The CAMRT offers a wide selection of post certification, distance learning courses providing technologists and therapists the opportunity to maintain currency and improve practice.

[Text]

REGISTER NOW FALL 2019

AVAILABLE FULL LENGTH COURSES

Each course has six assignments and a final examination with access to a course instructor.

Subject areas include:
- Breast Imaging
- CT Imaging
- CT Imaging for Radiation Therapy
- Dosimetry
- Radiation Protection
- Quality Management
- Health Care Ethics
- Patient Safety
- Chest Image
- CT Imaging
- CT Imaging for Radiation Therapy
- Dosimetry
- Quality Management
- Health Care Ethics
- Patient Safety
- Sectional Anatomy

Quick Self Studies:
Self-directed, self-contained learning modules in a wide array of topics. Self-administered post quiz for credit.

Virtual Programming:
A convenient and cost-effective way to supplement portfolios and lifelong learning. Self-administered post quiz for credit.

Certificate Programs:
Demonstrate knowledge and competence by earning a post certification credential in breast imaging (screening and/or diagnostic), CT imaging, CT therapy, dosimetry, interventional radiology and/or PET/CT.

The CAMRT offers a wide selection of post certification, distance learning courses providing technologists and therapists the opportunity to maintain currency and improve practice.

Over 90% of MRTs surveyed recommend CAMRT CPD.

FALL 2019

In this ISSUE:

President’s Message
CAMRT HR Survey: MRT service volumes and workloads
Celebrating CAMRT’s Volunteers
Advanced Practice in Medical Imaging
MR in Radiation Therapy Taskforce update
Celebrating CAMRT member: Alain Cromp
Peer to Peer: A new system for technologist learning in Alberta
Quality and Safety in MRI: report from COMP Winter School
Endovascular Therapeutics Suite opens at Brampton Civic Hospital
Updates from JMIRS
Driving MRT education
Celebrating member success: Gregory Photopoulos
CAMRT’s newest Life Member: Dr Robin C. Hesler
GameChangers 2019
2019 CPD highlights
Provincial reports
Celebrate and support MAMRT’s 90th anniversary!
Announcements and events

On the cover...
Pictures from CAMRT Governance Conference, which included GameChangers, AGM and Awards, April 25-29, 2019

DISCLAIMERS:
Opinion Pieces: The opinions expressed in the opinion pieces within this newsletter are those of the author(s) and do not necessarily state or reflect the views of the CAMRT. The CAMRT and its employees do not express or imply any warranty or assume any legal liability or responsibility for the accuracy, completeness, or usefulness of any information in this section. Authors submitting material to this column are permitted to publish anonymously, if requested.

Advertising: Although all advertising material is expected to conform to ethical (medical) standards, inclusion in this publication does not constitute a guarantee or endorsement of the quality or value of such product or of the claims made of it by its manufacturer.
2019 thus far has been a busy year for the association, and for me as President. In this message, I wanted to take some time to address two important aspects of CAMRT: our volunteers, and our role as a leader for the profession in Canada.

Volunteer strength

Our strength as a National Association stems directly from the efforts of our numerous volunteers. We are very proud at CAMRT to work with nearly 400 volunteers, whose hard work and contributions make it possible to do all the things we do. In April, we celebrated our volunteers in a few different ways, National Volunteer Week. Took place from April 7-13 and gave us a chance to take stock of and celebrate all the contributions and accomplishments made by our volunteers. A showcase of CAMRT volunteers can be found later in this issue of the newsletter.

The last week of April, we held our CAMRT Governance Conference in Ottawa. The week of activity encompasses the spring meeting of the Board of Directors, the CAMRT Annual General Meeting, the GameChangers education symposium, our Celebration of Excellence and meetings of many CAMRT Advisory Councils. We gathered dozens of CAMRT volunteers, together with other members and representatives from other organizations to take part in the week of discovery and discussion. The Celebration of Excellence, right in the middle of the week, gave us a special opportunity to recognize some of the most outstanding contributors to our association and profession. We recognized some of the newest additions to our professional ranks with the Awards of Excellence. This year, we had the chance to recognize some of the longest-standing pillars of the profession in Canada. I encourage you to read articles about former CAMRT President and newest life member, Robin Hasler, on p. 23, as well as former CAMRT Board Member, Life Member and retiring CEO of the CMTMOPM in Quebec, Alain Cromp, on p. 12.

Steering the profession

As president, I am also fortunate to get the opportunity to travel to many conferences across the country and internationally to hear about the latest and greatest developments in the field. Conference season has been a very busy period for both me and the CAMRT.

The first conference I attended in 2019 was the European Congress of Radiology (ECR) in Vienna. Their annual meeting (usually in March) is a huge affair, on the scale of the RSNA in Chicago. This past year was my first chance to attend, and I was extremely impressed by the level of research and discourse on offer. The scientific program was packed with topics from all the various specialist fields of radiology, with a good chunk of attention on artificial intelligence (AI) in imaging. Personally, I found it most inspiring that European professionals in radiology interact in the same conference. The value that European radiologists see in the radiograph colleagues (aka, MRTs) is evident throughout the event and the scientific program. It is an event that has a lot of value for Canadian MRTs, and we were very proud this year to have a substantial contingent of Canadian presenters from Nova Scotia presenting at the prestigious event.

Our own GameChangers education symposium was another outstanding event. The day, which included presentations from top academics and representatives from the foremost vendors of medical imaging and therapy equipment, certainly coalesced around new technology, and artificial intelligence-driven advances in particular. What food for thought it provided to all our advisory council volunteers who attended their annual meetings in Ottawa on the following days. Though you may not have been able to make it to the GameChangers on the day, CAMRT is happy to be able to provide access to content for all members through recording of the talks made available through its Virtual Conference offering (see details on p. 24).

It is certainly an exciting time to be an MRT and to discover all the possibilities for the future of our profession. Our attendance at these conferences helps to ensure the flow of new information and new trends to the association. We have made it a strategic priority, in our new strategic plan to seek out and translate this knowledge into information, education and other services for all CAMRT members.

The most recent CAMRT HHR survey added a series of questions relating to MRT perceptions on workload. Managers in medical imaging and radiation therapy departments were asked: On a scale from 1 to 10 (with 1 indicating normal average to 10 indicating well-above the average), where would you score your caseload?

As you can see from the data depicted, managers report heavier than average caseloads.

CAMRT Human Resources Survey: MRT service volumes and MRT workloads

For years now, the CAMRT has been hearing from MRTs about the perceived increased service demands of MRTs in their respective workplaces. We consistently hear from MRT leaders, and ultimately front-line staff, that they are expected to do more with less. As part of CAMRT’s effort to help build evidence to shape decision-making within and about the profession, it initiated the CAMRT Health Human Resources HHR survey in 2015. In 2018, the CAMRT completed and published the second iteration of its HHR survey, providing insight into medical imaging and radiation therapy across the country. One of the things the survey allows CAMRT to do is to establish a picture of department service volumes, and beyond that, how medical imaging and radiation therapy departments perceive those service volumes and workloads.

A second series of questions asked those same managers how they expected service volumes to change in the next 3 years, and what factors contribute to their expectation for change. As illustrated in Table 1, managers in all areas of medical imaging and radiation therapy anticipate some increase in volumes. The areas with the biggest expectation for increased volumes are in interventional radiography (due to changes in practice and increased workload), and radiation therapy (mainly due to the increased workload expected because of the change in population demographics).

These data from our survey suggest that the appropriate balance between staffing and caseload may be off by a considerable margin across the country. Although managers project that there will be an increase in their mean full-time equivalent staffing levels, will the projected increases be significant enough to deal with increased projected caseload, or will MRTs be stretched even further?

If the call to attention of even further increases in workload come to pass, the essential care provided through both medical imaging and radiation therapy could be under threat. The CAMRT is responding to these findings in a number of ways. Firstly, we are committed to following up this HHR survey on a bi-annual basis to track work volume trends and establish evidence to bring forward in discussions with stakeholders. We have embarked on projects that aim to create tools and support mechanisms for individual MRTs. Finally, we are incorporating these findings and those from other organizations (like CADTH’s Medical Imaging Inventory) into our advocacy plans and requests from different levels of government.

<table>
<thead>
<tr>
<th>MODALITY</th>
<th>How will service volumes change?</th>
<th>Top Reasons(s) for Change</th>
<th>Change in staffing FTE Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiological Technology/ OR</td>
<td>Increase</td>
<td>Decrease</td>
<td>Increased workload</td>
</tr>
<tr>
<td>Computed Tomography</td>
<td>34.79%</td>
<td>60.87%</td>
<td>4.35%</td>
</tr>
<tr>
<td>Angiography Intervention</td>
<td>91.53%</td>
<td>5.08%</td>
<td>3.38%</td>
</tr>
<tr>
<td>Magnetic Resonance</td>
<td>35.37%</td>
<td>64.63%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Radiation Therapy, General</td>
<td>81.48%</td>
<td>18.52%</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MODALITY</th>
<th>How will service volumes change?</th>
<th>Top Reasons(s) for Change</th>
<th>Change in staffing FTE Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Magnetic Resonance</td>
<td>35.37%</td>
<td>64.63%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Radiation Therapy, General</td>
<td>81.48%</td>
<td>18.52%</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

As you can see from the data depicted, managers report heavier than average caseloads.

CAMRT Human Resources Survey: MRT service volumes and MRT workloads

For years now, the CAMRT has been hearing from MRTs about the perceived increased service demands of MRTs in their respective workplaces. We consistently hear from MRT leaders, and ultimately front-line staff, that they are expected to do more with less. As part of CAMRT’s effort to help build evidence to shape decision-making within and about the profession, it initiated the CAMRT Health Human Resources HHR survey in 2015. In 2018, the CAMRT completed and published the second iteration of its HHR survey, providing insight into medical imaging and radiation therapy across the country. One of the things the survey allows CAMRT to do is to establish a picture of department service volumes, and beyond that, how medical imaging and radiation therapy departments perceive those service volumes and workloads.

A second series of questions asked those same managers how they expected service volumes to change in the next 3 years, and what factors contribute to their expectation for change. As illustrated in Table 1, managers in all areas of medical imaging and radiation therapy anticipate some increase in volumes. The areas with the biggest expectation for increased volumes are in interventional radiography (due to changes in practice and increased workload), and radiation therapy (mainly due to the increased workload expected because of the change in population demographics).

These data from our survey suggest that the appropriate balance between staffing and caseload may be off by a considerable margin across the country. Although managers project that there will be an increase in their mean full-time equivalent staffing levels, will the projected increases be significant enough to deal with increased projected caseload, or will MRTs be stretched even further? If the call to attention of even further increases in workload come to pass, the essential care provided through both medical imaging and radiation therapy could be under threat. The CAMRT is responding to these findings in a number of ways. Firstly, we are committed to following up this HHR survey on a bi-annual basis to track work volume trends and establish evidence to bring forward in discussions with stakeholders. We have embarked on projects that aim to create tools and support mechanisms for individual MRTs. Finally, we are incorporating these findings and those from other organizations (like CADTH’s Medical Imaging Inventory) into our advocacy plans and requests from different levels of government.
Celebrating CAMRT’s Volunteers

The work of the CAMRT is supported by a valued corps of committed volunteers who contribute their time and expertise to advance the mission and strategic goals of the association. We are pleased to recognize these members during Volunteer Week (and all year!) for their tremendous level of engagement. This year’s theme is: “The Volunteer Factor – Lifting Communities.” From board members to committee members, to site ambassadors—volunteers certainly lift our association! A sincere thank you to everyone, past and present, who have been involved with the CAMRT.

Looking to Get Involved?
These volunteer opportunities allow members to build their experience in areas of personal interest, to contribute back to the profession, and also to enjoy meeting other MRTs from throughout the country. For more information, visit: https://www.camrt.ca/about-camrt/volunteering/.

CAMRT-BC Site Ambassadors
Volunteers act as a liaison between the CAMRT-BC and members, and share their enthusiasm for professional activities. The goal is to have a Site Ambassador at every work site in the province! See the “Terms of Reference” for more information. Interested? Contact laurahood@camrt.ca.

"I volunteered as a site ambassador to be more active in my profession and to keep my work team informed on new developments and activities the CAMRT and CAMRT-BC provide. Through this role, I have had the privilege to connect with other members in the province and help shape educational and advocacy opportunities for my fellow MRTs. Moving forward, I am excited to be a part of expanding our network across BC and Canada." - Nicole Bemister, RTR

Competition Profile
Revision Committees
The national entry-level competency profiles have been undergoing significant revisions, which included a transition to a new framework (CanMEDS). Reconceptualizing the competency profile was a massive undertaking and could not have been possible without the guidance, expertise and effort provided by this dedicated group of volunteers.

Exam Validation Committees
“Volunteering with CAMRT and in particular participating—Chairing the EVC has been professionally and personally fulfilling. Exam Validation is a rewarding challenge, as technologist peers from across the country collaborate to complete this responsibility. Certainly an honour to have been a part of this team.” - Robert Kamen, RT(NM), Outgoing chair of the NM EVC

“I think that early in my academic and professional career I always knew that I wanted to volunteer with our great association. When I was a student myself, I remember meeting members of the CAMRT at our provincial events and conferences. The staff were always so friendly and informative about the direction we wanted to take our profession and regarding opportunities to become involved. I knew when I became a full member I wanted to help others become aware of the opportunities available to them and to become more involved as well. I have always had a great respect for students and the hard work required to become a great radiological technologist. Being a part of the EVC these last six years has taught me a great deal about the science of testing and has allowed me to understand how experts across the country are trying to teach their students. It has given me an opportunity to add my own ideas into the testing process and has brought me some new insight on how to become a better technologist myself and how to better help students understand the art and science of imaging.

It has been a rewarding experience and I am very much grateful to the CAMRT for allowing me to be a member of the EVC. It is an interesting and important part of student and professional life to pass this exam, and I am proud to say that I was a part of it. Can’t wait to see who the next opportunity will be to get involved with another project.” - Michael Osborne, RTR, Outgoing chair of the Rad Tech EVC

In Memoriam: CTIC Committee Volunteer Tammy Brown

“Tammy Brown RTR(R), CTIC, MRT instructor of Medical Diagnostics at Saskatchewan Polytechnic was a valued member of the CAMRT CTIC committee for many years. Her knowledge of medical imaging became the cornerstone of many CTIC CAMRT courses, and her support for the three disciplines involved in this course was instrumental in the evolution of the original CTIC stream into the discipline-specific streams that make up the current certificate program. Tammy always had an answer, an image or a thought whenever one was needed. Her wealth of knowledge was remarkable. But besides her intellectual gifts, Tammy blessed us all with her smile, her enthusiasm, her love for her students and her profession, and a personality that was infectious in the way she helped everyone to love life and be successful.

She will be missed, but her spirit will live on in all of us who have been lucky enough to know her, and her good works will go forward in all her students’ and colleagues’ lives and professions." - Joy Peltier, RTT, CTRT, Current CTIC Chair and the entire CTIC Committee
The CAMRT firmly believes there is a place for advanced MRT practice in Canada. In pursuit of advanced practice, a national framework into the Canadian health system, the CAMRT began with the creation of clear definitions for the roles within principles of core competencies that set advanced practice apart from expanded and enhanced practice. These definitions are intended to serve as a starting point for an advanced practice MRT description.

Advanced practice in Medical Radiation Technology is defined as a level of practice wherein clinical responsibilities routinely exceed the current principles of core competencies of practice. The expanded and enhanced practice roles require analytical skills to synthesize evidence-based knowledge to autonomously make informed decisions for patients and the broader healthcare system.

The Advanced Practice MRT is able to practice in these roles due to their advanced clinical and theoretical knowledge, skills, and judgement acquired through a relevant graduate level education program.

For a number of years, the Canadian Association of Medical Radiation Technologists (CAMRT) has explored incorporating a medical radiation advanced practice model into the Canadian healthcare system. The creation of effective and sustainable advanced practice programs has a long history across professional and healthcare systems worldwide. In Canada, autonomous programs like Nurse Practitioner (NP) and Advanced Practice Radiation Therapy (APRT) are established and their capacity for improving the delivery of evidence-based and cost-effective services are proven. The formalization of autonomous advanced practice roles in medical imaging already exist in many western nations and are a proven asset to those countries’ health systems. This column is intended to provide an up-to-date snapshot of Canada’s current perceptions on advanced practice in medical imaging and serve as a call for professionals to join in and contribute to a nationwide conversation surrounding the need and motivation for continued action.

What is Advanced Practice?

Perhaps the most widely recognized precedent for advanced practice programs in Canada derives from the nursing profession, namely Nurse Practitioner (NP). Graduate level programs have expertise gained through years of reflective practice as RNs, and further competency-based, master’s level education. Supported through these years of reflective practice, the NP is able to assume unique roles accompanied with advanced tasks such as diagnosing, ordering, and interpreting of diagnostic tests, prescribing drugs and treating health problems, all of which exceed the traditional scope of practice for an RN. This role has had considerable success in optimizing workflows, improving wait times and providing better access to care and continuing to maintain the quality that patients expect and require.

Canadian Success in Advanced Practice Radiation Therapy (APRT)

Within the Canadian MRT family, radiation therapists in Ontario have been successful in establishing a model for advanced practice in Canada’s cancer care system. This opportunity for advanced practice development surfaced when challenges in access to timely radiation oncology services started to overshadow Ontario’s radiation treatment programs in the early 2000. With growing treatment delays, noticeable patient care gaps and increasing technological capabilities, a new systematic model of healthcare delivery that facilitates a redistribution of tasks amongst the cancer care professional groups was proposed at a strategy to improve access and delivery of care to patients. Through the support of leaders within the profession including the cancer centre managers, oncologists and physicists, the Ontario government, RT professional associations and Cancer Care Ontario, the Clinical Specialist in Radiation Therapy (CSRT) advanced practice roles were created, encompassing multiple subspecialty roles within the profession. Continued traction over the years has led to the formalization of AP knowledge, skills and judgement through the introduction of the CAMRT national competency profile and AP certification process for radiation therapists. Today, the CSRTs developed problem solving and critical thinking skills. This advanced practice incorporates not only the technical skills and the principle expectation of practice, but will encompass a higher-level cohesive skill set to support clinical need within its respective facility or healthcare setting. Through the development of a national definition process and, in keeping with consistent standards despite the individual’s MRT background and training, the advanced practice in medical imaging (APMI) role will envelop a holistic perspective on the core values as associated with the broader healthcare workforce. Such efforts should clearly distinguish between the expectations of practice from the entry-level practice.

International Success in Radiographer Advanced Practice (AP)

International initiatives for advanced practice radiographers began in the United Kingdom in the mid-1980s with an increase in demand of healthcare services, coupled with significant workforce shortages across the country. To mitigate these system hurdles, the UK introduced an intermediate tier of practice within the practice of high-level expertise and competence in leadership, research, education and clinical practice, AP radiographers exercise independent professional judgement on various points in a patient’s care pathway with proven clinical benefit. Other countries including the United States, Australia and New Zealand have also begun to promote the concept of advanced roles. Each country has made varying progress with the introduction of this intermediate tier of professional. Today, with the support of a competency-based formal education and training, as well as a nationally recognized certification process and competency profile, the advanced practice radiographer role continues to develop and prosper in health systems around the world.

Advanced Practice in Medical Imaging (APMI) – Where is Canada today?

With growing popularity worldwide, advanced practice in medical imaging began to gain interest within Canada’s medical imaging community. In 2010, initiatives surrounding APMI were formalized to solidify after a national symposium was held. This prompted the creation of the Advanced Practice in Medical Imaging Technology: A Canadian Framework, published in 2014. With a clear framework and definitions supporting the development of advanced practice roles within the profession, focus groups across the country were then convened in 2015. These sessions engaged technologists, radiologists, and leaders in the imaging community in hopes of not just educating and bringing awareness of potential roles, but also gathering information from various healthcare systems and opportunities for future role integration into the Canadian healthcare system. These focus groups took place in Halifax, Quebec City, Edmonton, and Toronto, and brought light to the regional and international spanning all participants groups as well as identifying some defined opportunities for the development of AP in MI. These opportunities included: ensuring appropriateness of medical imaging procedures, navigating patients throughout their medical imaging journeys and developing special skills to be carried out in an autonomous manner.

Subsequently, two international Radiographer Advanced Practice competencies frameworks were developed by the Canadian Association of Medical Radiation Technology (CAMRT) and LTRAP in 2017. These frameworks are intended to drive future directions in roles and responsibilities, as well as the broader healthcare system. If you have a role or a current position you might envision an APMI role filling gaps in service and positively impacting patient outcomes, whether in your current role or well as the broader healthcare system. If you have an idea you would like to bring to the attention or discussion further, please contact us at apmi@camrt.ca.

References


The MR in Radiation Therapy Taskforce had their inaugural meeting in Toronto February 7th-8th.

The mandate of this group is to identify and validate competency requirements for MR guided Radiation Therapy (MRgRT) with the goal of promoting a national standard for MRgRT program outcomes.

It was a very productive and collegial meeting. Key stakeholder groups in attendance included: radiation therapists (practitioners and educators), MR technologists (practitioners and educators), dual certified technologists, administrators, the Alliance of MRt regulators, the Canadian Association of Radiation Oncology (CARO), the Canadian Organization of Medical Physicists (COMP) and the Canadian Agency for Drugs & Technologies in Health (CADTH).

Outcomes of the first meeting included:

- Discussion and update on the MRgRT landscape in Canada.
- Identified opportunities and challenges related to integrating MR into radiation therapy practice.
- Initiated a first round Delphi process for knowledge and skill identification.
- Established a work plan to further refine and validate the requisite knowledge and skills nationally.

One meeting, two perspectives...

Defining Competence in an Evolving Practice
Susan Fawcett, RTT, Director, Radiation Therapy Program, University of Alberta

The MRgRT Landscape
Magnetic resonance imaging (MRI) has played an important role in treatment planning for many years. Fusing MRI images with the CT simulation data allows for better differentiation between normal tissue and tumor tissue, allowing for improved tumor volume and organ-at-risk delineation, which can positively impact patient outcomes. Over the past decade scientists have successfully integrated an MRI imager with a radiation therapy linear accelerator enabling real-time simultaneous imaging and radiation treatment.

There are now two vendors who have commercially available MR Linear Accelerators (MR-Linac); Elekta and Viewray. There is a great deal of interest in MRgRT among the radiation oncology professions, including medical physics, radiation oncology and radiation therapy. At a recent international conference I attended for radiation oncology professionals, many of the sessions focused on, or made reference to, the shift to MRgRT. Across Canada we are seeing some radiation therapy departments already incorporating MRI guided equipment such as MRI Simulators and MRI Linear Accelerators (MR-Linac) and other departments planning for the incorporation of these units. Here in Canada we have a team of experts developing a MR-Linac and a clinical research version is currently being installed.

Perspective on the National Taskforce for MRgRT

One key consideration when integrating any new technology is identifying the knowledge and skills required by practitioners to safely and effectively apply the technology in practice.

Though MRI is already being integrated into radiation therapy practice, a thorough investigation into the competencies required to effectively apply this technology specifically in the radiation therapy environment has yet to be accomplished.

This taskforce aims to identify and validate the specific knowledge and skills required for MRgRT so that a consistent standard for competence can be achieved.

The taskforce has started a national discussion, which will very likely have an international impact. Bringing together experts from various professions and agencies to explore and recommend an appropriate national approach to competency-based education and training, is vital for the optimization of MRgRT to improve patient outcomes. The taskforce will be using the findings of a study led by a group of researchers from the Odette Cancer Center to help inform a competency framework that will define the knowledge, skills and best practices required to safely and effectively integrate MRI into radiation therapy practice.

Biggest takeaway from the meeting
My biggest ‘aha’ moment was realizing that the current MRI programs were too long. During the meeting, as we discussed various issues, I realized it’s not about shortening the program or taking short cuts, it is about addressing competencies that are relevant to MRgRT practice.

Questions I still have – Can an MRgRT program be self-sustaining? Are there adequate amounts of radiation therapists now and in the future, who will need this training? How will this education/training fit in with current offerings and/or programs?

Next Steps for the Taskforce
A group from the Odette Cancer Centre will be leading the 2nd and 3rd round Delphi interviews to build consensus around the competency domains identified at the meeting. After consensus is achieved the taskforce will work to create a nationally validated list of competencies for MRgRT.

We make saving on insurance a walk in the park.

Did someone say walkies?

We make saving on insurance a walk in the park.

Does your insurance provider put you first?
With Johnson you get preferred rates and exclusive offers on home and car insurance.

Johnson is a proud supporter of the CAMRT Foundation

For details and your quote:
1-877-742-7490
Johnson.ca/savings

†

NO PURCHASE NECESSARY TO ENTER OR WIN. To enter, visit johnson.ca/cash2019 or send your name, address, daytime phone number, and email address to Johnson Insurance, 888 Bay Street, Suite 2000, Toronto, Ontario, Canada M5G 2P5. Contest opens May 3, 2019 at 12:01 a.m. CT and closes June 10, 2019 at 11:59 p.m. ET. There is one (1) available prize of $25,000 CAD. Odds of winning depend on the number of eligible entries received. Math skill test required. This contest is open to all residents of Canada who are at least 18 years of age, except employees of Johnson Insurance and their immediate families. Sponsoring agency: Johnson Insurance (Ontario) Ltd. You could win a 2019 Dodge Durango SRT. Prize valued at $78,680.00. For full contest rules, visit johnson.ca/cash2019.
Montreal, Alain Cromp has never stopped his search for excellence. After graduating as a radiological technologist, he worked in the field of angiography and then became a clinical instructor and a teacher in radiology for ten years. In 1985, he became the CEO of the Quebec College of Medical Imaging, Radiation Oncology and Medical Electrophysiology Technologists (OTIMROEPMQ). Alain is also President of the Alliance of Medical Radiation Technologists Regulators of Canada. He has served on many Boards of Directors in the radiology community, both nationally and internationally.

He acted as the CAMRT Director for Quebec from 1983-1992 and served on many CAMRT committees over the years. He is also the recipient of three major CAMRT awards: the Dr. Marshall Mallet Lamp of Knowledge (1993), the Welch Memorial Lecture (2001), and the “Technologue Emerite” from the Ordre des technologues en imagerie médicale, en radio-oncologie et en électrophysiologie médicale du Quebec. This has allowed me to gain a bigger picture view and to better understand the importance of his commitment to the profession and to the College. On behalf of myself, and on behalf of the profession and to the College. On behalf of all the Board of Directors and various committees of the College. At that time, I was already in a position to appreciate his love for the profession.

Since 1999, I have been President of the Ordre des technologues en imagerie médicale, en radio-oncologie et en électrophysiologie médicale du Quebec. This has allowed me to gain a bigger picture view and to better understand the importance of his commitment to the profession and to the College. On behalf of myself, and on behalf of the Board of Directors and various committees of the College. At that time, I was already in a position to appreciate his love for the profession.

I got to know Alain in the early 1990’s when I started getting involved with the Board of Directors and various committees of the College. At that time, I was already in a position to appreciate his love for the profession.

Celebrating CAMRT Member: Alain Cromp

Alain has always been actively involved in promoting the future of the profession of medical imaging and radiation-oncology technologists and, in recognition of his upcoming retirement this May, we are pleased to bring you a selection of pictures and quotes from a few colleagues.

Congratulations, Alain!

“As the Director of Public Relations and Board member of the International Society of Radiographers and Radiological Technologists (ISRRT), Alain Cromp continues to play an integral role in achieving the organization’s vision of promoting the highest achievable standards of patient care and professional practice. Alain has always generously shared his time and talents on a vast array of issues, particularly in the area of communications. Alain has been the instrumental in ensuring that the ISRRT is professionally presented to the world. He has been the principle driving force in developing the ISRRT website and publishing a proposed new visual for the next generation of the organization’s official communication medium, the News and Views.

Alain coordinated the production of the 2018 World Radiography Day poster; promoting professionalism, integrity, excellence and compassion in the delivery of medical imaging and radiation therapy for the patient. He also brought the ISRRT into the digital age by creating our first Facebook page. Alain continues to be a consummate professional and advocate of the profession. The ISRRT is most grateful for his past and continuing contributions and wishes him all the very best in his retirement.” - Terry Ell, RT(NM), FCAMRT, Vice President for the Americas, ISRRT

“Like many technologists in Quebec, I have always known the College with Alain Cromp as Executive Director and Secretary.

Since 1999, I have been President of the Ordre des technologues en imagerie médicale, en radio-oncologie et en électrophysiologie médicale du Quebec. This has allowed me to gain a bigger picture view and to better understand the importance of his commitment to the profession and to the College. On behalf of myself, and on behalf of the Board of Directors and various committees of the College. At that time, I was already in a position to appreciate his love for the profession.

I got to know Alain in the early 1990’s when I started getting involved with the Board of Directors and various committees of the College. At that time, I was already in a position to appreciate his love for the profession.

Since 1999, I have been President of the Ordre des technologues en imagerie médicale, en radio-oncologie et en électrophysiologie médicale du Quebec. This has allowed me to gain a bigger picture view and to better understand the importance of his commitment to the profession and to the College. On behalf of myself, and on behalf of the Board of Directors and various committees of the College. At that time, I was already in a position to appreciate his love for the profession.

I got to know Alain in the early 1990’s when I started getting involved with the Board of Directors and various committees of the College. At that time, I was already in a position to appreciate his love for the profession.

“I have known Alain for many years. He is a consummate professional and advocate of the profession. The ISRRT is most grateful for his past and continuing contributions and wishes him all the very best in his retirement.” - Danielle Boue, RTR, President of the College since 2009

“Alain has ably led the regulation of the profession of medical radiation and imaging technology in Quebec and at the national level for decades. He was a founding member of the Alliance of Medical Radiation Technologists Regulators of Canada and served as the first President. His contributions and work has resulted in improved patient care in Quebec, and ensured labour mobility for MRTs in the regulated provinces. His wisdom, experience, integrity and collegiality will be missed. Thank you Alain for your invaluable contributions. We wish you many years of relaxing and enjoyable retirement!”

“Alain has probably been CAMRT’s most active Quebec member since the inception of the CAMRT more than 75 years ago. In addition to volunteering on our board of directors for 9 years, he has served on numerous committees and task forces. I have interacted with Alain at the provincial, national and international level and have a lot of respect for his professionalism and contributions to the profession. He has built solid bridges with other provincial associations and regulatory bodies and developed deep bonds between French and Quebec technologists. We can only hope that many other members from “la belle province” will follow his footsteps and contribute to enhancing our profession in Canada and around the world.” - François Couillard, CEO of CAMRT

“Alain has probably been CAMRT’s most active Quebec member since the inception of the CAMRT more than 75 years ago. In addition to volunteering on our board of directors for 9 years, he has served on numerous committees and task forces. I have interacted with Alain at the provincial, national and international level and have a lot of respect for his professionalism and contributions to the profession. He has built solid bridges with other provincial associations and regulatory bodies and developed deep bonds between French and Quebec technologists. We can only hope that many other members from “la belle province” will follow his footsteps and contribute to enhancing our profession in Canada and around the world.” - François Couillard, CEO of CAMRT
Katie Bevans, BSc, MRT(R) is a Quality Assurance Specialist, Diagnostic Imaging at Alberta Health Services. She has been actively involved in the start-up and implementation of Alberta’s provincial program for peer learning.

Tell us about this program and the benefits it can have for learners.

The Alberta Health Services Diagnostic Imaging Quality Assurance Peer Learning program is the first province-wide peer learning program that includes both radiologists and technologists in review of diagnostic imaging studies. Recently reported studies are randomly selected, anonymized, and randomly assigned to a radiologist or technologist in the province for review. Radiologists review the anonymized report and images and provide feedback to the reporting radiologist and performing technologist. Technologists review anonymized images for image quality based on specific criteria and provide feedback to their peers. The radiologists and technologists are able to view a summary of their personal feedback through the software reporting tool called Tableau. Here they can also keep track of the cases they have reviewed and use them for continuing education requirements. The Peer Learning program is protected under Alberta Evidence Act Section 9, which assures that the information collected by the program cannot be used for any punitive actions but may be used for educational purposes.

As technologists and radiologists receive cases for review weekly, one of the main benefits of this program is that it allows for continued self-reflection. Technologists are able to review the feedback from their peers and refer to the corresponding images in PACS. Also, as technologists perform reviews they are able to reflect on their own practice and better understand why their decisions affect image quality. Image quality contributes to quality reporting and diagnoses for the patient. Performing reviews has also been a great way to reflect on current practice as the images can come from any site within the province. It has helped to start the conversation on why things are done a certain way, or if there is a better way of doing things. Asking these questions on how we can make things better will result in better care for our patients.

The successful rollout of this program has rested heavily on the support from executive leadership, as well as collaboration with zone leaders, radiologist group leads, and site managers. The continued success of the program relies on the participation of the radiologists and technologists in the province. At the program continues to develop and grow, we have kept the lines of communication open between the program and the radiologists and technologists in order to look for ways to improve. For example, recently we completely modified the CT review criteria based on feedback from the technologists using the program. Being flexible allows the program to adapt and meet the needs of those performing reviews and those receiving feedback. Another key take-away has been the importance of establishing standard protocols for the other modalities, but we have been able to see the benefits of working together to establish a standard of care no matter where you are in the province.

Another significant area of learning has been in the giving and receiving of feedback. The focus of this program is educational to support continuous quality improvement. Initially it was challenging for technologists to realize that the feedback they received was not a formal evaluation of their performance. Getting people to understand that the peer learning feedback is about the images and not about the person performing the exam, and that it is an opportunity to reflect on the case has been important to supporting a just culture. We continue to provide support on how to constructively provide feedback, and on how to receive feedback.

How did this program get started, and what has been involved in putting it together?

In December 2011, the Alberta Minister of Health called for “a thorough examination of quality assurance processes as they relate to diagnostic imaging and pathology testing.” From this the Diagnostic Imaging Provincial Executive Team (DIPT) and Diagnostic Imaging Quality Assurance Committee created a framework for a Quality Assurance Program, with a primary focus to reduce errors and improve patient outcomes. Three subcommittees were created composed of radiologists, technologists, managers, and supervisors from across the province: Interpretation and Reporting Quality Assurance Subcommittee (IRQAS), Examination Quality Assurance Subcommittee (EQAS), and Systemic Quality Assurance Subcommittee (SQAS). The IRQAS and EQAS worked on creating the peer learning workflows and the criteria used to review the cases for the Peer Learning program.

Currently within the province, there are two different PACS systems (Agfa Impax and Philips Intellispace), and three different RIS systems (Agfa QDQC, Cerner Millennium, and Meditech). We were able to work with a software vendor to integrate all of these components into a single, provincial peer learning system. The peer learning software, called peerVue, is able to randomly select, anonymize the studies (the only information included is the age of the patient, the gender, and the clinical history provided in the RIS system), and randomly assign the case for review.

The peer learning workflows were designed by the members of the subcommittees to ensure that the review panel can be moved on the screen and the reviewer is able to scroll through the images in the case and make their selections.

What are some lessons learned from this process that you would pass along to other educators looking to implement this in their own province?

The cases are anonymized so all patient names are “John Doe,” and they are assigned an anonymous accession number and patient ID. The review panel can be moved on the screen and the reviewer is able to view a summary of their personal feedback through the software reporting tool called Tableau. Here they can also keep track of the cases they have reviewed and use them for continuing education requirements. The Peer Learning program is protected under Alberta Evidence Act Section 9, which assures that the information collected by the program cannot be used for any punitive actions but may be used for educational purposes.

As technologists and radiologists receive cases for review weekly, one of the main benefits of this program is that it allows for continued self-reflection. Technologists are able to review the feedback from their peers and refer to the corresponding images in PACS. Also, as technologists perform reviews they are able to reflect on their own practice and better understand why their decisions affect image quality. Image quality contributes to quality reporting and diagnoses for the patient.

Performing reviews has also been a great way to reflect on current practice as the images can come from any site within the province. It has helped to start the conversation on why things are done a certain way, or if there is a better way of doing things. Asking these questions on how we can make things better will result in better care for our patients.

The successful rollout of this program has rested heavily on the support from executive leadership, as well as collaboration with zone leaders, radiologist group leads, and site managers. The continued success of the program relies on the participation of the radiologists and technologists in the province. As the program continues to develop and grow, we have kept the lines of communication open between the program and the radiologists and technologists in order to look for ways to improve. For example, recently we completely modified the CT review criteria based on feedback from the technologists using the program. Being flexible allows the program to adapt and meet the needs of those performing reviews and those receiving feedback. Another key take-away has been the importance of establishing standard protocols for the other modalities, but we have been able to see the benefits of working together to establish a standard of care no matter where you are in the province.

Another significant area of learning has been in the giving and receiving of feedback. The focus of this program is educational to support continuous quality improvement. Initially it was challenging for technologists to realize that the feedback they received was not a formal evaluation of their performance. Getting people to understand that the peer learning feedback is about the images and not about the person performing the exam, and that it is an opportunity to reflect on the case has been important to supporting a just culture. We continue to provide support on how to constructively provide feedback, and on how to receive feedback.

How do you see this program changing education in the next 5-10 years?

As technologists and radiologists continue to perform reviews, the Peer Learning program is able to gather data and identify trends with the Tableau software. By identifying trends, we are able to highlight specific opportunities for growth and develop focused education to help improve practice, in these areas, and then monitor for improvement. We are also able to identify areas being performed well and continue to support best practice. Focused education leads to better practice which leads to better patient outcomes. We have already created several eLearning modules that are available to technologists across the organization, with more under development, and we provide a monthly modality “Case of the Month” that may be based on reviews performed by the technologists. Being able to create focused education that is accessible to the technologists in the organization has been a huge benefit.
This is an exciting time for the AHS DI Program. We will be moving over to an updated platform called Consensus Workflow Intelligence (CWI). While the review assignment list for the technologists and radiologists will look different, the panels used for reviewing images and the workflows will remain the same. This will help prepare us for the changes happening over the next couple of years as AHS consolidates their clinical information systems in an initiative called Connect Care, which includes moving to one RIS system. We are also in the process of finalizing the technologist review criteria and workflows for ultrasound and nuclear medicine modalities, which are the next modalities to join the Peer Learning program. We will be reviewing images and the workflows will remain the same. This will help prepare us for the changes happening over the next couple of years as AHS consolidates their clinical information systems in an initiative called Connect Care, which includes moving to one RIS system.

For more information about the program, please visit Please note that access to the toolkit is for members only – publications/my-research-toolkit/.

Check it out today at: https://members.camrt.ca/my-publications/my-research-toolkit/.

Please note that access to the toolkit is for members only – you will need to log-in to the Members Only area to access it.

CAMRT launches new Research Toolkit!

Interested in how to better understand scientific manuscripts or keep up-to-date with research in your field? Looking for tips and tools to approach your first research project?

This toolkit provides a variety of research-related resources for MRTs in all roles at all levels.

Questions or comments? Contact Carly at editor@camrt.ca.

Check it out today at: https://members.camrt.ca/my-publications/my-research-toolkit/.

Quality and Safety in MRI

Report from COMP Winter School

Submitted by Bronwen Engel, RTT, RTMR, British Columbia Cancer Agency

I was privileged in being able to attend the 10th annual Winter School held in Ottawa, February 5-8, 2019. Delegates included MR technologists, radiation therapists, physicists from both MRI and radiation therapy, radiation oncologists, radiologists, surgeons, and vendor representatives.

Of interest was the keynote lecture by Dr. Walter Kucharczyk, Value Weighted MR imaging. He discussed the issue found in many DI centres of “pulse sequence creep”, meaning that we are doing ourselves a disservice by doing every study using a set of sequences that are not necessarily relevant for the symptoms, a one-size-fits-all solution that takes more scanner time than necessary. Examples of faster scanning methods were the “Go Brain” imaging sequence set used in Boston on a Siemens scanner (6 minutes) and also the “Express Brain Series” used in Toronto. He cautioned that contrast is sometimes used where it does not change the answer found by the scan. He also suggested that to make MR scanners cost effective, there should be 24/7 scanning. In Toronto there is a DI clinic with “fast Fridays,” due to there being up to 900 neurological scans a week. There was a 1-2% recall rate with this minimal sequence.

Brain Series” used in Toronto. He cautioned that contrast is sometimes used where it does not change the answer found by the scan. He also suggested that to make MR scanners cost effective, there should be 24/7 scanning. In Toronto there is a DI clinic with “fast Fridays,” due to there being up to 900 neurological scans a week. There was a 1-2% recall rate with this minimal sequence philosophy. The patients were radiologist triaged for this pared-down process.

A set of talks and discussion that were very relevant to every MRI centre was Quality Assurance. In these talks it was required to establish that any scanner meets the requirements of geometry, resolution, slice thickness accuracy, image intensity uniformity, signal ghosting, low contrast object detection, EPI stability and DTI calibration @ B = 1000. Along with these checks come gradient checks, RF transmit checks, etc. The #1 check, however, should be of the coils. A quoted failure rate for coil QA in Nova Scotia was 12% for the 10 magnets in that province. Another set of checks should be the bed mechanism: does it go to the home position within an acceptable accuracy? One of the things I noticed at the conference was the availability of an MRI physicist in many DI centres. This is not my experience, and I wonder why this is not mandated as a safety and QA standard?

MRI Contrast Agents: Safe! Or Safe?

was very interesting, as the speaker described the differences between linear and macrocyclic gadolinium ligands and described how it is the safety profile of the macrocyclic contrast is the safe choice.

Presentations that concerned cardiac implantable electronic devices (CIED) included the important message that there needs to be extreme vigilance for unconnected wiring left in patients. These are an absolute contraindication for scanning. Along with the increasing range of pacemakers and other CIED that are MRI conditional, it is worth mentioning that to be conditional, the leads AND the generator must be matching.

Fetal MRI was a very interesting talk given by Dr. Charles McKenzie. As these scans are not ones we undertake at my centre, I was very interested in the indications for MRI. These were explained as including: brain abnormality, lung maturity, iron overload, fetal liver oxygenation, congenital diaphragmatic hernia, fetal heart cine imaging, placenta evaluation e.g., infection, and placental invasion of the uterine wall. This talk included the types of series that are commonly used and the artifacts that need to be expected and ameliorated.

An engaging talk by Nancy Talbot was a discussion regarding MR safety. One of the many messages I appreciated hearing was that a previous MRI was not an indication that the implant is NOT an indication that the implant is safe. Hearing Ms Talbot’s talk was a reinforcement to me that many different systems of policy and procedures exist across Canada, and considering this, that there should be a greater push for more funds available for MRI technologists to attend national meetings.

There were other interesting and informative talks beyond the scope and space of this article; however if any reader is interested, there are links to the slides of the talks on the Canadian Winter School website.
Endovascular Therapeutics Suite opens at Brampton Civic Hospital

In September 2018, William Osler Health System (Osler) welcomed its first patients to a brand-new, state-of-the-art Endovascular Therapeutics Suite (ETS) at its Brampton Civic Hospital site, positioning the hospital at the leading edge of health care delivery for patients with vascular disease. Made possible through a transformational donation of $5 million by Orlando Corporation, the surgical suite serves as a space for interventional radiology, as well as an operating room—enabling Osler’s vascular and endovascular surgeons and radiologists to perform life- and limb-saving procedures. We talked to Lee Bousquet, RTR, about this exciting new space, and what it means for the MRTs at Osler’s Brampton Civic Hospital.

Tell us about this program and the benefits it can have for learners.

Presently the Endovascular Therapeutics Suite is being utilized for Endovascular Aneurism Repair (EVAR) and hybrid vascular procedures. It is also serving as a temporary satellite room for the Cardiac Cath Lab while the cath lab’s existing suites are being upgraded. The ETS is capable of catering to any vascular procedure that could be encountered, from the carotids down to the distal vessels of the feet. In the future, we will also be utilizing the room for Fenestrated EVAR, dialysis cases, and biopsies.

Next we have the AngioJet, which also manipulates a catheter that is designed to macerate a clot with a jet of saline and then extract the debris out of the vessel (tissue Plasminogen Activator tPA can also be delivered to a target area with this device to dissolve the clot). In areas where the lesions are calcified, we can make use of a device that uses a catheter that rotates at a high rpm, along with lubricating agents to cut through the calcified plaque while simultaneously extracting the debris.

This equipment provides the physicians a full array of instruments to tackle any vascular challenge they might be encounter.

The ETS is equipped with the latest and most advanced imaging equipment available from Siemens, called the Artis Pheno. The Pheno is a fluoroscopy unit consisting of a pedestal-mounted robotic arm coupled to the traditional C-arm. This configuration gives it a very wide range of motion for image acquisition. It is also equipped with other peripheral devices, such as IVUS (IntraVascular Ultrasound), which is an ultrasound probe mounted on the distal end of a catheter that is small enough to insert into the vessels—providing imaging of the lesion from the inside! It is also equipped with the latest 2D- and 3D-fusion software, which allows us to integrate vessel pathways obtained from CTAs (CT angios) with the 2D x-ray image, reducing the amount of contrast required for the examination. This is patient-focused, because it reduces the contrast load on the kidneys, and is cost efficient. The needle guidance software allows us the opportunity to perform biopsies that previously may have only been possible in the CT department, providing us with the options of CT, Fluor, or ultrasound guidance. This will allow us to keep the procedures in Angio and make more time available for CT to focus on the inpatient and Emergency Department (ED) patient workflow.

References

What is innovative about this new suite—what makes it state-of-the-art?

The success of any examination performed in this suite depends upon the skills and abilities of the contributing members, as well as our willingness to trust each other’s expertise. Our current team consists of an Intervventional Radiologist (led by Dr. Jeff Jaskolska), two vascular surgeons (led by Dr. Varun Kapila), two OR nurses (led by Connie Brain), an anesthetist, and an MRT. The DI nurses (led by Karen Herzog) contribute to the recovery of our patients post-procedure. The combined efforts of our present model have produced quite impressive results, and we are excited to see the patient outcomes over the long term.

What role will MRTs play in this new space?

What kind of interprofessional collaboration does this entail?

We now have the capability to treat our vascular patients from A to Z, all in one session. Should the need arise, we are able to convert a closed procedure into an open OR case immediately, without having to move the patient or call in support staff. The time savings in an emergency situation could be the advantage that will contribute to the most beneficial outcome. Having a space that allows us to contribute a joint effort towards the treatment of a patient’s condition is probably greater than the sum of the individual efforts of any given team doing their part in their isolated departments.

What kind of interprofessional collaboration does this entail?

The technologists will continue to support the radiologists in operating the equipment and will work toward mastering the extensive software packages available to be able to offer a seamless operating experience. All of our MRTs working in the Angio department have extensive knowledge of CT, which helps us to take full advantage of the CT capabilities of the equipment. The MRTs have also been trained to assist in the operation of the peripheral equipment, such as the IVUS and the Angiojet, as well as conventional ultrasound equipment, creating a very versatile imaging environment in one convenient location.

Endovascular Therapeutics Suite opens at Brampton Civic Hospital

In September 2018, William Osler Health System (Osler) welcomed its first patients to a brand-new, state-of-the-art Endovascular Therapeutics Suite (ETS) at its Brampton Civic Hospital site, positioning the hospital at the leading edge of health care delivery for patients with vascular disease. Made possible through a transformational donation of $5 million by Orlando Corporation, the surgical suite serves as a space for interventional radiology, as well as an operating room—enabling Osler’s vascular and endovascular surgeons and radiologists to perform life- and limb-saving procedures. We talked to Lee Bousquet, RTR, about this exciting new space, and what it means for the MRTs at Osler’s Brampton Civic Hospital.

Tell us about this program and the benefits it can have for learners.

Presently the Endovascular Therapeutics Suite is being utilized for Endovascular Aneurism Repair (EVAR) and hybrid vascular procedures. It is also serving as a temporary satellite room for the Cardiac Cath Lab while the cath lab’s existing suites are being upgraded. The ETS is equipped with the latest and most advanced imaging equipment available from Siemens, called the Artis Pheno. The Pheno is a fluoroscopy unit consisting of a pedestal-mounted robotic arm coupled to the traditional C-arm. This configuration gives it a very wide range of motion for image acquisition. It is also equipped with other peripheral devices, such as IVUS (IntraVascular Ultrasound), which is an ultrasound probe mounted on the distal end of a catheter that is small enough to insert into the vessels—providing imaging of the lesion from the inside! It is also equipped with the latest 2D- and 3D-fusion software, which allows us to integrate vessel pathways obtained from CTAs (CT angios) with the 2D x-ray image, reducing the amount of contrast required for the examination. This is patient-focused, because it reduces the contrast load on the kidneys, and is cost efficient. The needle guidance software allows us the opportunity to perform biopsies that previously may have only been possible in the CT department, providing us with the options of CT, Fluor, or ultrasound guidance. This will allow us to keep the procedures in Angio and make more time available for CT to focus on the inpatient and Emergency Department (ED) patient workflow.

Next we have the AngioJet, which also manipulates a catheter that is designed to macerate a clot with a jet of saline and then extract the debris out of the vessel (tissue Plasminogen Activator tPA can also be delivered to a target area with this device to dissolve the clot). In areas where the lesions are calcified, we can make use of a device that uses a catheter that rotates at a high rpm, along with lubricating agents to cut through the calcified plaque while simultaneously extracting the debris.

This equipment provides the physicians a full array of instruments to tackle any vascular challenge they might be encounter.

The ETS is equipped with the latest and most advanced imaging equipment available from Siemens, called the Artis Pheno. The Pheno is a fluoroscopy unit consisting of a pedestal-mounted robotic arm coupled to the traditional C-arm. This configuration gives it a very wide range of motion for image acquisition. It is also equipped with other peripheral devices, such as IVUS (IntraVascular Ultrasound), which is an ultrasound probe mounted on the distal end of a catheter that is small enough to insert into the vessels—providing imaging of the lesion from the inside! It is also equipped with the latest 2D- and 3D-fusion software, which allows us to integrate vessel pathways obtained from CTAs (CT angios) with the 2D x-ray image, reducing the amount of contrast required for the examination. This is patient-focused, because it reduces the contrast load on the kidneys, and is cost efficient. The needle guidance software allows us the opportunity to perform biopsies that previously may have only been possible in the CT department, providing us with the options of CT, Fluor, or ultrasound guidance. This will allow us to keep the procedures in Angio and make more time available for CT to focus on the inpatient and Emergency Department (ED) patient workflow.

What is innovative about this new suite—what makes it state-of-the-art?

The success of any examination performed in this suite depends upon the skills and abilities of the contributing members, as well as our willingness to trust each other’s expertise. Our current team consists of an Intervventional Radiologist (led by Dr. Jeff Jaskolska), two vascular surgeons (led by Dr. Varun Kapila), two OR nurses (led by Connie Brain), an anesthetist, and an MRT. The DI nurses (led by Karen Herzog) contribute to the recovery of our patients post-procedure. The combined efforts of our present model have produced quite impressive results, and we are excited to see the patient outcomes over the long term.

What role will MRTs play in this new space?

What kind of interprofessional collaboration does this entail?

We now have the capability to treat our vascular patients from A to Z, all in one session. Should the need arise, we are able to convert a closed procedure into an open OR case immediately, without having to move the patient or call in support staff. The time savings in an emergency situation could be the advantage that will contribute to the most beneficial outcome. Having a space that allows us to contribute a joint effort towards the treatment of a patient’s condition is probably greater than the sum of the individual efforts of any given team doing their part in their isolated departments.

What kind of interprofessional collaboration does this entail?

The technologists will continue to support the radiologists in operating the equipment and will work toward mastering the extensive software packages available to be able to offer a seamless operating experience. All of our MRTs working in the Angio department have extensive knowledge of CT, which helps us to take full advantage of the CT capabilities of the equipment. The MRTs have also been trained to assist in the operation of the peripheral equipment, such as the IVUS and the Angiojet, as well as conventional ultrasound equipment, creating a very versatile imaging environment in one convenient location.

What role will MRTs play in this new space?

What kind of interprofessional collaboration does this entail?
Here are a few of the great articles included in this issue. If you have any feedback on an article, consider writing a Letter to the Editor! Contact Carly at editor@camrt.ca to get published. Remember, as a CAMRT member, you have free access to all content published in the JMIRS. You must log in through the CAMRT Members site to unlock the content as opposed to accessing it directly at www.jmirs.org, because articles on this site are blocked by a firewall.

It Only Takes a Minute: The Development of a Patient Experience Survey in Radiation Therapy. The aim of this initiative was the development of a patient experience survey. It Only Takes a Minute: The Development of a Patient Experience Survey in Radiation Therapy. It resulted in a significant reduction from 7.1% to 6.3% in overall no shows across the primary care level. The mailing letter reminder letters and education at the primary care level. The mailing letter resulted in a significant reduction from 7.1% to 6.3% in overall no shows across two community hospitals (P = .04).

Congratulations to our Top Peer Reviewers in 2018. The success of JMIRS is a direct reflection of our dedicated team of international peer reviewers who critically evaluate every submission. Every year, we recognize the reviewers who provided exceptional feedback (and publish a comprehensive list of all those who contributed throughout the year). Reviewer of the Year, Norman Atagu, RTR "Reviewing for JMIRS exposes me to the leading edge of medical imaging and radiation sciences research in a way that few other opportunities can. The experience of critically appraising research allows me to play an important role in promoting evidence-based practice in our field while honing my skills as a researcher, all within a reasonable time commitment."

GMRS studies in the news! Combined Low Dose Rate Brachytherapy, and External Beam Radiation Therapy for Intermediate-Risk Prostate Cancer. Impact of Mobile Phone Interference on Gamma Camera Performance.

Outstanding Reviewers in 2018: Marcia Docherty, RTT, PhD Robert Miner, RTT Rian van de Venter, MTech: Rad (Research) Neill Roberts, RTT

We are also pleased to announce the Top 5 papers from 2018, as selected by the Editor-in-Chief: Building a Magnetic Resonance Imaging Safety Culture from the Ground Up, Susan Crisp, Krista Dawdy The Radiation Therapist and the Patient: Epiphanies, Stories, and Social Media Amanda Bolderson, Sue Robins An Evaluation of Image Acquisition Techniques, Radiographic Practice, and Technical Quality in Neonatal Chest Radiography Christina Carole Eklund Pedersen, Maryann Hardy, Anne Dorte Blankholm Imaging Biomarkers for Precision Medicine in Locally Advanced Breast Cancer William T. Tran, Charmeine Children, Heidi Probst, Golnaz Farhat, Gregory J. Czarnota Image-Guided Radiotherapy in Paediatrics: A Survey of International Patterns of Practice Verna Wall, Laure Marigoln, Naamy Ellbeltali

The Radiological Society of North America (RSNA) is a non-profit organization with over 54,000 members from 136 countries around the world. They host the world's largest radiology conference every year in Chicago. Two CAMRT members (Catherine Gustafson, MBA, RT, from Halifax, NS and Steven P. DeColle, RTMR, RTR, from Edmonton, AB) sit on the Associated Sciences Consortium (ASC), which is responsible for developing education programs targeted to the members of the 11 associations that represent the various disciplines that function within the radiology department.

The vendor floor is an amazing display of current technology in all aspects of radiology. Away from the conference center, the organization of the event and the city of Chicago provide a great experience to all that attend.

Save the Date! RSNA will be held on December 1-6, 2019 at McCormick Place in Chicago, IL. CAMRT Speaker Competition. The ASRT, the annual technologist-focused conference, which is called ASRT@RSNA, during the RSNA in Chicago. Through an agreement with the ASRT, the CAMRT provides a speaker for this conference through a competitive process.

Congratulations to Meena Amlani, RTR, who will be presenting "Intraoperative C-Arm Simulation" in 2019. William T Tran, RTR was selected to speak on his topic, "Predictive Quantitative Ultrasound Radiomic Markers in Metastatic Lymph Nodes Associated with Chemo-Radiotherapy Response in Head and Neck Cancer", at the ASRT Radiation Therapy conference.

Driving MRT Education

- Patient Centered Care
- Technologist Expanded Roles
- Radiology technology and design
- Global initiatives in radiology

What would you say to members considering attending the RSNA?

Overall the RSNA is one of the best events I have had the pleasure of experiencing. The selection of educational sessions is immense, innovative and provide great value. The vendor floor is an amazing display of current technology in all aspects of radiology. Away from the conference center, the organization of the event and the city of Chicago provide a great experience to all that attend.
Celebrating Member Success

Submitted by Catherine Gunn, RTR

The 25th annual European Congress of Radiology (ECR) took place in Vienna Austria from February 27-March 3, 2019 and was attended by over 30,000 delegates. Attendees represented all areas of the field including: physicians, radiographers, physicists, and industry representatives.

Gregory Photopoulos, a third-year Health Science student from Dalhousie University was among those presenting recent work. Gregory's group paper, titled "Impact of a CT scan simulator on student learning," was the winner of one of the Best Radiographer Abstract Awards.

"It feels very surreal to receive this award. I am ecstatic that my group's abstract was selected out of the hundreds of other submissions," says Gregory. “This was my first time at a congress, so I was truly blown away by the ECR with its massive scale. Needless to say, I was filled with awe, witnessing the latest advances in radiological technology and listening to talks from world leaders in radiology research.”

This was Gregory’s first research project through the European radiography research school known as OPTIMAX. OPTIMAX gives students a chance to participate in multinational team-based research. The opportunity for Gregory to attend was facilitated by an existing partnership that Dalhousie University and the European Radiography Research School (ERRS) have with each other. Because of this partnership, Gregory was able to attend and present his work at ECR.

Gregory was part of a research group with five other radiography students and two professors from across Europe. They spent three intensive weeks conducting research at the school in Dublin, Ireland, during the summer of 2018. The summer school was concluded with a poster session and a conference, where the research teams presented their results. This year, OPTIMAX was focused on education in radiology – specifically, the optimization of diagnostic imaging. Gregory’s group measured student knowledge of different scan parameters and their effects on image quality and radiation dose via a questionnaire. One subgroup then underwent interactive CT training using a CT simulation tool; the quality control group was a baseline and did not receive any teaching. The next day, the questionnaire was re-administered to each participant. Results from each questionnaire were calculated and compared. The use of the CT simulation tool significantly improved CT questionnaire scores and further analysis showed significant improvement in both understanding of image quality and patient dose concepts. Gregory and his group hope that the CT simulation tool may continue being used to educate future CT technologists and help facilitate dose optimization in radiology.

Gregory hopes to continue being involved in research abroad and at Dalhousie, where he is currently completing his 3rd year of his BHSc in radiological technology. Additionally, he is interested in applying for a specialty practice in research for the remainder of his degree. He also would love to attend the ECR again in 2020.

"Every minute at the congress was incredible and I am proud to have represented Canada and Dalhousie as a participant; next year, I hope to do the same," says Gregory.

CAMRT’s newest Life Member: Dr Robin C. Hesler

Robin Hesler is CAMRT’s newest Life Member. The following was submitted by Dr. Hesler after he received his award.

CAMRT, national Life Membership is the highest honour one can receive from the CAMRT Board of Directors. On 27 April 2019, I received, with humility but pride, that high distinction. I joined some of the greatest pioneers and leaders of the medical radiation technology profession in receiving this highly revered award.

I fell in love with my chosen profession of medical radiation technology from the very first day I started in it, in a Hamilton, Ontario hospital, long, long ago and cherish it even more now. I have watched the evolution of our profession and have even been part of that evolution, although be it small. It takes a community, working together and individually for the betterment of the whole, our associations both national and provincial, to grow and prosper. All I tried to do in my career, and still do, is to foster pride and recognition for our profession and, through the CAMRT, in this case, be what it is supposed to be and created to be – there to serve its members in all possible ways, at all times. My success, however it is seen now or in the history of our profession, is really a mirror of many of you who served our profession and who still do. It was because of you, whether it was at Annual General Meetings (AGMs), Committee/Task Group meetings, me asking you for advice or you asking me for advice, presentations or whatever that gave me constant inspiration. Without that inspiration from the members of the CAMRT there is no way I would have the courage to forge ahead on many of the issues our profession has faced over the years. So many members and dedicated staff inspired me, whether it was to be their spokesperson at an AGM or present their ideas to committees or the Board of Directors or to support staff. I am very fortunate that I have a great support system as well. Without my family and close friends along with some very, very dedicated colleagues I could have easily been apathetic but they know my passion and are always very passionate about our Profession. Without that passion we do for and in healthcare, without us, the healthcare system would collapse.

My thanks to every CAMRT member, past and present, that inspired me, supported me, set me straight when I was wrong, and present, that inspired me, supported me: Shirley Bague, Alain Cromp, Karen Davis, Linda Gough, Rob Mahon, Denis Poulin, and Greg Toffner, who was the coordinator of the nomination, I understand. I hope I didn’t miss anyone. If so, I apologize.

I have been and always will be passionate about our Profession. Although maybe not recognized for what we do for and in healthcare, without us, the healthcare system would collapse. I was told when I first graduated as an MRT to get involved by my Manager. I did and have never regretted it.

My thanks to every CAMRT member, past and present, that inspired me, supported me, set me straight when I was wrong, and present, that inspired me, supported me: Shirley Bague, Alain Cromp, Karen Davis, Linda Gough, Rob Mahon, Denis Poulin, and Greg Toffner, who was the coordinator of the nomination, I understand. I hope I didn’t miss anyone. If so, I apologize.

Nominate your colleagues for a CAMRT Honorary Award!
CAMRT is pleased to recognize the extraordinary accomplishments of members who have contributed to their profession in exceptional ways. Visit www.camrt.ca/mrt-profession/professional-recognition/honorary-awards/ to see the full listing of award categories.

The 2019 nomination submission deadline is January 15th.
CAMRT held its second GameChangers Education day in Ottawa this past April. The underlying theme of game-changing technology was addressed by 7 speakers from various organizations and vendors. An undeniable common thread in many presentations was the impending introduction of artificial intelligence (AI) into radiology and MRT workflows.

AGM speakers:
- Dr. Jaron Chong, Assistant Professor at the Department of Radiology, McGill University
- Daniel Zikovitz, Principal Solutions Architect and Susan May, GM Healthcare Systems
- Tom Chadwick, Healthcare Accounts Director, Elekta
- Lisa Pyke, RTR, RTMR, MA, CHE, Manager Eastern Canada, Implementation Support and Knowledge Mobilization Team, CADTH
- Dr. Michael D. Noseworthy, Ph.D., Peng (LEL), Professor and Co-Director, McMaster School of Biomedical Engineering
- Pierre LaForge, Philips
- Luc Lavoie, Special Professional Staff, St. Joseph's Healthcare (Radiology/Nuclear Medicine), Siemens
- Sophie Huang, MRT (T), MSc, MD, Assistant Professor, Department of Radiation Oncology, The Princess Margaret Cancer Centre / University of Toronto

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 2020, please visit the Foundation webpage on the CAMRT website.

### Grant Recipients
<table>
<thead>
<tr>
<th>Name</th>
<th>Award Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adrian White</td>
<td></td>
</tr>
<tr>
<td>Jenna Grace</td>
<td></td>
</tr>
<tr>
<td>Arlene Holland</td>
<td></td>
</tr>
<tr>
<td>Jenna MacLaine</td>
<td></td>
</tr>
<tr>
<td>Cassandra Macaulay</td>
<td></td>
</tr>
<tr>
<td>Komal Mazhar</td>
<td></td>
</tr>
<tr>
<td>Cynthia Palmia</td>
<td></td>
</tr>
<tr>
<td>Megan Connell</td>
<td></td>
</tr>
<tr>
<td>Elizabeth Lorusso</td>
<td></td>
</tr>
<tr>
<td>Rebecca Jessome</td>
<td></td>
</tr>
<tr>
<td>Gina McRae</td>
<td></td>
</tr>
<tr>
<td>Shirin Bagheri</td>
<td></td>
</tr>
</tbody>
</table>

### Scholarship Recipients
<table>
<thead>
<tr>
<th>Name</th>
<th>Award Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alanna Pullen</td>
<td></td>
</tr>
</tbody>
</table>

Please remember that any time a member obtains a no obligation quote on home or auto insurance from Johnson, the Foundation receives $20. Log on to http://www.johnson.ca and go to “get a quote” and enter CAMRT Foundation as the sponsorship program, or call 1-800-563-0677. This partnership is invaluable and strongly supports our Foundation.

### Updates from the CAMRT Foundation
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 2020, please visit the Foundation webpage on the CAMRT website.

### 2019 CAMRT Award Winners

#### Awards of Excellence
- **Magnetic Resonance Imaging**
  - Minji Gil, RTR, RTMR
  - British Columbia Institute of Technology
- **Nuclear Medicine**
  - Alisa Michelle Lattanzio, RTNM
  - British Columbia Institute of Technology
- **Radiation Therapy**
  - Malcolm Laraque, RTR
  - University of Alberta
- **Radiological Technology**
  - Nicole Birch, RTR
  - Algonquin College

#### Honorary Awards
- **Grassroots Advocacy Award**
  - Susan Mortensen, RTR (AB)
- **Early Professional Achievement Award**
  - Tyler Ferrish, RTNM, RTMR (PEI)
- **Steward of the Profession Award**
  - Megan Brydon, RTNM (NS)
  - Dr. Marshall Mallett Lamp of Knowledge Award
  - Jeremy Jackson, RTNM, CTIC (NB)

#### Board Recognition
- **Outgoing Board Member**
  - Breanne Teasdale, RTR (NL)
- **Past President**
  - Karren Fader, RTNM (NS)
    - 2016 - 2018

#### CAMRT Fellowship
- Del Leibel, RTR, ACT, CRTT, FCAMRT (BC)

#### Life Membership
- Robin Hesler, RTR (ON)

### 2019 CAMRT Research Grant
- **Principal Investigator**: Tara Rosewall, RTR (ON)
- Therapist-recorded patient assessment facilitates evidence-based practice: An evaluation of prospectively documented acute toxicity for prostate cancer patients treated with radical external beam radiotherapy from 2001 to 2017

### 2019 Welch Lecturer
- Sophie Shao Hui Huang, RTR (ON)

### 2019 Narrative Paper Award, MRT category
- The Impact of Artificial Intelligence on Professional Practice: Considerations in the Literature
  - Caitlin Gillan, RTR, FCAMRT
  - Nicole Harnett, RTR, ACT
  - Thomas Purdie; Brian Hodges (ON)

### 2019 Scientific Paper Award, Student category
- Transitioning to Full Field Digital Mammography in Nova Scotia: The Impact of Technology Change on Mammography Volumes
  - Megan Brydon, RTNM
  - Drs. Jennifer Payne; George Kephart; John Blake (NS)

### 2019 Multi-Media Exhibit Award, Student category
- Vertebral Body Tethering
  - Maxine Foley (NS)

Please remember that any time a member obtains a no obligation quote on home or auto insurance from Johnson, the Foundation receives $20. Log on to http://www.johnson.ca and go to “get a quote” and enter CAMRT Foundation as the sponsorship program, or call 1-800-563-0677. This partnership is invaluable and strongly supports our Foundation.
Cardiac Catheterization for the Radiological Technologist

The future is IR! Discover the less invasive interventional radiography world with this course. Establish foundational knowledge and a base understanding of cardiac procedures and platforms involved in Cardiac IR. Suited for any radiological technologist who wishes to enhance or refresh their knowledge of interventional cardiology. Follow the patient’s journey through a cardiac catheterization from beginning to end and discover radiation safety measures and imaging practices in cardiac catheterization, IVUS, OCT, FFR and right heart studies. Register now!

Coming soon!
- Fragility Fractures and Fracture Risk Determination
- Personal Leadership - Empowering Self
- MRI Simulation and Planning

We listened - more education for less cost!

CAMRT Quick Self Study (QSS) prices have been rolled back – 1-4 credits just $65 for members! Browse the CPD Catalogue on the CAMRT website.

QUICK SELF STUDIES NOW AVAILABLE

Brachytherapy: An Overview
(3.5 Category A / credit hours)
This QSS will provide a brief overview of past, current and future practices for brachytherapy. Register now!

MRI in Radiation Therapy
(3 Category A / credit hours)
This updated QSS introduces the basics and how it is being integrated into radiation therapy. This course discusses MRI image formation, patient safety, and common image sequences. It also explores how MRI is used in radiation therapy both in simulation and in treatment. Register now!

EN FRANÇAIS – MAINTENANT DISPONIBLE
La médecine complémentaire et alternative dans les soins contre le cancer
(7 crédits catégorie A / heures de CPP) Inscrivez vous maintenant!

CAMRT’s Quick Self Studies
Learn Anywhere, Anytime.

Lower cost education, same high quality!

Designed for technologists and therapists with a busy schedule who want to:

- Keep up with developments in the field
- Earn continuing education credits
- Enhance their practice

Certificates in Breast Imaging updates 2019-2020

CAMRT’s new Breast Imaging 1 and 2 courses are the new didactic component for the Certificates in Breast Imaging – both screening and diagnostic. Both Mammography and Breast Imaging courses (individual or a combination of both) will be accepted towards the CBI program prerequisites until January 2021. As of this date, CAMRT will no longer recognize either of the Mammography courses for these programs.

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

Council Updates:
The SAMRT Council has three vacancies for the term January 1, 2020 to December 31, 2022. Elections took place in late April and the results were announced at the AGM on May 4th.

Update on the Regulation of Sonography
We continue to advance our application to regulate Diagnostic Medical Sonographers (DMS). Our fall 2018 application was accepted as a legislative proposal for the spring session. If approved, the regulation of DMS with the SAMRT will be considered in the fall session.

Nova Scotia
This year’s MRT Week saw another milestone for NSAMRT, digital advertising. We created a 15 second video with the focus on raising awareness of MRTs to the public. We promoted this video by running a “Tims TV” campaign which saw the video play four times per hour in all 118 Tim Hortons locations across Nova Scotia for the entire week. The same clip was also run and boosted as a "suggested post" on our Facebook page which received lots of exposure and interaction.

We also kicked off MRT Week with another fantastic Fall Education Day and Town Hall meeting. Award winners were recognized and presented with their certificates at the Luncheon.

Karren Fader – Jan Musselman Award of Excellence
Presented to an MRT who:
• Demonstrates genuine dedication to their profession & community
• Supports the promotion and inclusion of professional education
• Exudes leadership by mentoring/inspiring students and colleagues
• Demonstrates integrity, respect and professionalism

Marilyn Boutilier – Distinction in Patient Care Award
Presented to an MRT who:
• Demonstrates exemplary devotion to patient & family-centered care
• Displays critical thinking, problem solving and adaptation abilities
• Displays exemplary attention to patient safety and confidentiality
• Promotes a collaborative and positive working environment

Katie Perro – Young Professional Award
Presented to an MRT who is:
• Actively involved in professional/hospital committees
• Committed to professional development and lifelong learning
• Promotes a collaborative and positive working environment

NSAMRT also sponsored one member to attend this year's CAMRT LDI Roadshow. Three separate events will take place between early April and mid June. A new pin has been designed and will be presented to each student. It is exciting to welcome these new members to the MRT family.

In closing – I continue to visit as many clinical sites as I can, and always enjoy meeting you, the member. Our discussions and exchanges help to keep the CAMRT-BC vibrant and moving forward. If you have any ideas, issues, concerns – please feel free to contact me at lkallhood@camrt.ca

Ontario
The OAMRS Awards Gala 2019 was a fantastic night of celebration. Friday March 2, MRTs and Sonographers from across Ontario celebrated our great profession at the Palais Royale in Toronto. The stylish, red-carpet event of the year included cocktails, music, dinner, entertainment and of course the announcing of the 2019 Award Recipients.

The prestigious OAMRS Awards provides recognition to our profession and MRTs and Sonographers who have made a difference through their leadership, teamwork, patient care and more. The Award recipients represent the pinnacle of our profession. And the recipients are…

Student Award: Laura Wilson
Recent Graduate Award: Jennifer Dang
Patient Care Award: Madonna Storozuk
Unsung Hero Award: Linda Scott
Team Award: Radiation Therapy Team, Princess Margaret Hospital
Mary F. Cameron Leadership Award: Susan Barfoot
Practitioner of the Year: Grace Lee

BCAMRT Informational Webinar and Confirmatory Vote
On April 10th an informational webinar was hosted to highlight the activities of the CAMRT-BC over the last 12 months, and provided information on the process for the confirmatory vote, which will take place between May 31 and June 7th. Members are encouraged to consider the future of our association model, take the time to vote, and to attend the virtual BCAMRT AGM which will take place Saturday June 15, 1:00 pm.

British Columbia - Provincial Manager Update
The CAMRT-BC is renewing Commencement Ceremonies for student members of the educational programs at BCIT, Camosun College and the College of New Caledonia. Three separate events will take place between early April and mid June. A new new pin has been designed and will be presented to each student. It is exciting to welcome these new members to the MRT family.

Infoshare
Using a new model and a new name, InfoShare, several regional educational events are being offered to members this year. This model includes time for refreshments and networking, followed by 2 hours of presentations. InfoShare North took place in Prince George on February 27th, where over 40 members attended in person or online. It was exciting to see so many of the CNC students attend. InfoShare Okanagan is planned for early June, and InfoShare Vancouver Island will take place October 8, 2019.

BCAMRT Informational Webinar and Confirmatory Vote
On April 10th an informational webinar was hosted to highlight the activities of the CAMRT-BC over the last 12 months, and provided information on the process for the confirmatory vote, which will take place between May 31 and June 7th. Members are encouraged to consider the future of our association model, take the time to vote, and to attend the virtual BCAMRT AGM which will take place Saturday June 15, 1:00 pm.

Visit the CAMRT-BC website for more information on the confirmatory vote and the 2020 AGM.
Celebrate and Support the MAMRT’s 90th anniversary!

Did you know the Manitoba Association of Medical Radiation Technologists was the first to form in Canada in 1929? 2019 marks 90 years of the MAMRT, and we have a lot going on to celebrate.

MAMRT ran an awareness campaign throughout March around the MRT’s do in Manitoba and to bring awareness to the 90th years of service technologists and therapists provide to the public.

The Annual General Meeting and Conference will be taking place on June 1st, 2019 at the Victoria Inn, 1808 Wellington Avenue, Winnipeg, MB.

Mark your calendars for the 90th anniversary celebrations, taking place around the Forks National Historic site in November, 2019. On November 22nd, come enjoy a meet-and-greet at the Canadian Museum for Human Rights, and the 90th celebrations on the 23rd at the Fort Garry Hotel just down the street. RSVP and ticket information at www.mamrt90.com.

Watch for contests and the upcoming 50:50 lottery in support of the 90th anniversary events in the near future.

To honor its 90th anniversary, we’re seeking to complete our collection of publications. Please let us know if you’re willing to part with your (hard) copy of any of the following:

The Focal Spot: 1929 Logo of the Manitoba Society of X-Ray Technicians

The Canadian Journal of Medical Radiation Technology:

Current Logo of the Manitoba Association of Medical Radiation Technologists

The MAMRT needs help completing its journal collection!

In preparation for the 90th anniversary, we’re seeking to complete our collection of publications. Please let us know if you’re willing to part with your (hard) copy of any of the following:

The Focal Spot:

<table>
<thead>
<tr>
<th>Vol.</th>
<th>#/Month</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>3/July</td>
<td>1946</td>
</tr>
<tr>
<td>5</td>
<td>1-4 / January, April, July, October</td>
<td>1948</td>
</tr>
<tr>
<td>6</td>
<td>1,2,4 / January, April, October</td>
<td>1949</td>
</tr>
<tr>
<td>7</td>
<td>2,4 / Spring, Fall</td>
<td>1950</td>
</tr>
<tr>
<td>8</td>
<td>4 / Fall</td>
<td>1951</td>
</tr>
</tbody>
</table>

The Canadian Journal of Medical Imaging and Radiation Sciences:

<table>
<thead>
<tr>
<th>Vol.</th>
<th># / Month</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
<td>1 / March</td>
<td>1994</td>
</tr>
<tr>
<td>25</td>
<td>2 / May</td>
<td>1994</td>
</tr>
<tr>
<td>25</td>
<td>3 / August</td>
<td>1994</td>
</tr>
<tr>
<td>25</td>
<td>4 / October</td>
<td>1994</td>
</tr>
<tr>
<td>26</td>
<td>1 / March</td>
<td>1995</td>
</tr>
<tr>
<td>26</td>
<td>2 / May</td>
<td>1995</td>
</tr>
<tr>
<td>26</td>
<td>3 / August</td>
<td>1995</td>
</tr>
<tr>
<td>30</td>
<td>4 / October</td>
<td>1999</td>
</tr>
<tr>
<td>35</td>
<td>2 / Summer</td>
<td>2004</td>
</tr>
</tbody>
</table>

Questions? Contact MAMRT at admin@mamrt.ca www.mamrt.ca | www.mamrt90.com

Announcements and events

Nuclear Medicine Roadshow
Fall 2019, Halifax

Radiological Technology Roadshows
Sep 28 - Moncton
Oct 5 - Ottawa

Seeking an author for CT Imaging 2 Full-Length Course

The CAMRT will be updating the existing CT Imaging 2 course. A course outline has been developed by a subject matter expert with a focus on current and future practice.

We are seeking a Radiological Technologist with an extensive background in CT to author the revisions to the CT Imaging 2 course.

The successful candidate must have:
- a minimum of five years’ experience in the practice of CT imaging
- a strong working knowledge of CT sectional anatomy and image evaluation
- knowledge of current and emerging CT practices and protocols
- proven experience writing/ developing evidence-based curriculum
- experience creating multiple choice questions.

Interested candidates are encouraged to contact CAMRT if they are interested in reviewing the course outline or if they would like more details about the scope of work and project deliverables. Remuneration will be provided to the successful candidate upon meeting the terms of the course revision agreement.

All interested candidates should submit a cover letter, comprehensive CV, and 2 written references outlining how they meet the above criteria to mbertube@camrt.ca by June 16, 2019.

Celebrating Marcia Smoke’s Retirement

Submitted by Nicole Harnett

On March 29th, 2019, family, friends and colleagues of Marcia Smoke gathered with much anticipation to take part in her retirement “roast”. After 48 years in the radiation therapy world, Marcia has decided to step back from the front line work-a-day world to settle into a retirement pace. Marcia was suited jibed for her sense of humour, her tenacity and passion for radiation therapy, and her style – both personally and as a manager. In addition to the fun and laughter, those who addressed the crowd of over 100 people, also thanked Marcia for her dedication, her impact, her friendship and her earnest approach to her work and her life.

Marcia has touched and influenced many lives around her over the almost 50 years she has been immersed in radiation therapy – as head of the radiation therapy school in Hamilton, in her role as manager of the radiation therapy department at the Juravinski Cancer Centre, in her work with her local, provincial and national professional bodies, and her international volunteer efforts.

Marcia is one of those truly remarkable professionals who cares deeply about her profession and those who choose it – a sentiment shared by everyone in the room on March 29th. While we wish Marcia the best of what retirement has to offer, we know she isn’t going that far away and will remain engaged in many of her favourite projects, including the advanced practice for radiation therapists work with the CAMRT. We are grateful for her work to date and look forward to her contributions in the future. Congratulations Marcia!!
Join us Saturday, October 26, 2019

OAR 11th Annual Breast Imaging Symposium

In Person (Toronto) or Webcast Live across Canada!

Keynote Speaker:

**Nancy Wadden, MD, FRCPC**

Nancy Wadden is the Medical Director of the Breast Screening Program for Newfoundland and Labrador, and Clinical Associate Professor in the Faculty of Medicine at Memorial University of Newfoundland.

Dr. Wadden is the chair of the Mammography Accreditation Program Staff Working Group and a member of the Standards in Breast Imaging in Canada for the Canadian Association of Radiologists (CAR). She continues to be involved with The Canadian Society of Breast Imaging, The Canadian Breast Cancer Screening Initiative, and The Working Group of the Canadian Mammography Quality Standards. She serves on several other provincial and national committees dealing with Diagnostic Imaging, Breast Screening, and Breast Cancer.

World-class speakers include:

- **Dr. Supriya Kulkarni**
  Assistant Professor in the Department of Medical Imaging, University of Toronto, and supervisor of the University’s Women’s & Breast Imaging Fellowship Programme; Radiologist, Joint Department of Medical Imaging (JDMI) at University Health Network, Toronto, Ontario.

- **Dr. Ralph George**
  Associate Professor of General Surgery at the University of Toronto and Medical Director of the CIBC Breast Centre at St. Michael’s Hospital.

- **Joan Glazier**
  OAR’s Leading Breast Imaging Technologist and Advisor; and Provincial MRT Lead, Ontario Breast Screening Program.

- **Dr. Andrea Gallo**
  A Breast and Women’s Imaging Radiologist, Dr. Gallo recently finished additional training in Women’s Imaging at St. Michael’s Hospital, University of Toronto.

- **Dr. Richard Mimeault**
  Physician Advisor, Safe Medical Care, Canadian Medical Protective Association.

More information will be available soon!

Note: The OAR offers **20% discounts** for all live webcasts of CME events for groups of 4 or more MRTS. For more details please contact the OAR office at: [mail@oarinfo.ca](mailto:mail@oarinfo.ca)