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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.

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On the cover...

Jessica Kimber and Megan Brydon as seen in the [Virtual Reality allows health care workers to experience patient's perspective article](#) by Ben Maycoc.

Photo by Ryan Wilson, IWK

President's Message



Hello everyone!

As I sit here at my desk, I am grateful that the sun is shining, and the temperatures are beginning to rise. I'm thankful that re-opening plans are being discussed and vaccinations are being opened to all eligible age groups. I have hope that change is on the horizon. And I think that now is a good time for us to get a little boost of hope.

If you did not attend CAMRT 2021 you missed out on one of the biggest boosts I've experienced in a while. I'll be honest, I was skeptical that a virtual conference would give me the invigorating feeling that a live event always does. I didn't think that connection with my like-minded colleagues would be possible through a virtual platform. And yes, it was different, no question. However, I did find that at the end of the weekend I was revitalised and passionate for my profession and work again. I needed that.

As this pandemic has worn on, it just seems lately that lots of conversations I am a part of are negative and full of complaining. Often it is justifiable, but when you are surrounded by that much of the time, you can forget the parts you love so much. The negativity can overshadow the good. That is where I was before CAMRT 2021. It was good for me to log into the sessions and hear about finding my superpower, taking charge of my own career, understanding the traumas of my mind and body, finding my inner advocate and putting people first. I needed those reminders. I needed that empowerment.

And that was just the tip of the iceberg. There were so many other lectures, technical and experiential, that were the essential water I needed to fill my proverbial bucket.

“ ***My goal, going forward, is to spark joy. I want to be an encourager. I want to be an ally. I want to be a person that cares for my co-workers and friends.*** ”

So, if you are sensing that same feeling of running on empty, I encourage you to check out the lectures from CAMRT 2021 posted to the website. At \$10 for members, it's the best boost for money that I can recommend!

As for that negativity I referred to earlier, I heard that dwelling on the negativity simply contributes to its power. These days I am trying not to give the naysayers more power, trying not to give the clouds of gloom more shadow. I'm taking the advice my 11-year-old niece often gives me, don't feed the trolls. My goal, going forward, is to spark joy. I want to be an encourager. I want to be an ally. I want to be a person that cares for my co-workers and friends. And mostly, I want to disregard the negativity when it rears its ugly head. I want to do that as President of the CAMRT as well; to acknowledge the hardship yes, but also to acknowledge the good when it happens, and especially to look to the future with hope. As we seem to be turning a corner in the world, I hope you are encouraged to do the same wherever you are.

Jenn Carey

From the desk of the CEO



Summer is upon us, Covid rates are in decline in many parts of the country, vaccine coverage is increasing, and public health restrictions are slowly being loosened. Normalcy seems like it is on the horizon. That may well be the case for many Canadians, but we know that for you, the story is quite different.

For the last 16 months we have heard from members across the country about the stress you are under, and the challenges faced by all corners of the medical radiation technologist community. We know that many of you are concerned about the challenges that are to come.

While we have been busy responding to your immediate needs throughout the pandemic — such as access to PPE and timely vaccinations—we have also been working to gather data, build insight, and prepare the association to work on your behalf on pandemic-legacy issues, too.

Mental health amongst MRTs was a priority for the association even before the pandemic, but it is now an even more pressing one. We know, from surveys and members reaching out to us, that many of you are exhausted and demoralized. You have been working tirelessly on the front lines of the pandemic since the very beginning and, not surprisingly, you have told us that you are dealing with an unprecedented level of mental health challenges.

We are working intensively with our Mental Health Working Group, our Board, and other volunteers to identify meaningful ways to support you. While providing tools and resources for the self-management of mental health challenges may be useful short-term measures, we believe that identifying and addressing root causes is the only way to ensure that MRTs are able to continue to provide the essential services that much of our healthcare system relies on.



Mental health amongst MRTs was a priority for the association even before the pandemic, but it is now an even more pressing one.

As our President, Jenn Carey, said: this is a summer full of hope. We also know that while Canadians begin to plan their “2-shot summer”, a lot will continue to be asked of you. We will not stop working on your behalf through our research, advocacy, education, member services, and whatever other means required to support you and the MRT profession. The status quo cannot become the new normal.

A handwritten signature in black ink, appearing to read 'Irving Gold', with a star-like symbol to the left.

Irving Gold

CADTH Medical Imaging Inventory 2019-2020: Highlights and Interesting Finds

The Canadian Agency for Drugs and Technologies in Health (CADTH) recently released its third edition of the [Medical Imaging Inventory](#). The Inventory, gathered from surveys of over **450** medical imaging departments, clinics, and other operators of medical imaging equipment, represents the best consolidated picture of the state of medical imaging in the country. CADTH uses this information to inform its stakeholders (the provincial healthcare systems) of their standing.

The report is comprehensive – a long read, best digested in multiple sittings – but worth a peruse for the depth of information it captures about medical imaging in Canada. Below are some of the things that CADTH tracks in their report:

The pace of growth is not slowing down

Medical imaging has been growing very quickly over the last two decades and CADTH expects growth into the future. Based on population growth and current use, CT is expected to grow by 18% over the next 10 years, and MRI by 20%.

Imaging units per population, by province

As you would expect from an inventory, the number of units and the number of sites with units is tracked in every province. When population is factored in, one can see how provinces measure against each other in terms of CT, MRI, PET-CT, SPECT, and SPECT-CT units.

Examinations per capita, by province

As well as units, the inventory tracks number of examinations. Again, it is interesting to see how provinces compare to one another.

Where units are located across Canada

Most imaging machines are located in large city hospitals.

Use of medical imaging equipment (hours per day and per week)

Extending the hours of use for these imaging units has been a trend over the years.

Full-time equivalent (FTE) MRT positions across the provinces

This is the first version of the CMII to collect data on FTE positions for MRTs associated with each of the technologies.

A breakdown of the Medical Imaging Team

Canada's 25,000+ MRTs make up 89.6% of the medical imaging workforce in Canada.

Beginning to track the integration of artificial intelligence (AI) in imaging

Setting the groundwork for tracking through future surveys, the CMII now tracks how AI is used in lowering dose, reading/interpreting images, image reconstruction, treatment planning, predicting outcomes and administrative tasks.

How Canada compares internationally

Canada is compared against OECD countries on number of medical imaging units and number of examinations per capita. This brings extra context to the provincial data.

Lots of other aspects of medical imaging!

Other interesting findings include age of medical imaging units; planned and unplanned downtime; types of use for medical imaging units; use of clinical decision support, use of peer review; exam ordering practices; exam ordering privileges (by profession); technical characteristics of units (e.g., # of slices); and more...

How CAMRT uses data like the CMII in its advocacy



As CAMRT looks to address the scope of issues that affect professionals in medical radiation technology, the organization leans heavily on fulsome and reliable data like the CMII. The regular surveys collected over time provide insight into trends, opportunities, and gaps in service that the MRT profession should be aware of, and that CAMRT brings to the attention of decision makers in healthcare.

As we look to some of our current priority areas for advocacy like health human resources, backlogs and wait times in medical imaging, and MRT burnout, we look to the data in units, exams per capita, and extrapolating to exams per unit to try to identify potential issues for MRTs and potential solutions to known or expected problems. This inventory provides CAMRT an interesting pre-pandemic view into how far the finite equipment and human resources will be able to carry Canada out the other side of COVID-19. The CAMRT will use the wealth of information within to inform strategic decision making, support new and existing advocacy, and to keep members informed of the state of medical imaging.

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CAMRT 2021

Conference Highlights

This year's conference was held virtually on May 15-16. With over 40 sessions, the program contained discipline-specific, multidisciplinary and general interest sessions, including a stream focused specifically on MRT stories from the pandemic.

Professional practice, self-care and emerging technologies were common themes throughout our multi-disciplinary sessions at CAMRT 2021. This inspirational and interactive event was home to discussions on:

- the importance of MRT advocacy in artificial intelligence;
- the latest advancements in hybrid technologies and reflections on the evolution of the MRT profession;
- the development of self-care strategies to support a long and healthy career;
- the unconscious bias and racism in healthcare.

Did you know?

There are now over 40 CAMRT 2021 sessions [available on-demand](#) for CAMRT members. *Please note: you must log in to your CAMRT account to receive the accurate pricing.*

There were so many sessions that I was interested in and unable to attend them all as sometimes they were happening at the same time. I am very happy that the sessions will be available on demand after the conference.



Screen capture of Kellylee Evans' session (Built to Fly : Finding Your Superpowers - Lessons in Resiliency and Self-Care)

Session Type	Average Attendance	Rating (out of 10)
General interest, Keynote	304	9.16
Discipline-specific	141	9.08

TOP 3 ATTENDED BREAKOUT SESSIONS

- **Julie Renaud** (Motivation & Growth Needs for MRTs: Taking Charge of Your Own Career)
- **Linda Gough** (From X-ray Technician to Medical Radiation and Imaging Technologist: A Reflection on the Advancement and Evolution of the Profession in Canada)
- **Kerri Brock** (The Whole Self: Traumas of the Mind, Body & Soul in Patient Care)

TOP 3 HIGHEST RATED SESSIONS:

- **Dr. Michael Noseworthy** (Advances in MRI Pulse Sequences)
- **Shawn Binda and Jennifer Dang and Jodi Quinn** (MR in Therapy part 2)
- **Brenda Robinson** (Getting the Best from the Most: Making People our Priority)



CAMRT FOUNDATION GRANT AND SCHOLARSHIP RECIPIENTS

This year the CAMRT Foundation was pleased to announce the following grant and scholarship recipients. To apply for one of our grants or scholarship opportunities in 2022, please visit the [Foundation webpage](#) on the CAMRT website.

Grant Recipient

Sara Lynne McAvena

Scholarship Recipients

- Shalini Gambhir
- Louise Rainey
- Jenna MacLaine
- Rebecca Jessome
- Katherine Tuomi

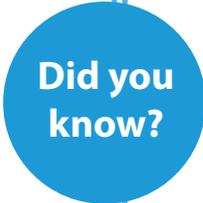
2021A GM RECORDING AND Q&A

The video recording of the AGM and answers to member questions have now been published on the [CAMRT member site](#) (under Annual General Meeting).



CAMRT ANNUAL REPORT 2020

Check out the [2020 Annual Report](#) on the CAMRT website under the "About Us" tab to read about your Associations' successes in 2020!



The Welch Memorial Lecture, delivered by Nicole Jenkins, RTR, RTMR, MRSO, of Eastern Health, entitled: "The Advocacy Within" is [now available](#) to CAMRT members for free.



I loved the speakers. The moderators did a wonderful job of interacting with the speakers and the attendees. It made it feel more personal and less scripted. Made me feel like I was at a conference! Loved it.

We would like to thank all our 500+ attendees from the MRT community, our volunteers and sponsors, without whom an event like this would not be possible.

CAMRT 2021 Award Winners

During the Celebration of Excellence, our 2021 awards recipients were recognized for their incredible work.

The recording of the ceremony is now available online at: <https://www.camrt.ca/mrt-profession/professional-recognition/2021-awards-showcase/>

Awards of Excellence

Magnetic Resonance Imaging
Karin Chang-Kue, RTR, RTMR
Cambrian College

Nuclear Medicine
Christopher Kryski, RTNM and **Siobhan Pett, RTNM**
Southern Alberta Institute of Technology

Radiation Therapy
Matthew Aitcheson, RTT
Michener Institute / University of Toronto

Radiological Technology
Bisma Khan, RTR
Mohawk College / McMaster University

Board Recognition

President's Medal
Linda Gough, RTR, ACR
Ontario

Outgoing Board Member
Susan Fawcett, RTT
Alberta



Honorary Awards

Early Professional Achievement Award
Jonathan Bower, RTNM
Nova Scotia



Dr. Marshall Mallett Lamp of Knowledge Award
Christine Preachuk, RTR
Manitoba



Grassroots Advocacy Award
Jordan Veale, RTR
Manitoba



Outstanding Service Award
Sandra Luke, RTR, RTMR, ACR
Manitoba



Welch Memorial Lecture
Nicole Jenkins, RTR, RTMR, MRSO
Newfoundland & Labrador

Competitive Awards

Narrative Paper, MRT
Category
John Gushie, RTMR

Scientific Paper, Student
Category
Maggie Hui

Narrative Paper, Student
Category
Kiley Brown

Multi-Media Exhibit, Student
Category
Kelly Knowles and Hailey McCulley



Cultural Safety- Diversity & Inclusion Micro-certificate

The goals of this micro-certificate program are to support inclusive work environments and to promote safe, affirming, equitable and inclusive care.

- LGBTQ2S+ series (four modules)
- Creating an Inclusive Environment for Persons with Disabilities
- Enhancing Communication through Cultural Humility

[Learn More about Micro Certificates](#)

CAMRT 2021 Research Grant

*This year, the CAMRT Research Grant is supporting the project **“An Artificial Intelligence Framework to Predict Breast Cancer Response to Neoadjuvant Stereotactic Ablative Radiotherapy (SABR): A Pilot Study.”** Congratulations to the winning application, submitted by Principal Investigator William Tran, and Co-Investigators Mateusz Bielecki and Eileen Rakovitch. Below is a description of the project from Mateusz (Matt) Bielecki (pictured).*

Treatment for women with inoperable advanced breast cancer and oligometastatic disease can be limited; however, there is growing evidence to suggest that stereotactic ablative radiotherapy (SABR) may be an effective modality for durable local control and may prolong survival outcomes. Unfortunately, a significant proportion of patients only derive suboptimal response and currently there are limited clinical tools to ascertain which women will achieve a clinical benefit from SABR. A substantial body of work is showing that radiation response is mediated by tumor infiltrating lymphocytes (TILs); essentially, demonstrating the critical involvement of the immune system in clearing tumours. In this study, we will develop an artificial intelligence (AI) framework to analyze pre-treatment breast tumour specimens and characterize the activity and impact of TILs in radiation response.

The overarching objective of this study is to build a clinical decision-support tool that will help guide treatment selection for women with inoperable, advanced breast cancer. This pilot study will build a computational framework for future work. We have established a retrospective cohort of women treated with SABR (n=80), and pre-treatment tumour specimens will be collected and curated from a subset for this pilot project.

Samples will be prepared using standard histological techniques, then digitized for computational analysis. We will develop deep learning (DL) algorithms capable of automatically detecting TILs, tumour nuclei and stromal tissue in tumour biopsies. Subsequently, tumour components will be analyzed further for spatial, temporal, and intensity-based relationships; in essence, yielding imaging biomarkers. Machine learning techniques will be exploited to develop prediction models for radiation response. To test the models' performances (i.e., accuracy of the model), we will compare the predicted response against “gold-standard” measurements, such as tumour shrinkage as assessed by standard-of-care radiology.



This project underscores the enormous momentum of AI integration in oncology. In the future, imaging biomarkers will also facilitate treatment strategies for personalizing radiation treatments, and for developing precision oncology approaches that will impact patient outcomes. AI-based methods in oncology in part, aims to improve patient quality of care. In doing so, suitable candidates may be identified earlier for optimal treatment approaches, including, dose tailoring techniques. Imaging biomarkers will ultimately serve as complementary tools to better inform radiation oncologists, radiation therapists, and patients during the care pathway.

Free Research Course!

As a result of an international collaboration between Oslo Metropolitan (OsloMet) University in Norway, Dalhousie University in Halifax and Sunnybrook Cancer Centre in Toronto, a joint course “Thesis preparation; from A to Z” has been established. This open access course covers nearly all components of the research process from a foundational perspective. The course demonstrates why research is important in practice and how to link evidence informed practice and research. The importance of inter-professional collaboration and the challenges that relate to it are also highlighted in this course. Furthermore, it outlines the steps required to start a research study and develop a research question.

To access the course:

<https://oslomet.instructure.com/courses/20454>
(please open in Chrome)



Media Release

Hear the BBC World Service interview CAMRT member **Megan Brydon**, lead author of the paper: "[Virtual Reality as a Tool for Eliciting Empathetic Behaviour in Carers: An Integrative Review](#)".

Interview available here: <https://www.bbc.co.uk/sounds/play/p09j6x8r>



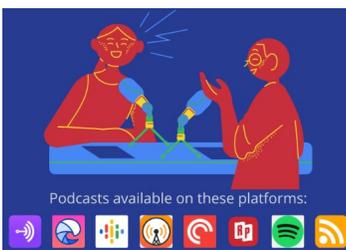
Cover Contest and Calls for Papers 2022

We need your creativity to make the cover for our upcoming special issue even more special! The theme of this issue is **Education**. What do you picture when this aspect of medical radiation technology meets art? We want to see your inspiration! The contest runs until **September 1, 2021**. Questions? Contact editor@camrt.ca!

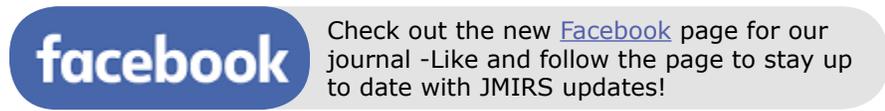


Keep in mind our [calls for papers](#) for upcoming issues on **Palliative Care** (deadline **Nov 1, 2022**) and **Leadership** (deadline **May 1, 2022**) will also be looking for cover art!

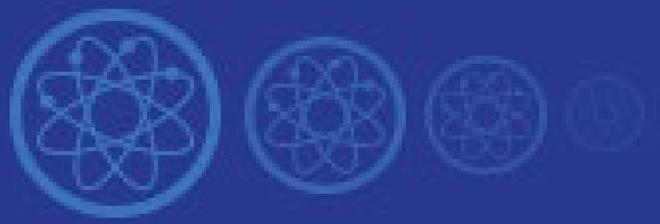
New Podcast



This podcast features a conversation with Dr. Ian Boon, one of the authors of a recently published Commentary, [Digital healthcare and shifting equipoise in radiation oncology: The butterfly effect of the COVID-19 pandemic](#). This 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).



[Click here](#) to read this collection of work showcasing the breadth of scholarly work being done by radiation therapists across the country.



Articles Ahead of Print

Check out these articles ahead of publication from CAMRT members!

- [*The Raystation conversation: Multidisciplinary perceptions about training, leadership, and communication during implementation of new technology*](#)
- [*Changing me to we: Developing teambuilding in radiation therapy*](#)
- [*Are we missing the post-operative cavity in whole breast radiotherapy?*](#)
- [*Investigating opinions of, and perceptions to, advanced practice radiation therapist roles*](#)
- [*Assessment of IGRT variability for lung SBRT*](#)
- [*Improving Lesbian, Gay, Bisexual, Transgender, Queer and Two-Spirit Content in a Radiation Therapy Undergraduate Curriculum*](#)

Calling all Writers – Submit a Medical Radiation Sciences Narrative!

This innovative new article format is for anyone with something to share related to any aspect of medical radiation sciences, including patients, families, health care leaders, policy makers, and medical radiation science professionals themselves. Contact editor@camrt.ca with any questions!



MRS Narrative submissions are not restricted to any particular format - we are open to print-based formats such as personal stories, poems, photographic essays, or any other method that can communicate your narrative.

This could include patient encounters or clinical experiences (good or bad), or aspects of medical radiation sciences that are not directly related to patient care.

Amanda Bolderston,
Editor-in-Chief



MRI for Radiation Therapy



Providing an overview
of the landscape of MRI in RT

KEY FACTS

Duration: 8 weeks

Next Intake: September 27th 2021

Award: Certificate of completion and Canadian Association of Medical Radiation Technologists Category A credits

Course fees: \$790 CAD

For more information visit bit.ly/RADTHMR



UNIVERSITY OF ALBERTA
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Radiation Therapy Program

CAMRT Member Profile: Grace Chung



We are pleased to present this interview with CAMRT member Grace Chung, RTNM, CTIC, MMI, where we learned about her exciting role as an Innovation Partner. Previously, Grace worked in Saskatoon as a Nuclear Medicine Technologist and a PET/CT Technologist and as an Assistant Professor in Nuclear Medicine on contract at The Michener Institute of Education at UHN in Toronto. She is also an active volunteer for the profession both nationally and provincially; having served as Elected Council Member for the SAMRT, and participating on the CAMRT Research Grant committee, the Choosing Wisely Canada CAMRT Committee, and the CAMRT Communities of Practice (COPs) Steering Committee.

Tell us a bit about the role of Innovation Partner.

As an Innovation Partner, I am responsible for establishing close working relationships with staff and clients in different areas across our campus to identify operational challenges, opportunities, co-design projects, and implement innovative solutions that drive impact, reduce costs, or improve client satisfaction. Many of our solutions involve a heavy digital/technology component, so one of the fun parts about my role is that I get to test different gadgets and tools. Our team is also responsible for fostering a culture of innovation across the organization, commercialization of internally developed assets, and working with relevant external stakeholders.

Can you tell us how this role has changed during the pandemic?

There is a quote by Plato: “Necessity is the mother of invention,” and much of innovation is about creatively responding to needs or “wicked problems,” which often arise during times of crisis. So the role itself didn’t change during the pandemic, only the nature and urgency of the projects and the people with whom we were working (e.g., eHealth, privacy, clinical leadership, etc.). In particular, we were redeployed to a COVID team tasked with creating and implementing pandemic solutions. As an example, one of the things we created were “telemedicine carts” to enable on-site virtual clinical care, which went through a couple iterations to prototype, test, build (classic design thinking methodology), and eventually, roll out to every unit, and train staff. The final product was a sturdy cart that is easy to clean, has peripherals such as digital stethoscopes, and could double to facilitate social e-visits between in-patients and residents and their families who may not be able to enter the facility. We are now experimenting with a telepresence robot which physicians could navigate remotely to help take some burden off nursing staff.

How does your background as a nuclear medicine technologist contribute to this role? Is there something unique about the MRT experience/perspective/education that would make one better suited to the role?

Having a clinical MRT background certainly helps me in my role because there are many transferable skills, such as being able to quickly build a rapport with different internal and external stakeholders, being able to communicate complex concepts in an audience-friendly manner and using critical thinking skills to understand the wider context around

different situations before making recommendations. We work a lot with staff and understanding how they think as well as being able to empathize therefore respect their day-to-day really helps when working with them to implement solutions.

What is your favourite project you have worked on so far?

My favorite project so far was the development and delivery of a digital literacy program for seniors, with the purpose of reducing social isolation and increasing accessibility, a need clearly highlighted by the pandemic. It's one thing to have virtual services including virtual care, another to have programs or channels to provide them, but without the knowledge, skills and even confidence to access them, unfortunately there isn't much choice but for seniors to be left behind. And we cannot expect seniors to be able to figure it out if provided with a device, or to add to overburdened caregivers who are often "invisible patients" themselves. While not perfect, the program was successful, and helped our participants see the possibilities of engaging in an increasingly digital world in ways that are meaningful to them (i.e. focusing on what the technology can do for them, rather than focusing only on technical literacy).

When we think about innovation, we tend to think about the future. Could you tell us some of the innovations you would like to see in the imaging or therapy realm and how this might change/improve things?

Innovation is about creating value, and there are different ways it can be applied in the imaging or therapy realm. If I think of incremental innovation, there's the obvious: improvements in the tools and technology itself, such as better hybridization, new imaging protocols for better image quality and quicker scan times with reduced radiation doses, different materials used in the instrumentation, etc.

When I think of more disruptive innovation, I think of 3 things, all of which I believe are realistic to see in daily practice within the next one or two decades: 1) ML/AI; 2) Virtual reality; and 3) Digital platforms.

There is so much data in imaging so it's natural that one of the big innovations that many researchers and industry are already working on is the use of ML/AI (machine learning and artificial intelligence) as a value-added tool, such as to enhance triaging of caseloads or identification of abnormalities earlier. I also see much greater potential in the use of virtual reality, especially in application to different aspects of clinical training. Finally, if you reframe patients as consumers of a service, I see a continued demand for digital/virtual services, including having access to one's own images and reports on mobile devices and secure platforms, similar to how Apple allows users to input their Health Records with participating health institutions to enable greater continuity of information, rather than having different pieces being held by different providers. But it is a complex issue: Health institutions are currently custodians of patient information, but what psychosocial, economic or legal impacts will it have?



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Radiation Therapists and Nuclear Medicine Technologists Collaborate to Improve Patient Care at BC Cancer Victoria

By **Sarah Erdelyi**, Provincial Manager, CAMRT-BC

As Provincial Manager for CAMRT-BC, I have a province-wide lens of the MRT profession in BC. Although the COVID-19 pandemic has made it challenging to visit sites and engage with members in person, I am finding opportunities to connect virtually. Not only is it important for a professional association to be connected to its members and keep up with the developments in the profession across the regions, but it is also important for members to be connected to each other and share their collective knowledge. This can help MRTs better understand each others' roles and discover new opportunities to collaborate on ways to improve the patient experience.

The BC government has been working to expand health care services in the province. While there are expansions and developments across numerous programs and services, one area that has seen substantial growth is cancer care through investments in PET/CT scanners for BC's Cancer Centres. BC Cancer now operates four publicly funded PET/CT scanners in the province – two in Vancouver, one in Victoria, which opened in July 2019, and one in Kelowna, which opened in August 2020.

What is PET/CT?

Positron emission tomography (PET) is a technique that produces a three-dimensional image of functional processes in the body. When combined with computed tomography (CT), this procedure allows care providers to diagnose and manage disease more accurately.

While PET can detect functional changes in cellular metabolism or activity, often indicating the presence of disease such as cancer, CT detects changes in the size or shape of a lesion, localizing the abnormality.

For any MRTs who would like to learn more about PET, I recommend that you read the article [PET Imaging: An Overview](#), by Rebekah Bahr, RTNM, which was published in *Radiation* (page 14). In this article, Rebekah describes the clinical applications of PET and walks you through a case study example.

In the year prior to the PET/CT opening at BC Cancer Victoria, more than 1900 cancer patients had to travel from Vancouver Island to the Lower Mainland to receive their PET scans.

Combined CT Simulation and PET/CT Appointments at BC Cancer Victoria

The addition of the PET/CT to BC Cancer Victoria has enabled nuclear medicine technologists and radiation therapists at this centre to collaborate in new ways to provide better care to patients. This centre is now providing same day PET and CT simulation for patients with certain types of head and neck cancer. Combining two procedures in one is a more efficient use of resources and is a better experience for the patient. Additionally, it saves radiation dose for the patient and eliminates the need for CT with IV contrast, which means the patient has one less needle poke. This in turn eliminates the need for registered nurse (RN) assessments pre and post CT, freeing up valuable RN time.

I was able to virtually connect with MRTs at this centre to discuss this initiative. Below is a summary of what I learned during my interviews with **Jennifer Forer**, Chief PET/CT Technologist, and **Manpreet Sohi**, CT Planning Resource Radiation Therapist.

Can you describe a typical day in your department?

The department has one GE Discovery MI PET/CT scanner, three uptake rooms, and a MEDRAD® Intego PET Infusion System. The department is staffed from 0800 to 1630 and up to 16 PET scans are performed each day. Appointments are 1.5-2 hours in length and the scan time can range from 10-20 minutes. The daily patient workload is shared amongst four nuclear medicine technologists (RTNMs) and one Chief RTNM.

There are many reasons for doing a PET scan, with staging being one of the most frequent. One important application of PET is its role in radiation therapy treatment planning. About one procedure each day is a combined PET-CT simulation.

The CT department has two GE CT scanners and a superficial machine. CT runs from 0800 to 1600 and up to 30 patients can be scanned each day. The workload is shared amongst six to eight radiation therapists and a Planning Resource Therapist. CT radiation therapists have specialized skills and have a range of responsibilities. They are responsible for scanning patients, creating custom immobilization devices such as thermoplastic masks, accuforms and vacloks to ensure stable and reproducible patient positions for treatment. They utilize specialized techniques such as 4DCT and Deep Inspiration Breathhold (DIBH) for radical patients and even deliver IV contrast and tattoo patients. Not only that but they are responsible for contouring and planning treatments with radiation oncologists for palliative patients (sim & treats), many of which are treated same day. They also plan and treat superficial patients.

Can you walk us through the patient journey during their visit for a PET-CT simulation appointment?

Most often head & neck cancer patients will arrive at the centre and have a full day of appointments. PET occurs last, because when done, the patient is radioactive. As these patients can have difficulty swallowing, other supportive care consults may also happen earlier in the day. The radiation oncologist (RO) will often see the patient right before they go to their CT simulation appointment. During this consult, the RO will complete a history and physical of the patient, explain the treatment options available, provide potential side effects of each option and make their clinical recommendation. This is an opportunity for the patient to ask questions, after which the RO gains informed consent.

Before the patient can start receiving radiation therapy, they need to have a CT simulation scan that will be used to plan their course of treatment. This scan provides an anatomical map of the cancer and surrounding tissue. During these CT appointments, radiation therapists will set the patient up in a position which is comfortable and reproducible as it will be the same position the patient will be in for subsequent

treatments. Patients with head & neck cancer require a custom-made immobilization device that clips into the treatment couch. This is used to maintain the patient position and limit movement during treatment. The radiation therapist constructs a custom headrest along with the shell and will also tattoo the patient to assist with future positioning.

The waiting room for CT simulation is shared with PET. After the immobilization devices are made, the radiation therapist will direct the patient to the waiting room, where they will be given a questionnaire to fill out. The radiation therapist will bring the patient's shell, head rest, bite guard, and other personal belongings in a bag to the PET control room. These will be used during the patient's PET/CT imaging in which the RTNM will also ensure the CT simulation reconstructions are completed from the CT acquired with the PET. They will ensure that these images and tasks are completed and sent to the correct location for Medical Physics and Radiation Therapy to continue with the treatment planning.

The RO will use the results of the PET scan to accurately plan and modify the patient's radiation treatment – resulting in a high degree of treatment precision.

What needed to be put in place before combining PET-CT simulation appointments?

Staff Training

All nuclear medicine technologists in the department had to be trained on certain programs, such as ARIA® oncology information system – a program used by radiation therapists and ROs to track patient treatment.

Scheduling Adjustments and Resource Allocation

PET-CT simulation appointments add about 10 minutes to the procedure time. Adding these procedures is considered in the daily schedule and budgeting of time.

Workflow Changes

ROs have adjusted how they request PET CTs and there is a new process for booking clerks to ensure RO consults, CT appointment and PET appointments align.

Communication Strategies

A notice is added to the bulletin board and schedule to alert the technologist that the patient will have props and require additional image reconstructions.

Can you elaborate on why head & neck cancer patients were selected for combined appointments (and not other types of cancer)?

Head & neck cancer patients were selected since they most commonly require a PET for radiation therapy planning. Also, the shell, accuform and tattoos can be completed in a CT appointment so PET time is not used to construct immobilization devices. PET staff can position and place the mask on the patient, which allows CT staff to continue with their work, proving to be the most mutually beneficial workflow for both PET and CT.

The centre must meet a range of cancer care needs, which is why they have kept these combined appointment bookings limited to head/neck cancer for now.

What are the benefits to the patient?

Patients travel from all over Vancouver Island to receive cancer care in Victoria. By having both procedures performed on the same day as a combined appointment, we can save travel time for the patient and expedite the treatment planning process. This means patients can start receiving radiation therapy treatment sooner. In other centres, it is unlikely the patient will have both scans performed in one visit and the patient would be irradiated twice. Having our departments right next to each other with a shared waiting room makes it easy for us and for the patient and has been especially helpful during the COVID-19 pandemic.

Do you see more opportunities to collaborate in the future?

Following the installation of the PET/CT, the initial focus was to catch up on the wait list that had been accumulating. The PET/CT workflow has allowed BC Cancer Victoria to reduce the footprint of patients in the clinic due to a reduction in patient appointments. There is an appetite for the PET/CT scanner to be used to reconstruct the CT sim for other tumour sites. When this will come to fruition is still unknown.

BC Cancer Victoria's 20-year anniversary

This year, BC Cancer Victoria celebrated its 20-year anniversary since opening in 2001. It is very exciting to see MRTs from two disciplines working together in this way to improve patient care. All MRTs play a role in caring for patients with cancer – whether that be through performing diagnostic imaging or radiation therapy – however, we do not always get an opportunity to interact directly in our clinical practice. Thank you, **Jennifer** and **Manpreet**, for taking the time to share this information for the benefit of the MRT community to learn from your experiences.



Jennifer Forer, RTNM, CTIC, BAdmin
Chief PET/CT Technologist,
Functional Imaging, PET/CT BC
Cancer Victoria

Jennifer graduated from the Nuclear Medicine technology program at SAIT in 2006. She has been working in the field for about 15 years. Her career in PET/CT began at the Cross Cancer Institute in Edmonton, AB and continued when she moved to BC Cancer Victoria. In her role as Chief PET/CT Technologist, Jennifer oversees and participates in the PET/CT department daily operations. She is also responsible for scheduling, training and orientation, providing guidance/technical advice; and ensuring the quality control and radiation safety programs for the department are adhered to.

"This is the first time I've seen two modalities work so well together for patient care".



Manpreet Sohi, RTT
CT Planning Resource Radiation
Therapist; Radiation Therapy,
BC Cancer Victoria

Manpreet graduated from the Radiation Therapy program at BCIT in 2014. She has been working in Radiation Therapy at BC Cancer Victoria since July 2014. In her role as CT Planning Resource Therapist, she oversees CT and superficial. She is responsible for the CT schedule, staff training and education material, and liaising with radiation oncology, nursing, physics, and the treatment resources to ensure a seamless workflow for patients and staff. She is a part of many committees at BC Cancer Victoria including being the chair of Radiation Therapy Quality. She is currently working on her Master of Health Administration.

"Combined PET CTs have been a great example of how BC Cancer Victoria has been able to improve the patient experience, while increasing collaboration and reducing workload across disciplines"

Further Reading

- [PET Functional Imaging](#), BC Cancer
- [Radiation Therapy](#), BC Cancer
- **PET Imaging: An Overview**, by Rebekah Bahr, RTNM, published in [Radiation 2019](#)
- **The Opening of the New PET/CT at BC Cancer-Kelowna**, by Garrett Bichel, RTNM, published in [Radiation 2020](#)



For questions or comments about this article, please contact Sarah Erdelyi at serdelyi@camrt.ca.

"Teacher's pet? That's me."

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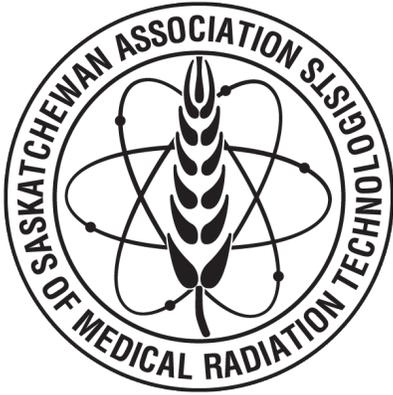


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Provincial Reports



Annual General Meeting – September 11, 2021

The SAMRT will host a virtual annual general meeting (AGM) on Saturday, September 11, 2021. The SAMRT AGM will include election of new Council Representatives as well as Awards presentations recognizing outstanding MRTs in Saskatchewan in a variety of categories.

Council Update

Effective January 1, 2021 **Mary Rafferty** began her 2nd term as the President, and **Katelyn New** began her second term as Vice-President. Council also welcomed a new member, **Mike McKechnie** for a three-year term. The SAMRT has three Council vacancies for the term January 1, 2022 to December 31, 2024. Seven members have allowed their name to stand for election, results to be announced at the AGM.

Strategic Plan 2020 – 2022

2020 marked the completion of the 1st year of our 2020 to 2022 strategic plan. In 2020, goals were established and met for three areas of the strategic directions: Public Protection, Capacity of the College, and Community Engagement. The activities focused on improving the complaints and discipline process, ensuring our information technology systems and content meet regulatory, operational, and strategic requirements, and on governance that supports community engagement with the public and government.

SAMRT Annual Report

The SAMRT 2020 Annual Report is now available on our website: <https://samrt.org/assets/img/samrt-annual-report-2020.pdf>

Community Engagement Committee – Social Media Activity

The SAMRT CEC, together with approximately 20 other health professional organizations, participated in two six-week social media campaigns targeting COVID-19 public health measures. The December campaign targeted a younger audience and expressed the theme that young adults – along with all Saskatchewan people – want a return to normal, but restrictions continue to be necessary as COVID case numbers rise. The current campaign rolled out in April and focuses on the vaccine hesitancy and reminds us that hope is within arm's reach.

You can view the campaign at <https://wearesickofthistoo.ca/> as well as on the SAMRT Instagram and Facebook accounts: <https://www.facebook.com/SAMRT-100188941330408/> and on Instagram at samrt_sk.



Samples of the campaign



MAMRT Triad

June 13 was the MAMRT Triad, a one-day annual event, with three parts: our AGM, Awards & Recognition Ceremony and an Education Session.

2021 Award Recipients

The following MAMRT members are recognized for their accomplishments and contributions to the profession:

Competitive Awards: 2020 Academic Achievements

- *Registration Awards*
MRI Technology: **Ryan Tomczak**
Nuclear Medicine:
Kassandra Parke-Wilson
Radiological Technology:
Natasha Berthelette
Radiation Therapy: **Ashley Sywak**

- *Education Awards*
Radiological Technology:
Natasha Berthelette
MRI Technology (tie): **Jahyun Lim,**
Robyn Taplin, Ryan Tomczak,
Dan Wu

- *Proficiency Award*
Radiation Therapy: **Andrea Rempel**

Honorary Awards 2021

- MAMRT Life Membership:
Lorraine Gendre RTR, ACR
- Colin Maxwell Memorial: **Jenna MacLaine** RTR, CTIC
- (Wm.) Bill Doern Service:
Beverley Kowal RTR, ACR, CTIC

- Team Excellence: MAMRT Self-Regulation Committee: **Tracy Anderson** Sonography, **Jillian Bruneau** RTNM, **Tynnille Chomenchuk Bouchard** RTT, **Lorraine Gendre** RTR, **Mel Hampson** RTR, RTMR, **Kareena Nychuk** RTR, **Christine Preachuk** RTR

Board of Directors Update

As of July 1, we will be saying farewell to Board members **Kareena Nychuk** RTR, **Kim Rempel** RTR, CTIC, **Brett Johnston** RTT, **Sara McLaughlin** RTR, RTMR, and **Melody Knight** RTR, MRT(X), and welcoming the following to these positions:

- **Jason Lewis** RTR: Past-President
- **Kelly Jeanson** RTR: Director of Communications and Public Relations
- **Chantel Jersak** RTR, RTMR: MRI Representative
- **Kayla Campbell** RTR: Rural Radiography Representative

On May 10, MAMRT released its [2020/2021 Annual Report](#), available on our brand new website www.mamrt.ca. We chose to use “time” as our theme to connect the MAMRT’s strong history as an association, to the future goal as a self-regulating college. We also explored the time theme to acknowledge not only the evolving changes within our association and the MRT profession, but also those brought about by these times existing worldwide (“unprecedented”, “challenging” etc.).

Collaboration

MAMRT has been expanding and exploring initiatives with Shared Health on rural staffing matters, with Manitoba MRT educational institutions, and with our membership partners, CAMRT and OAMRS. We recently participated in two joint MAMRT/CAMRT presentations offered to our 90 student members and as a result, future projects with Shared Health are in the works.

Communicating/Connecting

We continue to monitor and share relevant Government communications, primarily through the [MAMRT’s Facebook page](#) [[@MBMRTs](#)], consistently contribute to this CAMRT newsletter and send out direct e-mailers to keep our members informed. Our Facebook page is also used to share information “on the lighter side”; it is another way for MAMRT to engage with members, plus, it allows members to engage and stay in touch with each other – or extend congrats - when opportunities to do so in-person are so limited.



“Seed Star” contest prizes

On that note, congratulations again to our “Seed Star” Contest Winner, **Nancy Raichura**, to Awards Nominator Draw Winner **Francesca Caligiuri**, and to our 90th Anniversary Committee (**Chris Zeller, Jan Connon, Jenna MacLaine, Jordan Veale, Melody Knight** and **Raylene McGhee**) for being nominated for a Manitoba Day Association for Manitoba Archives Award!

Comments/Questions?

Contact MAMRT at admin@mamrt.ca. We’re operating on a remote basis; indefinitely, however, comments and questions are welcome.

Provincial Reports



Alberta College of Medical Diagnostic & Therapeutic Technologists

New Provincial Bladder Ultrasound Program

In February, ACMDTT's Council approved the program for Bladder Ultrasound in CCA Radiation Therapy. Bladder scanning may be performed by radiation therapists with an enhanced license in CT simulator areas or on external beam treatment units in the CCA radiation therapy departments. Bladder scanning is done in a clinical environment where patient comfort and safety is maximized and confidentiality is maintained at all times. This program replaces the previous Handheld Ultrasound Bladder Scanner Training that existed in only some radiation therapy departments, making training and application easier to access for any radiation therapist needing to use this equipment. In radiation therapy, bladder scanning can be used to reduce overall imaging exposure by assessing whether a patient is ready for imaging at CT simulation or localization at treatment appointments.

Change to CCP for 2021-21 Cycle

The ACMDTT Council, Competence Committee and Registrar recognize that the ongoing COVID-19 pandemic and the new variants in Alberta continue to present uncertainties and challenges for MRTs and ENPs. They have considered this constantly evolving situation very carefully and decided to adjust the requirements of the 2020-21 Continuing Competence Program (CCP) cycle.

Instead of the usual two hours of learning per month, members are required to complete one hour of learning for every month they hold general registration during the current CCP cycle (September 1, 2020, to August 31, 2021), up to a maximum of 12 required hours. Regulated members will automatically be granted one more hour for each month in recognition of the time they are spending managing, adapting and updating their skills during the COVID-19 pandemic. Given the College mandate to serve the best interest of the public, this adjustment recognizes the unique hardship presented by the pandemic while acknowledging that it is still important for members to maintain competence in their area of practice.

2020 Annual Report

The ACMDTT 2020 Annual Report is now available on our website (acmdtt.com/ar2020). This report demonstrates the College's continued commitment to protecting Albertans during a year that presented many new challenges due to the COVID-19 pandemic and illustrates that despite these challenges, 2020 was a productive year for the College. We also acknowledge in this report that our members had to quickly adapt to stringent protocols and attain new competencies and knowledge in 2020, many of them while working directly with patients who had tested positive for COVID-19. We thank MRTs and ENPs for their unwavering dedication and commitment to providing excellent care to Albertans during this time.



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Announcements

Seeking Volunteer Committee Member, Dosimetry program

The Certificate in Dosimetry program is intended to provide a mechanism for radiation therapists to demonstrate knowledge and competence in this specialized area of practice, to promote standards of excellence within the clinical area and to identify those who have met a nationally recognized standard.

There are currently two (2) vacancies on the Certificate in Dosimetry Committee (2022-2024)

Interested candidates must:

- Be currently working and have a minimum of 3 years' experience working in Dosimetry
- Be a full practice member of the CAMRT
- Be able to attend an annual meeting either in Ottawa or virtual
- Have completed the relevant CAMRT didactic courses & program (asset)

Each Committee membership term is 3 years and has the possibility of renewing for an additional 3 year term.

To apply for one of these opportunities, please forward a current resume, a covering letter outlining how you meet the above selection criteria and two references by **September 30, 2021**.

For more information and/or submission of application, please contact Melanie Bérubé, Manager, Continuing Professional Development at mberube@camrt.ca.

Seeking Volunteer Committee Member, Breast Imaging

Certificate programs are intended to provide a mechanism for medical radiation technologists to demonstrate knowledge and competence in a specialized area of practice, to promote standards of excellence within the clinical area and to identify those who have met a nationally recognized standard.

There is one (1) upcoming vacancy on the CAMRT's Certificate in Breast Imaging Committee.

Interested candidates must be:

- CAMRT full practice member
- Currently working and have a minimum of 3 years' experience in breast imaging, experience in a diagnostic environment is preferred
- Aware of current and emerging practices and technological developments in breast imaging
- Able to attend an annual 2-3-day meeting – Meetings may be held in person in Ottawa or virtually.

The following would be an asset:

- Valid CBI designation
- Completed CAMRT's Mammography 1 & 2 / Breast Imaging 1 & 2 courses
- Experience with tomo

The term for this Committee membership is 3 years (2022-2024) and is renewable for another 3 year term.



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