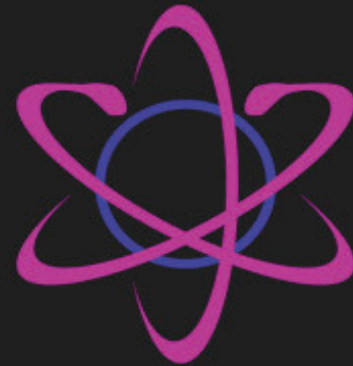




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The CAMRT News is the official member newsletter of the Canadian Association of Medical Radiation Technologists (CAMRT). It reaches approximately 12,000 members within the field of medical radiation sciences.

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### On the cover...

The Canadian MRT contingent at the ISRT conference in Bangkok.

# PRESIDENT'S MESSAGE



Hello everyone!

I hope this message finds you able to enjoy a bit more sunlight as we head into the warmer season. Since my last newsletter update, I have been busy representing the CAMRT and all of you at several events. Of all the things we do at CAMRT, representing you, the members, is surely one of the most important. It has been an honour and a privilege to share the incredible work being done across the country by dedicated MRTs.

Across the world, national professional societies are working to share resources, problem-solve, and tackle some universal issues with recruiting and retaining our hardworking MRTs. Highlighting the essential care we provide, combined with the progression of AI in our workplaces, the inevitability and perpetual changes in our profession are being tackled at the highest levels.

This past March, I represented the CAMRT at the European Congress of Radiology in Vienna, Austria. It is an excellent conference with lots of interesting sessions and research to delve into. There were a few sessions about the future of our profession, some with an AI outlook and others with a professionalism lens. From the professionalism perspective, there was discussion around shifting our proficiency focus from primarily "task/doing" standards to a more holistic "being" standard that includes strategies for wellness and demonstration of leadership appropriate to practice, which is a shift in mindset.

In addition to this education, I had the chance to represent CAMRT and Canadian MRTs with several of our international counterparts: the International Society of Radiographers and Radiological Technologists (ISRRT), the European Federation of Radiographer Societies (EFRS), Society of Radiographers (SCoR), and a few others. Of course, concerns about attrition and MRTs leaving the profession for other work were top of mind for all parties, and we were able to share experiences and ideas. It certainly reinforced the idea that this current crisis in workforce we are facing in Canada is not unique to us as a country, and the loss of healthcare workforce is a worldwide phenomenon.



***Of all the things we do at CAMRT, representing you, the members, is surely one of the most important."***

It was a particular honour to be invited to attend a reception at the Canadian Ambassador's residence in Vienna. The meeting gave me a chance to meet Ambassador Lulashnyk, Canada's Permanent Representative to the international organizations in Vienna, including the International Atomic Energy Agency (IAEA). I also met both the President of CAR and the President of ECR at the event.

Representing CAMRT and Canadian MRTs always makes me proud to get to highlight the truly amazing work being done in our profession here at home. Being a part of the CAMRT is really something special, and you don't need to be CAMRT President to represent your profession. Here, MRTs across the country work together to evolve our practice, shape our profession, and grow. You can do it through volunteering, like me, or even through small acts like [signing a letter](#) or talking to your friends, family and patients about this fantastic profession.

Wherever I happen to be as President, I champion our role as MRTs. It matters, and the sacrifices made as health professionals impact so many people. As MRTs, we care for nearly everyone who accesses healthcare at some point or another during their care journey, and that is deeply meaningful.

I am glad to be sharing this journey with you. Together, the future is bright.

A handwritten signature in blue ink that reads "Meg Brydon". The signature is fluid and cursive.

**Megan Brydon**



## FROM THE CEO'S DESK



Discussions about the shortfall in funding to our healthcare systems across the country are not new. The regular negotiations between provinces and the federal government have always been difficult. Over the last few years, particularly within the context of the COVID-19 pandemic, provinces have struggled to meet the needs of their populations in a timely fashion. The most recent set of negotiations wrapped up in February of this year, culminating an agreement that the federal government will contribute an additional \$46 billion over 10 years to the provinces, bringing the total of the Federal Health Transfer to \$200 billion over the 10-year period. This federal funding increase is only one of the funding commitments they have made in the last few months.

The very public nature of this round of negotiations was a reminder that while provinces are responsible for healthcare delivery, the federal government has a large part to play as a funder of public health care. While provinces consistently assert their jurisdiction over healthcare spending, the federal government is increasingly making funding to provinces available on a targeted basis to deliver on the evolving national vision Canadian have for health care.

As you know, taking part in meaningful discussions about the future of healthcare is one the association's utmost priorities. Last November when CAMRT was invited to meet with the office of the Minister of Health, I had the chance to specifically discuss the current state of affairs for MRTs, the challenges you face, and ideas for ways in which the federal government could possibly help. These meetings, as well as our participation in broad coalitions, increased research activity, and general awareness building has increased our credibility and recognition as an important source of data and information, and have contributed to the visibility of the MRT profession in government reports and televised interviews with senior ministers.

We are proud of the ways we have been able to raise the voice of MRTs in recent months. Our efforts in this area have been making and will continue to make a difference:

“***Making sure MRTs are properly considered in all these projects is a priority for me and for the association.”***

- In the February funding announcements, the coordinating agency we have been asking for (with other healthcare leaders) to systematically track health workforce in Canada was funded through a \$550 million investment over 5 years.
- In December, the federal government launched a grant to help professions like MRTs improve the ways internationally educated practitioners integrate into the Canadian workforce, and we are happy to have submitted a comprehensive application that, if accepted, will position us well to contribute to national efforts addressing human resource challenges.

This funding and these announcements are good, but we also know it's just the beginning. Making sure MRTs are properly considered in all these projects is a priority for me and for the association, and something we are working hard to do. I encourage you to read our advocacy update in this issue for a bit more detail on some of these things, and also the provincial updates that showcase the good work that our provincial arms have been able to accomplish on seeing through some of this federal momentum in the provinces where we represent you.

Just like our President, Megan, I too feel it is an honour to represent MRTs. In fact, these last few months have been an invigorating and fruitful time to be one of your representatives.

**Irving Gold**



# CAMRT ADVOCACY UPDATES

## FEDERAL LEADERSHIP AND INVESTMENT IN HEALTHCARE SYSTEM RECOVERY

Healthcare delivery in a federation like Canada can be complicated, and understanding who does what can be hard to follow. Many different parties have a role to play: provincial governments, the federal government, pan-Canadian health entities (like CPAC, the Canadian Partnership Against Cancer, for example,) and others. If you've been following healthcare news in the past few months, you'll recognize the enormous role that the federal government has been playing in important areas like health human resources (healthcare workforce). When asked directly about the federal government's role in healthcare, the vast majority of Canadians respond that they welcome federal involvement and leadership – in fact, they want more of it. According to a recent Ipsos poll, six (blue) in seven (red) Canadians (86%) believe that more investment from the federal government is required to overhaul the healthcare system.

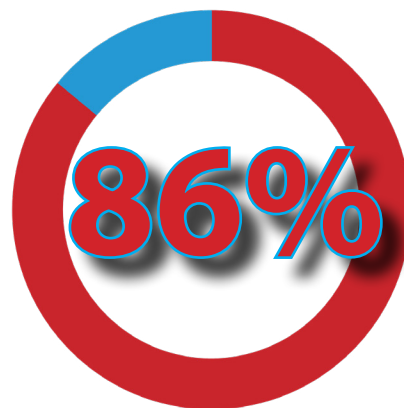
Since late 2022, the public has been getting more of what they have been asking for, with the federal government stepping up to take a bigger leadership role in the recovery of the healthcare system post-COVID. This makes sense in the current crises (pandemic and workforce) where big investments and ideas are needed, and when the federal government has shown it, and not the provinces, has more ready access to the transformational funding required to get the work done.

We wanted to share with you some of the recent developments below.

### National Workforce Crisis

Help for the MRT workforce has been a top priority of CAMRT advocacy, both federally and provincially, since we started noticing mounting workloads and departures from the profession in the Fall of 2020. Our past two submissions to the federal budget process (wherein we advise the government on how we'd like them to prioritize spending in an upcoming year), have called for the federal government to "work in collaboration with the provinces to establish strategies and funding to address historic backlogs". Find CAMRT's submissions here: <https://www.camrt.ca/about-camrt/advocacy/camrt-positions-and-research/>

**86% of Canadians want investments from the federal government in health care**



Through 2021 and 2022, requests like these from healthcare associations like CAMRT evolved into several large-scale studies on health workforce issues in Canada. CAMRT was one of only 22 stakeholder organizations to submit a fulsome brief to the House of Commons Standing Committee on Health (HESA) Health Workforce study last spring. In the brief, we highlighted the vicious cycle of underinvestment in MRTs, leading to heavy workloads and causing high levels of stress and burnout in the workforce.

It was gratifying to see the MRT voice heard in the final HESA report released in March 2023, including direct identification of the profession, quotes from our submission and the substance of our recommendations reflected in their own 20 recommendations (access the HESA report here: [https://www.ourcommons.ca/content/Committee/441/HESA/Reports/RP12260300/441\\_HESA\\_Rpt10\\_PDF/441\\_HESA\\_Rpt10-e.pdf](https://www.ourcommons.ca/content/Committee/441/HESA/Reports/RP12260300/441_HESA_Rpt10_PDF/441_HESA_Rpt10-e.pdf))



As the national association, CAMRT works through a variety of channels to advocate for MRTs to affect change where it can. Typically, this has been with the federal government and pan-Canadian stakeholders. Of course, in the 7 provinces where we have provincial arms, it also includes advocacy at the provincial level.

**Find out more**  
[camrt.ca/about-camrt/advocacy](https://camrt.ca/about-camrt/advocacy)

A second larger undertaking was a study led by the Canadian Academy of Health Sciences study on *Canada's Health Workforce: Pathways Forward*. The consultation was yet another opportunity for CAMRT to share the reality faced by MRTs across the country, as CAMRT advocacy staff and provincial managers took part in half a dozen sessions on various workforce topics. At the time of writing, the report has not yet been published, but more information can be found on their website (<https://cahs-acss.ca/assessment-on-health-human-resources-hhr/>) and the final report is expected in April.

## New Federal Investment

2023 began with great optimism and promises of action emerging from the consultations described above. We saw the addition of \$46 billion to existing Canada Health Transfers (CHT) over the next decade. The federal government and provincial governments came together this winter to sign bilateral agreements with common goals (explicitly citing “a resilient and supported health care workforce that provides high-quality, effective, and safe health care services.”)

Within the headline amount were a few pots of funding available to provinces for different purposes. First was a \$2 billion top-up available to provinces to address immediate pressures, second a 5% CHT guarantee for the next five years (amounting to an estimated \$17.3 billion over 10 years), and third, \$25 billion over 10 years to advance shared priorities (including measures to address health workforce and addressing backlogs).

All of this spending will be a welcome infusion into provincial health systems that are under extreme pressure. And while it was encouraging to see some increase in the CHT (something CAMRT has been advocating for through HEAL: <https://www.healthaction.ca/>), of most interest to MRTs might be the \$25 billion targeted to strategic goals. We know that the Canadian healthcare system cannot function without a healthy system for medical imaging and radiation therapy, which relies on a healthy MRT workforce. CAMRT will strongly advocate to help ensure governments making plans with this new money know it as well.

Attaching targets and goals to provincial government funding is becoming an increasing trend with federal investment into health (and other areas) – we saw it with investments for mental health and for home care (and more recently with low-cost child care). And it is clear the federal government sees targeted goals as a way to influence the vision for change in healthcare across the country. In such a system, it is vital to have voices in the right places to make an impact. For MRTs, that means a strong national CAMRT to directly advocate for MRTs on issues, to work directly with government officials on projects of shared interest, and to make sure the MRT voice is heard.





## Better Workforce Data

In the government's press release announcing this investment, they made the very simple statement: "What is measured, matters." While measurement by no means guarantees action, it's hard to argue that for MRTs, the lack of measurement has been hindering action. Without good workforce data, the funding continues to disproportionately go to professions with the biggest lobbies and the deepest pockets for advocacy.

The aftermath of the pandemic has laid bare how inadequate healthcare data across the country is, particularly relating to workforce. It was uncomfortable to watch all the times witnesses to the House of Commons Standing Committee on Health's (HESA) Health Workforce study had to plead ignorance when asked about the magnitude of the health workforce needs (in any profession). With your enthusiastic participation in our surveys, CAMRT has stood out for its understanding of its own members and workforce, but even this data could be improved with a major centralized plan.

Since 2020 we have been asking independently, and through our partnerships, for the Federal government establish a dedicated coordinating body to build and maintain a national repository of meaningful and responsive health human resources information.

So, we were particularly pleased to see \$555 million allocated over 5 years to the Canadian Institute for Health Informatics (CIHI), Canada Health Infoway, and other federal data partners to work with provinces and territories on developing new health data indicators, and support the creation of a *Centre of Excellence on health worker data*. The CAMRT believes that a future MRT workforce down cycle or crisis would be managed very differently if data to show it was collected. We also believe such data would level the playing field for a relatively small profession like MRT. It will be more difficult to skew investment to only a few professions going against clear signals in data.



## Get Involved

CAMRT is answering a member desire to get more involved in advocacy for the profession. Our newest advocacy tool allows members to send communications the association prepares to their elected representatives. We thank the hundreds of you that have already sent CAMRT communications to MPs this spring and last Fall. Each letter from a member and constituent of an MP (or other elected official) goes a long way to multiplying the attention the association can bring to an issue. [Send a letter](#) today!

For more information on the Government of Canada's health care investments visit here: <https://www.canada.ca/en/health-canada/news/2023/02/working-together-to-improve-health-care-for-canadians.html>

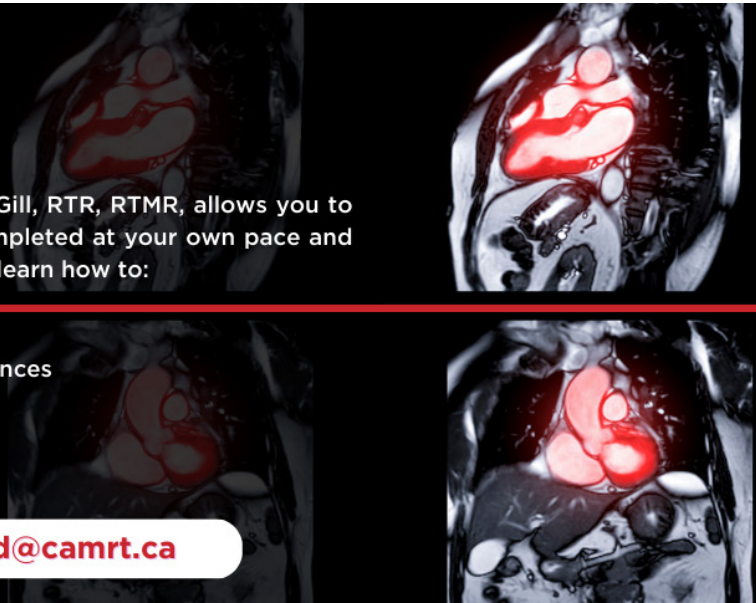


## New Cardiac MR Virtual Lecture!

This brand-new virtual lecture on Cardiac MR, authored by Navjot Gill, RTR, RTMR, allows you to listen along to a short on-demand lecture. This offering can be completed at your own pace and it's also only \$49 for members! With slides and visual cues, you will learn how to:

- Prepare and set-up patients for cardiac MR imaging
- Prescribe ventricular function sequences and phase contrast sequences
- Setup 3D whole heart imaging
- Setup static MR angiography
- Describe concepts of late gadolinium enhancement

**For more info, email [cpd@camrt.ca](mailto:cpd@camrt.ca)**





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# KEEPING UP WITH EVOLVING PRACTICE: CAMRT BEST PRACTICE GUIDELINES

## Dealing with Difficult Clinical Situations

Medical Radiation Technologists (MRTs) are often faced with difficult decisions in clinical settings leaving them looking for guidance and generally accepted best practice. Sometimes, these situations involve finding out new information while others are clarification on longstanding practices. Supporting you in your clinical practice is one of the key pillars of value for the CAMRT. One of the most valuable resources we have to do that is the CAMRT Best Practice Guidelines (BPGs).

CAMRT BPGs are developed by MRTs with clinical knowledge and experience and with an evidence-based approach. The BPGs are intended as resources which were developed with rigour and provide recommendations to help you look at available evidence in day to day practice situations and give you the guidance you need to move forward. As time has gone by, CAMRT has expanded the guidelines to ensure that they are relevant to today's societal and professional needs. For example, we have undertaken to review all guidelines and ensure that the language is gender neutral.

CAMRT BPGs address many important topics that MRTs face every day in practice including, but not limited to: Patient Management, Patient Safety, Quality of Care, and Occupational Health and Safety. All of the guidelines are intended to support MRTs to work to ensure the best possible care for patients.

**Explore our BPG website today!**

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



You might not expect that topics such as monitoring your mental health or mitigating burnout would be included in amongst the BPGs, but CAMRT has heard from members over the past few years that these topics are very important, and has taken steps to support your needs in these areas.

## BPG: Monitoring Mental Health



**“** *I don't think any management would tell you no if you need to go off, but there's ramifications for that and you're not always supported after you come back so that can be a huge barrier to people reaching out for help because of those institutional policies and programs.”*

*~CAMRT member*

**MRTs should monitor their mental health and obtain mental health support when required.**

The guideline provides to help the MRT approach a response to this sensitive topic within the workplace.

For more information, visit:

<https://camrt-bpg.ca/ohs/mental-health/monitoring-mental-health/>



## BPG: Burnout



“I just felt like I had given so much of myself at work, that I had nothing left to give myself when I was at home, so nobody really knew I was struggling.”

~CAMRT Member

**MRTs should value their personal health and wellness and prioritize self-care, since MRTs are at high risk for burnout, which can be addressed through strategies to mitigate the individual, patient and system level implications.** This guideline provides information to guide MRTs in understanding burnout and identifying strategies to mitigate burnout.

For more information, visit: <https://camrt-bpg.ca/ohs/mental-health/burnout/>

## BPG: Gender Inclusive Care



Acknowledging how patients describes themselves is an important component of providing optimal patient care. **MRTs should provide person centred care that is gender-inclusive, including the use of gender-inclusive language.** This guideline advises the MRT to seek clarification, learn, advocate, and support their own growth in language practices.

For more information, visit:

<https://camrt-bpg.ca/quality-of-care/appropriate-care/gender-inclusive-care/>



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# UPDATES ON CAMRT 2023 THE NATIONAL CONFERENCE FOR MRTS

## CAMRT 2023

After a successful hybrid CAMRT 2022 in Vancouver last April, we are excited to build on its success at CAMRT 2023, taking place this June 2nd and 3rd at the Hilton Lac-Leamy in Ottawa-Gatineau. Join us and discover the National Capital Region this June, abundant in history, culture, restaurants, and attractions. Can't make it in person, no problem! Register for a virtual pass and enjoy all the sessions from the comfort of home.

Registration starts at **\$399** for an in-person full conference pass and **\$199** for a virtual pass. Come for the education and sight-seeing, stay for the networking and friendships that will last a lifetime!

## Hilton Lac-Leamy

We have secured a discounted room rate of \$239 per night at the [Hilton Lac-Leamy](#), **deadline to book: May 9th**. The beautiful Hilton Lac-Leamy is located on the shores of Leamy Lake and connected to the Casino du Lac-Leamy. The Canadian Museum of History and Downtown Ottawa are just a short drive away along the beautiful shores of the Ottawa River. The hotel features glass sculptures by Dale Chihuly, indoor and outdoor year-round pools, a stunning spa, and free parking to complete your stay.

## Over 30 Education and Plenary Sessions

Earn up to 10 Category A Credits, [download the program at-a-glance](#). The CAMRT and the conference program committee is proud to prioritize technologists as our speakers throughout the event across all modalities. Confirmed sessions as of February 2023 are listed below, subject to change. Head to [www.camrt.ca/CAMRT2023](http://www.camrt.ca/CAMRT2023) for up-to-date information.

## Plenary Sessions

**Brian Goldman**  
The Power of Teamwork



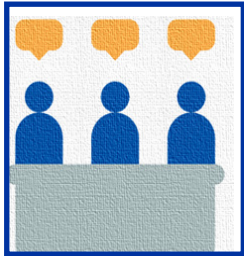
**William Tran**  
Welch Memorial Lecture -  
Precision Oncology in Breast  
Cancer



**Hazel McKennitt**  
Residential School Survivor  
and Cancer Survivor: An  
Indigenous Woman's Story  
and her Endeavor to Create  
Culturally Safe Care in  
Medicine



**Panel**  
Our Seat at the Table:  
Perspectives on the Future



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## GENERAL INTERESTS SESSIONS

Clinical Expansion with a Student-Centered Intention	Bridging the Gap in Health Inequities: A Personal Experience
Gender Neutral Language in a Healthcare Setting Imaging Neurosurgery: The Combination of Imaging and Technology	A Culturally Safe Advocacy Model for Inuit Cancer Patients and their Families
	Advanced Practice: Basic Building Blocks
Asserting the MRT Voice in Championing a Responsible AI-enabled Future through the Canadian Artificial Intelligence and Big Data in Radiotherapy Alliance (CADRA)	Name It to Claim It: The Role of Psychological Safety in Undergraduate Health
Innovative Imaging Technologies for Rural and Remote Communities	Education Understanding Indigenous Cancer Survivors' Experience with Radiation Therapy to Enhance Cultural Safety and Competency of the Students and Faculty of the (BScRT) Program at U of A
2SLGBTQ+ Education for Radiation Therapists: A Quality Improvement Project	

## RADIOLOGICAL TECHNOLOGY SESSIONS

Acquisition, Assessment and Adaptations for Mammographic Imaging	Worldwide Contrast Shortage: An Alberta Health Services Perspective
Positioning for Pediatric Patients	MDCT Imaging Applications to Quantify the Extent of Degenerative Lumbar Stenosis
Dynamic Use of Fluoroscopy in Interventional Pain Procedures	"To Shield or Not to Shield?" Front-line Medical Radiation Technologist's Perspective
Mammography and Ergonomics: Interventions to Reduce MSK Injury and Discomfort	Development of the Mobile Device-Based App for the Total Contrast Amount, the Contrast Delivery Rate, and the Delayed CT Scan Time Calculation of the Double Rule Out CT Procedure

## RADIATION THERAPY SESSIONS

Therapist-Recorded Prospective Patient Assessment During External Beam Radiotherapy for Prostate Cancer from 2001 to 2017	Radiation Therapists Spearheading Provincial SBRT Prostate Program: Overcoming Obstacles of a New, Multidisciplinary Initiative
Printing Reality, Creating Our Future: A Radiation Therapist's Perspective on 3D Printing for Custom Bolus Fabrication	Création d'un logiciel novateur permettant de surveiller en temps réel la position de la prostate durant les séances de radiothérapie
Total Body Irradiation: A Pan-Canadian Discussion (Panel)	Harnessing the Potential of MR in Radiation Therapy

## NUCLEAR MEDICINE SESSIONS

Extended Field of View vs. Standard Field of View 18F fluoro-2-deoxy-glucose PET/CT Imaging in Melanoma Patients: Assessing Clinical Value Through a Multi-Center Observational Study	The Diagnostic Accuracy of 68Ga-PSMA PET/CT versus 99mTc-MDP Bone Scintigraphy for Identifying Bone Metastases in persons with Prostate Cancer: A Systematic Review
Technegas: Pearls and Pitfalls of Lung Imaging	

## MAGNETIC RESONANCE SESSIONS

MRI Safety: Expect the Unexpected	PETMRI at UHN: Current Status and Future Perspective
Creating an MRI Safety Culture in a Tertiary Hospital Setting	

*Note: There are more topics to be added in all modalities*





# REFLECTIONS ON THE 22ND ISRRT WORLD CONGRESS

**Submitted by Marcia Smoke, ISRRT Council Member, Canada's Representative**

The theme for the International Society of Radiographers and Radiological Technologists (ISRRT) World Congress was the "New normal in medical imaging and radiation therapy." This was the first in-person congress in four years due to the COVID-19 pandemic. There were 782 attendees from 43 countries, and this was the first congress hosted by Thailand.

In Bangkok, the opening ceremony was outstanding and reminded me of the opening ceremony of the Olympics. There is an official illumination of the globe during the opening ceremony symbolizing good will.

The congress featured a rich scientific program, including poster and podium presentations; there were 115 oral papers and 93 posters. A book of the proceedings is on the congress website <https://isrrtbangkok2022.org>. All congress abstracts are in the *Journal of Medical Imaging and Radiation Sciences* (JMIRS) [https://www.jmirs.org/issue/S1939-8654\(22\)X0010-6](https://www.jmirs.org/issue/S1939-8654(22)X0010-6).

The Canadian scientific presentations were impressive and of the highest quality. Over the years, Canada has been a major supporter of the ISRRT. Attending the world congress made me proud to be a Canadian.



At the ISRRT Regional and Council meetings Canada's contribution included designing a number of ISRRT Position Statements which serve as global consensus documents to define appropriate practices and recommendations on the delivery of radiography and healthcare service. These documents have created change in our profession and positively influence practice globally. At the 2022 Council meeting, the following Position Statements were approved: *Keeping Radiographers in Good Mental Health and Free from Burnout*; *The Role of Radiographers using Dual Energy X-Ray Absorptiometry (DXA)*; and *Entry Level Competency Requirements for Therapeutic Radiographers*. All ISRRT Position Statements can be found at <https://www.isrtr.org/position-statements>.

Attending the World Congress made me aware that we can make a difference in our profession by being actively involved. Canadian radiographers were visibly involved at the congress. We all have an opportunity to influence the direction that our profession keeps. The ISRRT challenges us to continue to be involved in our profession and 'Influence Change, Impact Change and Create Change' at any and every opportunity and watch the impact it will make on patient care in our country and globally.







***Submitted by Megan Brydon,  
CAMRT President***

In December, I attended the 22nd ISRT World Congress and Council meetings with Irving Gold, CAMRT's CEO. We attended both the regional meeting (The Americas) and the board council meeting with elections. CAMRT has a strong partnership with the ISRT. It was exciting to see Alain Crompt (Life Member of the CAMRT) elected to the position of Vice President of the Americas, and Marcia Smoke elected to Regional Coordinator of Education for the Americas. Dr. Terry Ell, a Fellow of the CAMRT, also completed his tenure on the board after many years of volunteering and representing CAMRT at the ISRT. In addition to the congress and council meetings, I attended the pre-congress workshop on education and research.

The main focus of this half-day session was to highlight a new initiative called the International Academic Network (IAN), whose mandate is support both entry-level and high-level research and publication of radiography content to improve research quality and activity to drive evidence informed practice (<https://www.isrt.org/international-academic-network-ian>). There was also a presentation about mentorship from Lisa Di Prospero, past Editor in Chief of the JMIRS.

**Canadian Contingent**

I had the privilege to attend presentations from three other Canadian presenters on shielding, COVID-19 experience, and weight stigma. It was exciting to get to share some of the CAMRT initiatives with the ISRT. There was a lot of interest around our micro-certificate programs. The main theme throughout my presentation was person-centered focus (be that us as MRTs or patients).

**Radiation Protection**

There were a couple of really interesting presentations on radiation protection. One focused specifically on personal shielding in the cathlab and its limitations. There was a study out of Ireland that used VR as an aspect of radiation protection training. The participants can move themselves as avatars around the virtual space to see the changes in exposures. There was a presentation on FORCE (Framework for Online Radiographer Clinical Education), which is a virtual learning platform providing an accessible open learning environment. Finally, I had great conversations with the now Past-President of the ISRT, Donna Newman, Dr. Phil Ballinger, and Sharon Wartenbee (now Past-Regional Director of America), mostly about recruiting passionate and dedicated volunteers and not compromising professional standards as a response to HHR demands.





# HOLOGIC BREAST IMAGING BEST PRACTICE AWARD WINNER



*CAMRT and Hologic recently partnered on an essay contest that was open to CAMRT members working in breast imaging. Members were invited to submit papers sharing successful practices from the pandemic to shed light on the amazing work performed by MRTs during this challenging time. The Hologic Breast Imaging Best Practice Award included a trip to the European Congress of Radiology (ECR) 2023 in Vienna, Austria. Congratulations to the winner, **Hayley Olson**! Below is an excerpt from her winning essay.*

## **Iodine-125 Breast Cancer Localization: Planting the Seed of a New 'Best Practice'**

Medical Radiation Technologists (MRTs) across Canada were challenged in a new way due to the COVID-19 pandemic. Through this unprecedented time, hospitals and medical centres were faced with ever-increasing wait lists and staff shortages. Innovative solutions were needed to create efficiencies that could address the backlog and help alleviate staff burnout. One successful project at Royal Columbian Hospital in British Columbia, focused on breast cancer patients and their interaction with MRTs during initial diagnosis. We had outstanding success implementing the multidisciplinary protocol change from Fine Wire Localization (FWL) to Iodine-125 Radioseed Localization (RSL). This project, a collaboration between Breast Imaging and Nuclear Medicine, produced a quantifiable positive impact on every metric: improved patient experience, better MRT mental health, and significant cost savings.

The Iodine-125 (I-125) Radioseed Localization Program was a way to mitigate the numerous challenges of performing FWL. The RSL procedure currently in use at our site places a radioactive seed, about the size of a grain of rice, into the tumour itself for localization using ultrasound guidance. These seeds have a laser-welded titanium capsule that can be visualized on imaging and are easily detectable with radiation detection equipment. I-125 decays via electron capture, emitting an average photon energy of 29 keV with a range from 27 to 35 keV. At such a low energy, the patient receives a very small radiation dose. From a radiation safety perspective the RSL procedure shines, as the low energy permissions allow MRTs and other healthcare professionals to easily practice ALARA principles. A thin piece of lead or even stainless steel can attenuate the radiation coming from the seeds.



The half-life of I-125 is 59.4 days, meaning the seeds can be placed well in advance, up to several days prior to surgery, eliminating many of the scheduling challenges and removing the need for fasting during the localization procedure. By having fewer procedures the morning of surgery, it allows more flexible OR scheduling, particularly by using early morning time slots that are less likely to be postponed or cancelled. Another huge advantage of this method is that the I-125 seeds do not migrate, therefore there are no mobility restrictions and once the patient has their seed implanted, they can go home to rest comfortably.



The physical properties of the I-125 seeds allow for a faster implant procedure and faster surgical localization resulting in OR cost savings, and increased flexibility in selecting an incision site, creating less breast tissue damage and a more cosmetically-subtle scar for the patient.

Implementing the RSL procedure involved collaboration from many departments - all of whom received training using radiation detection equipment from our RSO (Radiation Safety Officer). Interestingly, to ensure procedure feasibility, training included raw chicken breast 'test subjects' for radiologists to implant seeds, surgeons then excised the chicken 'lesions' containing the seeds, and pathologists retrieved the seeds from the chicken tissue. Strict radiation safety training was necessary to ensure the seed could be located at every step, and that all staff who come in contact with a seed were aware of the emergency procedures to follow.

Following the implementation of the RSL procedure, and over 100 cases performed, we are ecstatic to report that the benefits we hoped for, were demonstrated. Further detailed data analysis will be published by one of our physicians. The most meaningful documented benefit was decreased patient anxiety with RSL as compared to FWL. Overall, RSL decreased total time spent at the hospital on surgery day, and allowed for surgery to be the first case of the day, minimizing delays. Additionally, surgery time for the RSL procedures was 46 minutes on average, compared to 61 minutes for FWL procedures. Despite the increased cost of a seed compared to a wire, the RSL program has saved several thousands of dollars thus far, due to the 15-minute difference in surgery time per patient. The change to RSL also benefited the MRTs at our site working with these patients.

The overwhelming majority of surveyed MRTs and other health care workers, such as OR staff, said scheduling the RSL procedure on a separate day from the surgery decreased time pressure at work. Not only did that improve the mental health of our MRTs, it also reduced the chance for error, which improved patient outcomes. Our site RSO took this project on and did a fantastic job writing the protocol, creating documentation, and training staff.

The additional work required on top of managing a pandemic to implement the RSL program paled in comparison to the significant benefits to patients and health care providers.

Ultimately, the multidisciplinary protocol change from Fine Wire Localization to I-125 Radioseed Localization resulted in improved patient experience through a more comfortable procedure, greater scheduling flexibility which resulted in reduced MRT burnout, and annual cost savings for our site. We had resounding success implementing the RSL program at a single site, and are hopeful that using I-125 seeds will be adopted at other sites across our region. In the future, Iodine-125 Radioseed Localization should absolutely become the new gold standard for non-palpable breast lesion localization.



# Continuing Professional Development



## CPD Member Survey Results

All year, CAMRT endeavors to create educational resources for all members. We recently surveyed membership about our continuing professional development offerings (CPD), and the results are in! Thank you for your valuable input. With 88% grading your overall satisfaction with our CPD as “high” or “very high”, we’re grateful that you’re finding our content useful! Almost a quarter of you took multiple offerings in 2022, around half of you took at least one piece of CPD, and 95% of you would recommend us to your colleagues! Our virtual webinars were the most popular options, with our newer format Quick Self Studies (QSS), making up around a fifth of completed courses. We’re proud that our full-length courses remain popular, as they are the entryway into our highly regarded certificate programs.

## CPD Bundles

**Our education is being tightly planned with an eye towards “bundles” that offer more approachable CPD that is focused on spots of interest**

For example, through our micro certificate programs. We have a newly launched leadership micro certificate program available now, that allows you to work through most modules on your own schedule and be recognized with a digital badge and credential.



Digital badges can be used by MRTs to showcase their educational and professional achievements, displaying them on socials or LinkedIn profiles, or a resume. They are embedded with metadata that authenticates the badge so that employers can click on the badge to instantly verify the credential earned.



**Keep up great programming with affordable prices!”**

-Anonymous CAMRT member survey quote

As more of you join regulated provincial bodies, we know that there is a continued need for shorter, more digestible CPD. In response to this, we’re developing more QSS and on-demand webinar content. In addition, as we prepare for a move to a more modern learning management system, we are also reaching through our back catalog and towards updating courses into leaner, accredited modules.

## Listening to our members

We are actively tending to partnerships to offer more free programming to members through unrestricted educational grants and event sponsorship. We have a partnership with Philips in progress that will provide webinar content on MR, and expect our relationship with Hologic to continue to allow us to offer significant free learning opportunities for those who practice breast imaging. Indeed, some of you have requested more mammography, and another breast imaging day is being planned. Other common survey requests were more QSS options, three of which will be coming up! There will also be more MR- based content such as webinars this winter, and we just launched a virtual lecture on Cardiac MR. Right now several courses are being finalized on leadership/ preceptorship. We’re happy to say that your requests are being listened to and you’ll soon have more content in-hand!

Thank you for being a part of our educational programming!

**“The virtual CPD offerings are varied, interesting, current, and always delivered very professionally. Many are free to members! I personally would not change anything about your virtual programming.”**

-Anonymous CAMRT member survey quote

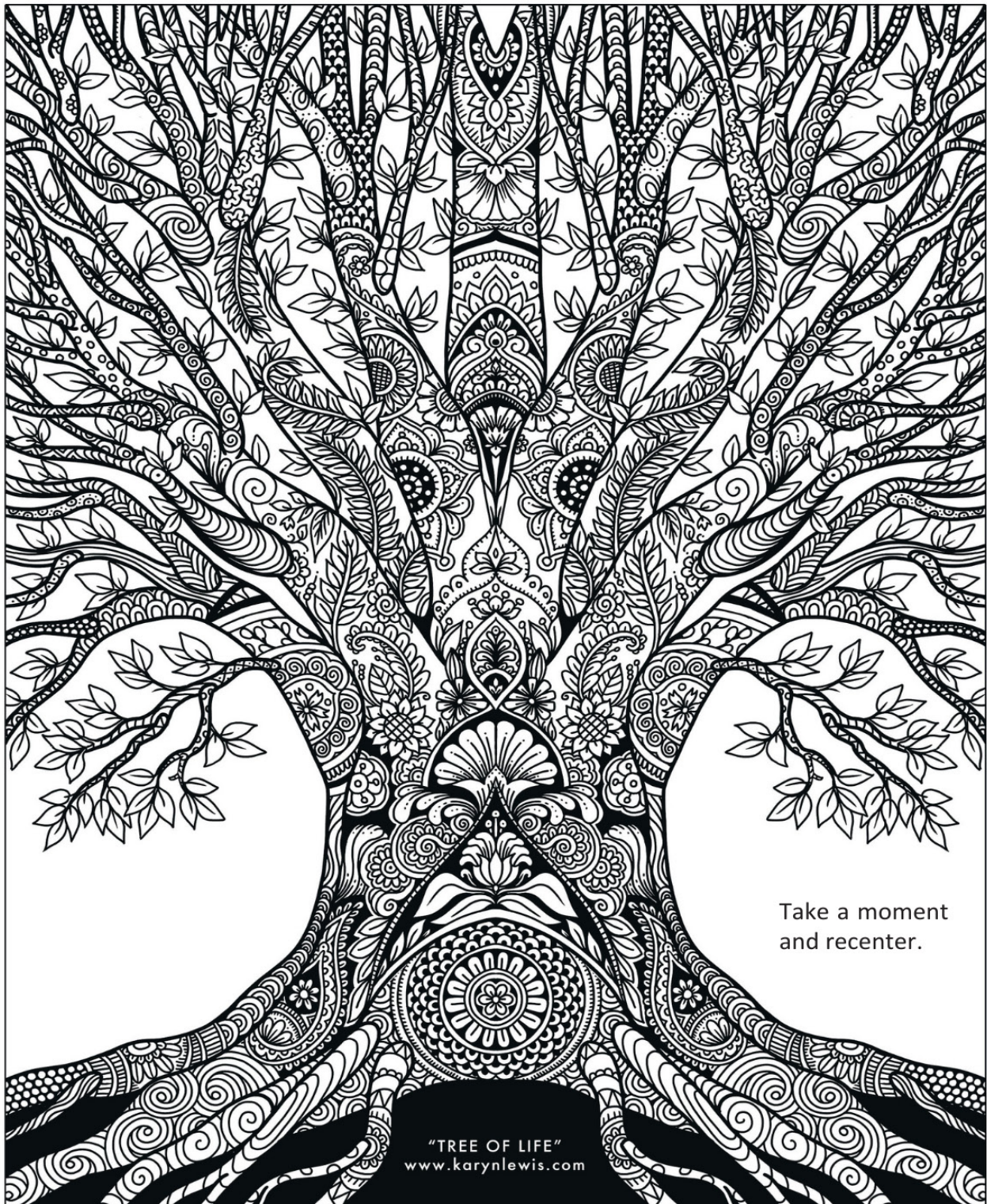


# CAMRT Mental Health Moment

## Did You Know?

**Absenteeism** occurs when an employee does not show up for work. **Presenteeism** is when an employee goes to work but isn't able to work optimally due to sickness, a physical or mental health condition, or distraction due to personal issues. Some common signs of presenteeism include decreased productivity, low-quality work, frequent errors, irritability, and distraction. Presenteeism is linked to negative outcomes for patients, healthcare professionals, and health care organizations.

Presenteeism could cause patient harm. To help prevent it you need access to sick days. **CAMRT is advocating to the federal government for a national paid sick time standard.**





# UPDATES FROM THE *JOURNAL OF MEDICAL IMAGING AND RADIATION SCIENCES*

## March Issue now available!

[This issue](#) contains a new narrative, [Stephen Starkman: Life's end](#) (listen to the accompanying [podcast!](#))...as well as Clinical and Educational Perspectives, research and review articles, and a Case Report. 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](http://www.jmirs.org), because most articles on this site are blocked by a paywall.

Check out our [growing collection of Medical Radiation Sciences Narratives!](#) The format is for anyone with something to share related to any aspect of medical imaging and radiation therapy, including patients, families, health care leaders, policy makers, and MRTs. In this collection you will find variations on the traditional journal format, including personal stories, poems, photographic essays...it is open to any method that can communicate your narrative.

Thinking about contributing to this collection?  
Contact [editor@camrt.ca](mailto:editor@camrt.ca).



**NEW JMIRS PODCAST!**  
Available at <https://anchor.fm/jmirs>

**LIFE'S END**  
Amanda Bolderston (Editor-in-Chief)  
Stephen Starkman (Author; Photographer)

"Except for a little bit of imbalance, I feel fine. ... I'm not feeling anything that would cause me to think that I needed surgery, and now I'm going to go and have surgery and put myself through all that risk."

Image from Stephen Starkman's book "The Proximity of Mortality"

## TOP 5 PAPERS!

Journal of Medical Imaging and  
**RADIATION SCIENCES**  
*Research Informing Practice*  
Journal De L'imagerie Médicale et des  
**SCIENCES DE LA RADIATION**

EDITOR'S CHOICE 2022

★ **Relationships, body image, and intimacy: A pilot to increase sexual health conversations between radiation therapists and cancer patients in Ontario**

Jenney MH Wang, Margaret Hart, Priyanka Jain, Colleen Fox, Lisa Roelfsema, Dennis Vergel de Dios, Carina Simniceanu, Eric Gutierrez, Elizabeth Quilliam, Christa Wang, Victoria Zwicker

★ **An insight into the current perceptions of UK radiographers on the future impact of AI on the profession: A cross-sectional survey**

Clare Rainey, Tracy O'Regan, Jacqueline Matthew, Emily Skelton, Nick Woznitza, Kwun-Ye Chu, Spencer Goodman, Jonathan McConnell, Ciara Hughes, Raymond Bond, Christina Malamateniou, Sonyia McFadden

★ **Impact of the COVID-19 pandemic on clinical radiography education: Perspective of students and educators from a low resource setting**

Bismark Bright Ofori-Manteaw, Elizabeth Dzidzornu, Theophilus N. Akudjedu

★ **When she clicked the microphone, you could hear background chatter and banter**

Johnathan Hewis, Nicola Gallacé

★ **Play simulation for children in magnetic resonance imaging-a clinical perspective**

Christine J Heales, Ellie Lloyd



Journal of Medical Imaging and  
**RADIATION SCIENCES**  
*Research Informing Practice*  
Journal De L'imagerie Médicale et des  
**SCIENCES DE LA RADIATION**

# Thank you to all our peer reviewers in 2022!

[jmirs.org/content/ThankYou2022Reviewers](http://jmirs.org/content/ThankYou2022Reviewers)

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Alison Brown	Catherine Gunn	Henra Muller	Michelle Sharma	Robert Higgins	Yat Man Tsang
Alison Giddings	Catherine Kirkpatrick	Holly Chun	Mohamed M. Elsingery	Robert Miner	Yi Xiang Tay
Allan de Guzman	Catherine Vanderwater	Hon Biu Chan	Moreno Zanardo	Safara Johansen	Yichen Hu
Allison McGee	Catriona Hynes	Ikechi Samuel Ozoemelum	Naomi Shiner	Sahand Hooshmand	Yolanda Surjan
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Carrie Brux	Gordon Mander	Karen Coleman	Robert Case	Winnie Li	

Journal of Medical Imaging and  
**RADIATION SCIENCES**  
*Research Informing Practice*  
Journal De L'imagerie Médicale et des  
**SCIENCES DE LA RADIATION**

EDITOR'S CHOICE 2022

**Reviewer Of The Year**  
**MICHELLE SHARMA**

**Outstanding Reviewers**

**MICHAELA DAWN DAVIS** **ERHARD KOCH**  
**ANDREW ENGLAND** **KATHLEEN NAIDOO**

## CALL FOR PAPERS

**Caring for specialized or  
diverse populations**

Deadline: May 1, 2023

We are seeking  
submissions related  
to: narratives,  
policy, practice,  
research, theory!

Caring for specialized or diverse populations is part of medical radiation sciences practice. These populations could be diverse in many ways, including but not limited to age, ability, ethnicity, culture, geography (e.g. rural and remote communities), neurodiversity, chronic illnesses, gender and sexual orientation, indigeneity and body habitus.



## Alberta Provincial Advisory Council

CAMRT-AB is delighted to announce that its Advisory Council Members have been selected. It is with great pleasure that we welcome the seven following MRTs to the Council:

- **Susan Fawcett RTT, Edmonton**
- **Omer Hussein RTR, Fort McMurray**
- **Jodie Piercey RTNM, Calgary**
- **Dacia Richmond RTNM, Edmonton**
- **Breanna Sebesten RTR, Edmonton**
- **Samantha Smith RTNM, Calgary**
- **Ryan Yeo RTT, Edmonton**

A first meeting of the Council will provide a venue to share ideas as to how CAMRT-AB can best support its members.

A big thank you to everyone who applied to become a part of the Advisory Council. There was so much passion and experience demonstrated by applicants that selecting only a few proved to be challenging. CAMRT-AB continues to encourage involvement with initiatives and will share other opportunities as activities expand.

## MRI Representative needed!

One vacancy remains for a member from the MRI discipline. If you're interested, please email the Provincial Manager, Gina McRae at [gmcr@camrt.ca](mailto:gmcr@camrt.ca)

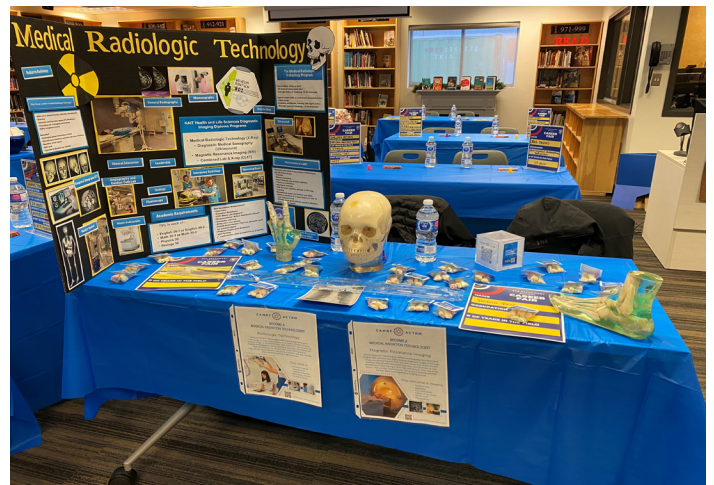
## Site Ambassador Network

The [Site Ambassador Network](#) of Alberta is growing quickly. With a list of just over 40 ambassadors across the province, we are seeing good site representation so far. Thank you to all Site Ambassadors for liaising with CAMRT/CAMRT-AB and opening communication channels.

## Student Engagement

The membership team is working to build ideas to support members to volunteer at future events. Engaging students is important and rewarding to our member volunteers as well as the youth.

CAMRT-AB member Aileen Bozic engaged with 70 students to bring awareness to the MRT profession at a local high school career fair. *See image below.*



## Questions about the activities of the CAMRT-AB?

Contact Provincial Manager, Gina McRae at [gmcr@camrt.ca](mailto:gmcr@camrt.ca) or visit [camrt.ca/alberta/](http://camrt.ca/alberta/)



## ACMDTT Registrar and CEO Resignation and Next Steps:



It is with mixed emotions that the Council of the Alberta College of Medical Diagnostic and Therapeutic Technologists (ACMDTT) wishes to announce that our Registrar & CEO, **Pree Tyagi**, will be leaving the college to pursue new career opportunities.

Pree has a proven track record as a forward-thinking, right-touch regulator that moved the college towards substantial advancements in strategic direction, operational management, and governance. The college extends our sincere appreciation for her ten years of service and our best wishes for her future career and personal aspirations.

Pree joined the College as a Director in 2012 and became Registrar and CEO in 2018. She is preparing to tackle new challenges as Registrar & CEO with the College of Medical Radiation and Imaging Technologists of Ontario (CMRITO) in March.

The college is thankful that through Pree's leadership, the organization is on a firm foundation. The primary focus is ensuring work continues on ongoing legislative developments, including the anticipated regulation amendment bringing diagnostic medical sonographers into our college.

As for the next steps, the Council is beginning a nationwide executive search. A transition plan with the possibility of interim leadership is under development. Meanwhile, business continuity will be assured through the current team of directors and staff.

## ACMDTT's Interim CEO and Complaints Director Welcomed

Leadership stability is integral to excellent organizational management. As such, with our current Registrar and CEO's term ending soon, an interim CEO and a Complaints Director have been selected by the Council of the Alberta College of Medical Diagnostic and Therapeutic Technologists (the College).

Beginning March 1, we're pleased to welcome our interim Registrar and CEO, Sheila Steger, as a CEO in Alberta's health regulatory field.

Sheila has recent experience as a CEO in Alberta's health regulatory field. With her extensive background in leadership, change management, and board governance, we are confident she will provide excellent managerial continuity over the coming months.

Also, Susan vander Heide will act as our interim Complaints Director, working alongside our Complaints Manager and Hearings Director. We're glad to add her comprehensive experience in conduct management with health to our team.

This interim leadership will continue while the College pursues a permanent replacement.

## Modernized Strategic Plan and Mission sets path for 2023-2026



The Alberta College of Medical Diagnostic and Therapeutic Technologists (the College) is pleased to release our [2023-2026 Strategic Plan](#).

This strategic plan presents our refreshed mission and the blueprint of how we will continue being well-positioned to meet the challenges of regulating within an increasingly complex and dynamic landscape.

Through this plan, we will continue working diligently and seamlessly with our staff, registrants, and other partners to respond to emerging opportunities while upholding our commitment to serving the public.

Several years of regulatory changes demanded by Bill 46 (the Health Statutes Amendment Act, 2020 (No. 2)) and other bills refined the organization's trajectory, making the update necessary.

The work began in September 2022 and included conversations with numerous groups. Considerations were made to include the perspectives and needs of beneficiaries, including the public, current and prospective registrants, employers, staff, and volunteers, as well as stakeholders such as the Government of Alberta, professional associations, accreditors and other health regulators.

The new Strategic Plan follows other recent College document updates, including our governance policy, Code of Ethics, and Bylaws.

## ENP Technologists receive revised Competency Profile (2023)



The Alberta College of Medical Diagnostic and Therapeutic Technologists (the College) has released a revised Competency Profile for Electroneurophysiology Technologists (ENP). The document identifies the essential learning outcomes required for professionals on entry to practice and is effective March 1, 2023.

### Read Competency Profile – [Electroneurophysiology \(2023\)](#)

Through consultation with technologists, employers, and regulatory experts, the College underwent a robust review and revision process to investigate and update the 2016 competency profile to current standards. Changes to the profiles reflect practice evolution since the last review and clarification in formatting and language. The resulting content changes are not considered substantial. The College's Council passed a motion to repeal the 2016 profile in favour of the 2023 profile.

To ensure a national perspective, the Canadian Association of Electroneurophysiology Technologists (CAET) and the Canadian Board of Registration of Electroencephalograph Technologists (CBRET) were integrally involved. Both organizations are in the process of adopting the competency profile as with previous profiles. There are approximately 50 ENPs in Alberta.

## Presentations

First, hosts and ACMDTT's Council Chair Steve DeColle and Vice-Chair Michael Piva will share the latest on the search for a new CEO and Registrar and additional college updates.

Engage in our feature presentation on facilitating cultural safety for Indigenous persons in the healthcare environment with Nipâwi Kakinoosit, co-founder of Idle No More Movement.

Then, Certified Child Life Specialists from the Stollery Children's Hospital provide a toolbox to support children through medical imaging.

The final hour will be spent learning how personal liability insurance protects you and on magnetic resonance in radiation therapy.

## CCP Learning Eligible

Regulated members may claim up to four (4) hours of learning towards their Continuing Competence Program (CCP) requirements after completing a reflective practice review (self-assessment, learning plan and reflective learning).

For more information about the College, please contact:  
Sheila Steger, MA, C. Dir.  
ACMDTT Registrar & CEO – Interim  
[registrar@acmdtt.com](mailto:registrar@acmdtt.com)

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## New Leadership Foundations Micro Certificate!



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## CAMRT-MB launch

CAMRT-MB was officially launched as the provincial services model for Manitoba MRTs in January 2023. Dayna McTaggart RTR, CTIC began the role of Provincial Manager in late November 2022. Thus far Dayna has worked alongside CAMRT staff to update website content, launch a [CAMRT-MB Facebook](#) group and recruit for the CAMRT-MB Provincial Advisory Council as well as Site Ambassador Network. Information regarding [CAMRT-MB](#) can be found under the CAMRT Provincial Services tab on the home page of the CAMRT website.

## Additional representative needed for Provincial Advisory Council!

The application deadline for the Provincial Advisory Council was January 15, 2023, and as of right now there is no representation from the Nuclear Medicine community on the Council. It is our goal to have representation from all MRT disciplines, to ensure that important issues and topics regarding all MRTs in Manitoba are heard at the provincial and national level. The Council would also benefit from having an additional representative from MRI and Radiation Therapy. If you feel that you have something to contribute to this group, or if you would like additional information, please contact [Dayna McTaggart](#).

You can also find information regarding the council by visiting the [CAMRT-MB webpages](#). The CAMRT-MB Provincial Advisory Council will be holding their first meeting in spring 2023 to discuss priorities and initiatives of CAMRT-MB.

## Site Ambassador Network

Another important initiative of CAMRT-MB is the Site Ambassador Network. This network will help to inform and engage the membership through local activities and discussions as well as serve a critical role as a key contact between CAMRT-MB and the members. It is our goal to have a Site Ambassador at every site within the province. Site Ambassadors will receive correspondence from the CAMRT-MB Provincial Manager to post in their workplace as well as pass along and discuss with their colleagues. Site Ambassadors are also encouraged to advocate for the profession by leading MRT week activities as well as volunteer for local CAMRT-MB sponsored events. The [application to join](#) the Site Ambassador Network is always open and can be found on the [About Us](#) page.

## Site Visits

Dayna McTaggart will be presenting to the 2nd year Medical Radiologic Technology Program students this spring as well as planning and conducting a first round of site visits within the province. If you would like to request a site visit or presentation for students, please contact Dayna. As well, if you have not yet joined the CAMRT-MB Facebook group, please consider doing so, as it is a great way to engage in conversation as well as stay up to date on what is happening.

## Regulation Update

CAMRT-MB will also be continuing to support the pursuit of Self-Regulation of Medical Imaging and Radiation Therapy Technologists (MIRTTs) in Manitoba. The CAMRT-MB Self-Regulation Committee will continue the work that was already started in pursuit of this endeavor. If you would like to assist this committee, please contact Dayna McTaggart.

### Questions about the activities of the CAMRT-MB?

CAMRT-MB Provincial Manager, Dayna McTaggart can be reached via email at [dmctaggart@camrt.ca](mailto:dmctaggart@camrt.ca) or telephone at 1-800-463-9729 ext 233. Visit [camrt.ca/manitoba/](http://camrt.ca/manitoba/) for more information.





## Atlantic Advocacy and Outreach

### Newfoundland and Labrador

CAMRT-ATL has been in the news in Newfoundland and Labrador for its advocacy on behalf of Newfoundland Radiation Therapists. We wrote a letter to the Minister of Health Tom Osborne and to the Finance Minister Siobhan Coady outlining recommendations to recruit and retain Radiation Therapists in the province. We heard back from the Health Ministry after our recommendations were heard in the media. Regional Manager of Provincial Association Services in Atlantic Canada, Jennifer Carey, was interviewed by [Newfoundland Television \(NTV\)](#) on their nightly news segment on February 9th and again February 12th on NTV's half-hour show Issues and Answers ([Link Here](#)). The issue was also showcased in a Saltwire article: A quarter of N.L. radiation therapists left last year, those still working are facing 'gut-wrenching' scenarios with patients and difficult career decisions ([Link Here](#)). It is CAMRT-ATL's goal that the coverage of this issue will alert the public and spur action from policymakers on the crisis facing Radiation Therapists in the province.



*Jennifer Carey being interviewed by NTV's Michael Connors on Issues and Answers.*

### The Current

The highly-successful CAMRT-ATL educational event, The Current, will be taking place again: the Fall of 2023 in Halifax, Nova Scotia! More details will be released soon regarding the specifics (date and location) of the conference. Stay tuned!

### Nova Scotia

In a response to a call for consultations to the annual provincial budget in Nova Scotia, CAMRT-ATL submitted a brief and recommendations for healthcare dollars to include supporting MRTs. In this brief, we made recommendations on decreasing wait times by increasing human resource capacity, including MRTs in retention incentives and exploring partnerships with educational institutions to increase capacity on an ongoing basis. The CAMRT-ATL NS Budget submission can be accessed online.

### Meeting With Students

CAMRT-ATL has been able to meet with a number of students in various education programs in Atlantic Canada to discuss the benefits of student membership as well as things for them to consider as they transition from students to certified MRTs. A big thank you to the Moncton Hospital School of Radiologic Technology, Saint John School of Radiological Technology, The University of PEI's Radiography program and the Collège communautaire du Nouveau-Brunswick (CCNB) programme de Technologie en radiation médicale, for allowing CAMRT-ATL to visit and chat with the students.



*Manager Jennifer Carey visiting the first and second Radiography students at CCNB in Dieppe, New Brunswick.*

### Questions about the activities of the CAMRT-ATL?

Contact Provincial Manager, Jennifer Carey, at [jcarey@camrt.ca](mailto:jcarey@camrt.ca) or visit [camrt.ca/atlantic/](http://camrt.ca/atlantic/)

## MRT Careers Virtual Information Session

CAMRT-BC has been working on several initiatives related to MRT recruitment and retention – a priority identified by our provincial advisory council to help address the critical staffing shortages facing the profession. This past November, CAMRT-BC collaborated with CAMRT-ATL to deliver a Canada-wide virtual MRT Careers Information Session. We had four career panelists (one for each MRT discipline), including two representatives from BC (Nicole Bemister and Hayley Olson). We ended up having between 60-70 participants at the live session. Shortly after the session, we circulated the video online and via member communication channels – the video has since gained 400+ views! Check it out at [camrt.ca/mrtcareer](https://www.camrt.ca/mrtcareer). We welcome and encourage our fellow MRTs across Canada to share it far and wide, and to use this video for their own career promotion efforts.

## Local High School Student Outreach

Last year, CAMRT published an advertisement in a Canadian guidance counsellors' magazine. Inspired by the discovery of this ad, a high school Career Education Coordinator from the Interior region of BC contacted Provincial Manager, Sarah Erdelyi, to learn more about the profession and explore opportunities to collaborate on bringing information to high school students about MRT career paths. Sarah connected them to the staff at BCIT and plans are now underway for a field trip activity this May to showcase BCIT's MRT programs. This is one of several local initiatives CAMRT-BC and its members are engaging in to help promote the MRT profession to prospective students. This April, CAMRT-BC is participating in a career fair in Victoria, BC. CAMRT-BC will be representing all 4 MRT disciplines and involving volunteers to help engage students with an interactive and informational booth.

## CAMRT-BC Radiation 2022 Now Available

Radiation is CAMRT-BC's annual member e-newsletter, which includes recaps and updates on provincial activities from the 2022 calendar year, including reports from the advisory council and Provincial Manager, Sarah Erdelyi. It also includes feature articles submitted by members. View the current and previous editions here: <https://www.camrt.ca/bc/resources/publications/>.



**On the cover:** Keynote Speaker, Nipawi Kakinoosit, Sucker Creek First Nation and a Treaty 8 Hereditary Chief, delivering a keynote address at CAMRT 2022 in Vancouver, BC. Watch a recording of his talk, [Truth and Reconciliation in Healthcare](#).

## Questions about the activities of the CAMRT-BC?

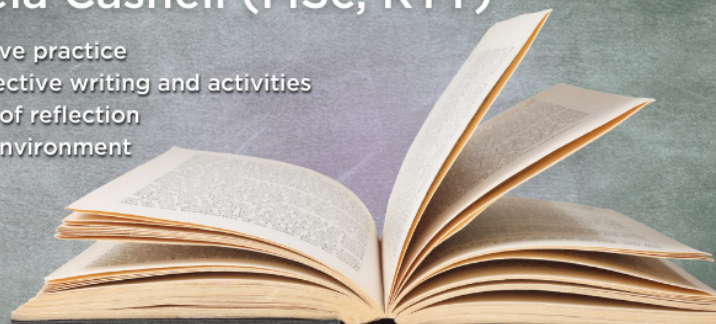
Contact Provincial Manager, Sarah Erdelyi, at [serdelyi@camrt.ca](mailto:serdelyi@camrt.ca) or visit [www.camrt.ca/bc/](https://www.camrt.ca/bc/)

# REFLECTIVE PRACTICE IN HEALTHCARE

## Quick Self Study authored by Angela Cashell (MSc, RTT)

- Appreciate the personal and clinical benefits of engaging in reflective practice
- Examine the use of models and tools to assist in the process of reflective writing and activities
- Expand critical thinking and problem-solving skills through the use of reflection
- Incorporate reflective practice into your own practice and clinical environment

REGISTER NOW >





# HOW A MRT STUDENT'S NEAR DEATH EXPERIENCE IMPACTED HER CAREER

*Submitted by Winona Winsor, MRT, ACR CTIC*

My 47-year career journey of achievement and success as a full time MRT was based on a life and near-death experience during my MRT training. At age 16, I graduated from high school and eagerly embarked on a three-year MRT program at the College of the North Atlantic.

Training went well until the start of my second year when I experienced daily headaches with weakness and heavy abnormal menses. After much hesitation, I booked a doctor's appointment and was told my symptoms were not abnormal for a 17-year-old. No additional tests were ordered or suggested, but I was referred a BC pill. I refused the prescription, trusted his judgement and decided to carry on with life. Within four months, this misdiagnosis plummeted my health into a tragic spiral.

X-Ray and Laboratory training classrooms were located in a building attached to the General Hospital. I arrived early for class that morning and we were all waiting in the main entrance for our classrooms to open. I looked exceptionally pale and had recently acquired large red bruises on my arms and legs. What evolved over the next few minutes literally saved my life through the observation and keenness of one Lab student and her instructor whom I had never met. The Lab student noticed a bruise on my arm and insisted that I return to the Lab later for a simple tourniquet test to check the bruises. My classes ran late but I felt a strong nudge to go back to the Lab. The tourniquet test made my entire arm look like a red stoplight. I nearly fainted and the student screamed. Her instructor rushed over and defying all protocol to obtain blood samples. I boarded the bus to my training hospital full of anxiety and fear.

One hour after I arrived at the hospital my clinical instructor called me into his office. The Hematologist specialist had reviewed my Lab results and wanted me immediately back to the hospital for more testing. He questioned how ambulatory I was due to the severity of my results; (Hemoglobin-6.0 and Platelet count-8,000) which categorized me as a high-risk bleeder.

That day the trajectory of my training and health took a turn. Initial in-depth testing involved Lab, X-Ray, GI tract, bone biopsy, Cardiologist, and Hematologist visits to help conclude a diagnosis and treatment. The diagnosis was ITP (Idiopathic Thrombocytopenia Purpura); unknown cause. The prescribed medication was high doses of Prednisone (12 pills per day). I experienced every possible side effect; swollen face and body, ++acne, constant muscle, and joint pain. 6-7 months of fluctuating meds and platelet levels, plus an uncontrollable 50 lb Prednisone weight gain, peaked my mental and physical stresses. My self-confidence slipped to an all-time low and mild depression set in. I wanted to give up fighting but my cheering team of X-Ray instructors, classmates, hospital techs, doctors, and my wonderful family wouldn't allow me. They totally drew me into their circle and made me feel accepted and normal (I sure didn't look it!) and walked with me through the good and bad days.

A nine-month trial of Prednisone treatment failed. My age and the dangers of prolonged high Prednisone doses, convinced my Hematologist there was only one option left; Splenectomy surgery to stop platelet destruction. I was mentally and physically exhausted and wanted only to feel normal again. Fresh donor platelet transfusions were required for surgery to keep my blood clotting and keep me alive.



**2022-Celebrating 45 years as MRT at  
NLRHC, Ft McMurray**





**2001- Working as CT Tech at  
NLRHC , Ft McMurray**

Blood was infusing as they prepared me for surgery. It was scary but I was prepared for either a more normal life or death. The efficient skills of the Lab and surgical team kept me alive to tell this story.

Post-surgery, my parents shared that the surgeon prepared them for the possibility of me not surviving surgery with critically low platelet levels. Three months later I was weaned off Prednisone and meds free but my extremely weak immune system left me fighting off different infections for the next 4-5 months.

Including surgery recuperation, I missed only two months of training. With six months left before final exams and graduation, I met with my instructors, and they offered me a choice; wait for the next September X-Ray class for graduation or do a strenuous fast-track route and graduate with my present classmates. They suggested the fast-track route and backed me fully. My clinical instructor, John Whiffen, saw how my self-confidence had deteriorated so he assigned me a mentor X-Ray Tech that I felt most comfortable working with for the rest of my practicum training.

Alma was my anchor and stayed steady and firm in helping me complete my training and restore new hope and confidence. On June 1975, I received my Medical Radiation Technologist CAMRT certificate and started working as a full-time MRT in Corner Brook, NL. Two years later I married my best friend and moved to Ft. McMurray, Alberta where I've worked as a full-time MRT for 45 years in a variety of X-Ray roles and presently as CT Charge Tech. I still love being an MRT.

My experiences during training not only saved my life but also groomed me with empathy for others who may be experiencing similar things. Many times, I've shared with my patients and let them know I truly understand their feelings. They smile and thank me for helping them feel better.

Throughout my illness experience, I interacted with many different healthcare workers; some up close, some behind the scenes. I learned to appreciate each one for the valued asset they are in helping maintain the best treatment for each patient. We all have different personalities and we each have a story associated with our lives. As healthcare professionals we need to work together as a team to do everything we can for the betterment of our patient's health. We should not allow personal differences and diversities to hinder that goal. An indigenous saying that my parents taught me to respect was; "Never criticize your neighbor until you have walked a mile in his moccasins." I now have a deeper appreciation of what that means.

No matter how dark a tunnel life may throw you into, there is always a light and hope; just look for it!

Explore updates to a collection of provincial wage scales gathered from unions and outside bargaining units' collective agreements from the past year.



## SALARY



## SCALE

- Information assembled for MRT's and students entering the field of practice in Canada

Outlines wage scales for the MRTs disciplines:

- Radiological technologists,
- Radiation therapists,
- Nuclear medicine technologists, and
- Magnetic resonance technologists

To share recent updates or absent collective agreement information, please contact [pwilliams@camrt.ca](mailto:pwilliams@camrt.ca)



# ANNOUNCEMENTS



## Upcoming Events



### April

**COMP Mammography Workshop**  
Virtual, Consecutive weeks



### May

**CRPA-ACRP Halifax 2023**  
Conference in Nova Scotia



### June

**CAMRT 2023**  
**National Conference for MRTs**  
Gatineau, QC / Virtual



### September

**CARO-COMP Joint Scientific Meeting**  
Montreal, QC



### November

**LTWRAP Conference**  
Singapore

**Abstract deadline:**

**May 31, 2023**

## NOTICE OF 81st ANNUAL GENERAL MEETING

**Date:** Thursday, June 1st, 2023, 16:00 - 17:30 (EDT)

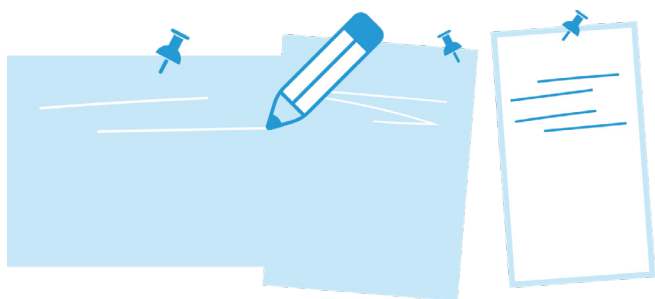
The 81st Annual General Meeting (AGM) of the Canadian Association of Medical Radiation Technologists will be held in Gatineau, QC and made available virtually to members wishing to participate online.

### Preliminary Agenda:

1. Call to Order and Roll Call
2. Opening Remarks – CAMRT President
3. Approval of Minutes of the 80th Annual General Meeting of April 24th, 2022
4. Business Arising from the Minutes
5. Annual Reports
6. Motions presented to the membership
7. Appointment of Auditors
8. Other Business
9. Adjournment

The CAMRT Annual General Meeting (AGM) will be held this year in conjunction with CAMRT 2023. This meeting provides members attending the conference an opportunity to discuss the business and the activities of the Association. Everyone at the conference is encouraged to attend this very important event, although only CAMRT members are eligible to vote.

The documents required for the Annual General Meeting will be included in the 2023 AGM Workbook, a comprehensive document containing relevant information and reports discussed during the meeting. Copies of the AGM Workbook are provided to all annual general meeting attendees. The AGM Workbook will also be available on the members' only section of the CAMRT web site in April 2023. Provision will be made for advanced voting, should you be unable to attend the Annual General Meeting.





GATINEAU • HYBRID • JUNE 2-3

# CAMRT 2023



[camrt.ca/CAMRT2023](https://camrt.ca/CAMRT2023)

## REGISTRATION OPEN

Join us in person in Ottawa-Gatineau or virtually for two full days of education, discussion, and networking at CAMRT 2023.

Over 40 speakers now confirmed, including keynotes from **Brian Goldman** and **Hazel McKennitt**

FULL CONFERENCE PASSES STARTING AT:

IN-PERSON EXPERIENCE: \$399

VIRTUAL EXPERIENCE: \$199

STUDENTS: \$25



- Earn up to 10 Category A Credits
- Network with friends, colleagues and sponsors
- Attend the CAMRT Celebration of Excellence Awards reception
- Participate in the CAMRT Annual General Meeting



Questions? Contact [events@camrt.ca](mailto:events@camrt.ca)



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