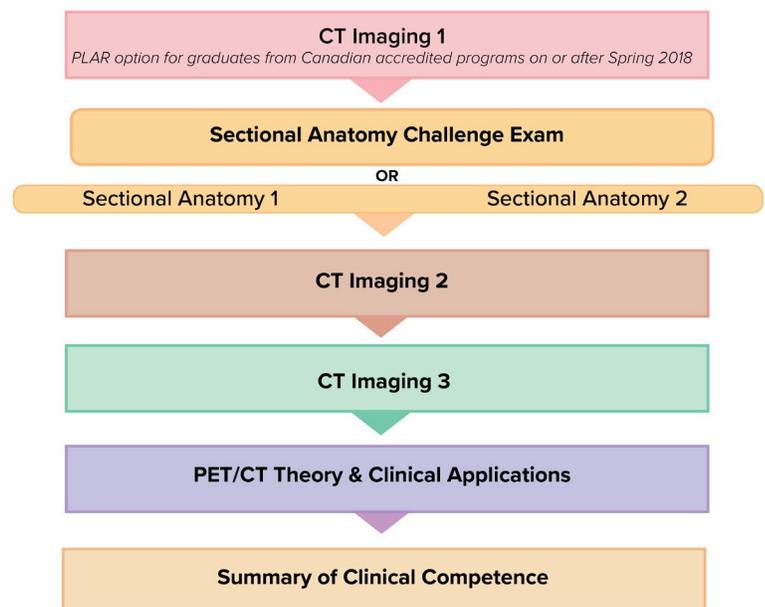
CHANGES TO THE PET/CT CERTIFICATE PROGRAM

Current requirements for the PET/CT certificate include: CT Imaging 1, Sectional Anatomy 1, Sectional Anatomy 2 and PET/CT Theory and Applications full length courses.

The revised requirements will include: CT Imaging 1, Sectional Anatomy Exam (same as CTIC), CT Imaging 2, CT Imaging 3 and PET/CT Theory and Applications full length courses.

The PET/CT Theory and Applications Course will also be updated to include more information on non-FDG PET/CT radiopharmaceuticals and updated information on oncology, inflammation, cardiology, neurology, pediatric and radiation therapy clinical applications. Revisions to the PET/CT course will come into effect Fall 2020.

New Pathway for PET/CT Certificate





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