Expanding the boundaries

By Melanie Therrien, RTR, ACR, CTIC

Traditional practice settings for the medical radiation technologist involve working in hospitals or clinics with direct patient care and producing diagnostic images or providing therapeutic care as the primary focus. This is the expectation; after all, this is what we trained for.

I graduated from radiological technology in 2000 from Red River College and I was positive that my career until the day I retired was laid out for me. I had been offered a part-time position at the hospital where I trained, but quickly determined that I wanted to work full-time and headed up to Rankin Inlet, Nunavut, to gain experience in my vocation.

Rankin Inlet offered me my first exposure to what “non-traditional” practice could be. I was producing radiographs, but was autonomous in my setting. I ran the department, was included in planning sessions for the new hospital and consulted on cases by nurses when the physician wasn’t available.

I learned that there was more to practice than what I had been taught in school. I discovered that as a technologist I had the responsibility to express my thoughts when asked by other healthcare providers in the interests of patient care. The most important element of what I learned was that I wanted to increase my knowledge and move up. In Rankin Inlet I wasn’t quite sure what move up meant, but I started working on my CAMRT Advanced Certification and set my sights on more southerly environments.

After a two-and-a-half year detour in Thompson, Manitoba, I landed at the University of Alberta Hospital in 2003. After completing my Advanced Certification in 2004, I began working...
Lifelong learning

Charles A. Shields, CEO

“The illiterate of the 21st century will not be those who cannot read and write, but those who cannot learn, unlearn, and relearn.”

–Alvin Toffler

One key element of being a professional is a commitment to keeping abreast of developments in one’s chosen field, that is, to lifelong learning. This is particularly the case for MRTs because the fields of medical imaging and radiation sciences are among the most rapidly evolving areas of health care, if not of any other profession. Entry-to-practice education programs prepare students to begin working, but before long new equipment or processes are introduced and even the recent grad needs to start learning again.

This pace of change in medical imaging and radiation sciences isn’t, of course, limited to MRTs. The president-elect of the Canadian Association of Radiologists has noted that when he meets with potential new residents, one of the main points he makes is that they must be excited about practising in a field in which the body of knowledge that existed when they began their residency will have substantially changed by the time they finish and enter practice. This is a recipe for constant learning and renewal.

MRTs are passionate about providing excellent patient care, but, as a consequence of the break-neck pace of technological change, continuing to provide this care means they must be equally passionate about keeping up-to-date with their area of practice. Certainly, some fundamentals of practice won’t change, but so much else does that MRTs who are true professionals have to keep learning to ensure they continue to provide their patients with the best care possible.

Fortunately, someone interested in and open to learning will find many opportunities. There are the standard ones of attending conferences, workshops, local branch meetings and rounds; taking courses from the CAMRT, OAMRT and other MRT organizations, or taking online courses; or reading the Journal of Medical Imaging and Radiation Sciences. They can also try a low-cost, but very productive approach: self-directed learning projects. These projects involve reflecting on what happens in practice, identifying things to change or to investigate and checking these out on the web or perhaps in the hospital or local library. In addition to the satisfaction of finding the answer to a question that actually came up in practice, these self-directed investigations can count as continuing professional development (CPD) in those provinces with mandatory CPD programs.

Whatever approach works for you, it is essential, as a professional, to keep on learning. Fundamentally, lifelong learning is an attitude that one brings to everything one does—continuously reflecting, with a large dose of humility, on what you do in your practice, talking about this with your co-workers and always looking for ways to improve. If you make this personal commitment to lifelong learning, you will be well on your way to being an exemplary professional.

We would like to remind you of one of your member benefits: free access to the Society of Radiographers’ journal, Radiography. Log in to the Members’ Only area of the CAMRT website and follow the prompts on the left-hand side of your screen.
The heart matters

Karen Letourneau’s appearance in February at TEDxManitoba, an independently organized event of the renowned TEDTalks, drew national media attention to her work. In the last several years before her appearance she has been quietly working to save babies’ lives in Manitoba.

“People want to make a big hero out of me, but it’s really got little to do with me,” says Karen, a CAMRT member and sonographer. Karen worked in X-ray and CT before going back to school 10 years ago to train in ultrasound.

While working at a small hospital in Manitoba in the early 2000s, she felt more could be done when examining babies’ hearts inutero. She explains: “If you miss a fetal heart abnormality, the implications for the baby after birth are significant. The clinical implications are so much more important.”

Curious if other sonographers felt the same, she created and then sent a survey to sonographers across Manitoba. The response was astonishing: 100 percent replied saying yes, they would like additional training.

Karen set about to improve ultrasound screening of fetal hearts. She began by putting together a team comprising a sonography instructor, sonologist, paediatric cardiologist and an obstetric perinatologist. They researched and found only 87 articles worldwide focused on this problem. They designed and delivered educational seminars aimed at helping sonographers improve their practice by noticing if something in the heart was too big or too small, if something appeared that shouldn’t or if something was missing. The message: going “back to basics” via an improved basic fetal screen would produce positive results.

And it has. The pickup (detection) rate went from 0 to 21. According to Karen, 30 babies a year in Manitoba are born with serious cardiac disease and another 60 with a heart abnormality. Thanks to improved detection, the delivery location for some babies has been changed from smaller hospitals to Winnipeg where there are specialists on staff. And in 2006, a Manitoba baby born three weeks early was the youngest heart recipient ever. In this case, the baby’s heart condition was so serious that his only hope for survival was a heart transplant. As a fetus, he was put on the transplant list, and when a heart became available (from a baby in California), he was delivered by caesarian section three weeks early so that he could receive that heart. Without the fetal heart screening, that now-healthy baby would not have survived.

Few people may know the true inspiration behind Karen’s efforts. True, once out of school healthcare professionals look for ways to improve their practice. And Karen is definitely one of those dedicated types who puts her whole heart into her work. But she says her motivation came from the treatment her second eldest son Paul—who passed away in 2006 at age 21 from a life-threatening bowel problem—received the day he died.

“Nothing about that day made me want to blame myself or someone else,” she says. Karen considers it “a gift that he had a good death.”

“A big part of my passion is that I’ve been down that road and don’t want any other parent to go through guilt or to be haunted by wondering if their child could have survived if only they or the medical community had done something different in their care.”

Karen and her team created a checklist that is now used by every sonographer in the province. They also created a poster (a visual reference tool) which appears in hospitals throughout Manitoba. And, what may be surprising—they achieved all this without it costing any money.

Prior to her TEDxManitoba appearance, she and her team had been working quietly in the shadows on the research, which will be published sometime in the next year. Karen has devoted a lot of time over the last few years, calling up each mom on her own time and diligently working away on her research. She has received a grant from the Health Sciences Centre Foundation, which she will use to compile her data and prepare her research for publication.

When asked how she feels about her recent, unintended foray into the media spotlight, Karen’s response is simple: “All I can think about are the babies that have been saved.”
towards my CT Imaging Certificate (CTIC) and looking for volunteer opportunities where I could explore my interests in practice.

The Alberta College of Medical Diagnostic and Therapeutic Technologists (ACMDTT) invited me to assist in developing their provincial competency profiles. What became evident to me throughout the project was how much knowledge we as radiological technologists possess that is rarely accessed. I had the opportunity to access it and discovered that I liked it. I proceeded to volunteer with the CAMRT on the Exam Review Committee and completed my CTIC. I enjoyed my position in CT and cardiovascular angiography; however, I had come to accept that I was driven to seek out new learning, new opportunities and new boundaries.

In 2008, the position of director of education with the ACMDTT was advertised. I debated about applying, fairly sure I wasn’t qualified for such an important position. I was encouraged to apply by those who had witnessed my volunteer work and ultimately I submitted my application. On September 10, 2008, I began working for the ACMDTT.

Leaving the hospital environment and the traditional practice setting was a drastic change I didn’t appreciate until I sat in my office that first week. There were no requisitions on the counter, no co-workers asking for help with a lift, no pagers, no overhead codes being called and strangest of all—I wasn’t wearing scrubs.

I wasn’t sure if I belonged in the office. It wasn’t an environment that I knew and it wasn’t where I was comfortable, but I was pretty sure that this is what I wanted for my career. Soon I was getting phone calls to hear my thoughts on certain subjects, I was writing articles for the provincial newsletter, and most importantly, I was helping to guide the profession not only in Alberta but nationally with continued involvement with the CAMRT. I was fortunate in that I had a mentor who saw my potential before I did and taught me how to think of myself as an important part of the practice of medical radiation technology.

As practice settings evolve, so does the definition of practice. The CAMRT is adding higher level competencies such as critical thinking, risk management and research to its entry-level competency profile. With this evolution the MRT needs to recognize his/her potential in this changing environment. There are roles for technologists at higher levels that aren’t restricted to traditional practice settings. I encourage technologists who are interested in expanding their practice to investigate the options out there, volunteer nationally or provincially, and most of all remember there is a place for the MRT in alternative practice environments.

When I started my education in 1998 I had not envisioned myself as the deputy registrar with the ACMDTT in 2011. I feel that each experience has led me through an evolutionary practice for which I value.

I am Melanie Therrien and I am a medical radiation technologist.

President’s message... cont’d...

The board recognizes that if we fail to address these challenges, we risk the CAMRT becoming viewed as less relevant and perhaps dispensable by our members. The evolving environment in which not-for-profit governance boards now operate demands a more strategic approach to sustain success, and so we have undertaken training with a governance consultant to assist us in better understanding what is board work. Examples of how we have adapted to a more strategic method of management include an enhanced orientation process for new board members, refining the board meeting agenda to focus on strategic issues rather than operations; succession planning and a more open process of election of the CAMRT president. And chief among our responsibilities is the definition of strategic direction and creation of an outcome-focused plan that will lead us boldly into our future.

We are privileged to have the engagement of our external stakeholders who collaborate with us to identify the issues that will shape our future. In February, the CAMRT board and our PMA representatives invited representatives of several healthcare organizations to join us in a very stimulating discussion of what the objectives of the 2012-2015 strategic plan should include. An important by-product of collaboration with colleagues is our enhanced ability to see ourselves as others see us. For example, one enthusiastic stakeholder reminded us that we should take pride that our profession is the only one he is aware of that is involved in cancer care right from identification of the disease, monitoring its progress and treatment. Another person encouraged technologists to provide leadership in managing waitlists. Can we become the “Gatekeeper,” assessing requests for imaging for appropriateness, completeness of the request, and in consultation with the radiologist, directing the requests efficiently through the system to enhance patient outcomes?

We’ve learned a lot lately about how others see us, through stakeholder consultations and the brand research that taught us that, in fact, often the public and even our healthcare colleagues don’t really see us. We’ve decided to do something about that… by launching our Image of Care media campaign in the June and September issues of Reader’s Digest and Sélection magazines and creating the imageofcare.ca website to tell the world who we are and what we do. I encourage you to think about how you can join the campaign and use the tools we’ll provide to share the powerful messages about our profession with colleagues, friends and family. Share the ad in your coffee room or living room… tell the story…be a brand champion. It is going to be fun.

Our 2011 Annual General Conference is fast approaching, and I look forward very much to meeting many of you in my home province. See you soon, in Saskatoon.
Since becoming editor-in-chief five years ago, we have made great strides in publishing scholarly research in the medical radiation sciences. Every quarter, members of CAMRT receive a copy of the *Journal of Medical Imaging and Radiation Sciences* (JMIRS) filled with insightful articles on diverse topics. Our journal fulfills a niche.

We have seen dramatic changes since we transitioned from the old journal to JMIRS. Where we once struggled to have enough content, we now receive more than 50 submissions annually from authors worldwide. The quality of published articles has gone up substantially, thanks in part to having the journal published by Elsevier, but more importantly due to the increased growth in academic activity from within our profession. Having the journal published by a renowned and respected scholarly publisher has been a positive and fundamental change for our outputs. Our articles are now available online, and through our partnership with the UK Society of Radiographers we have broadened our audience.

We have introduced a rigorous double-blind review process. Our efforts to build a reliable pool of respected reviewers from all four disciplines have paid off. We now have more than 120 reviewers from across the globe and our pool includes both researchers and practitioners. We frequently receive applications from MRTs to serve as reviewers for us. This is testament, in my opinion, to growing recognition of the journal. Furthermore, reviewers engaged in the process are themselves motivated to submit manuscripts and authors are likewise inspired to become reviewers. All articles published are of high quality thanks to the substantive feedback provided by the reviewers.

We have been successful in raising the journal’s credibility. I attribute this to our active, engaged editorial board, whose members work collaboratively to advance the journal’s mandate and to achieve our longer-term vision. Our Canadian contingent includes: Dr. Robert Stodilka, from Lawson Health Research Institute; Amanda Bolderton from Princess Margaret Hospital; and Dr. Jonathan Lee from Red River College/National Research Council Canada. We recently welcomed Tara Rosewall, also from Princess Margaret Hospital, Dr. Yves Bureau, a statistician and assistant professor at the University of Western Ontario, is an advisory member. All are distinguished in research and publishing.

In 2010, we added international members to our board. We have benefited tremendously from the contributions of Dr. Robert Adams from the University of North Carolina’s School of Medicine; Dr. Fuk Hay Tang from Hong Kong Polytechnic University; and Dr. Fozy Peer from the Inkosi Albert Luthuli Central Hospital in Durban, South Africa. Dr. Adams assumed the role of deputy editor this year. In addition, we thank all of our previous board members, including Ruth Barker, Donna Carter, Lisa Di Prospero, Patricia Munro, Cindy Murphy, Ben Reyes and past editor Euclid Seeram.

The journal’s growth has coincided with advancement in and maturation of the profession as a whole, including the increasing recognition of the importance of academic output and research. While the profession has a strong clinical focus, relative to some other health professions, we have been slow to publish our research. Members in the medical radiation sciences are starting to do activities that other professions take for granted. Of the four disciplines, radiation therapy has led the way thanks to leading research being done at leading institutions like Princess Margaret Hospital in Toronto. I am also very proud of the work coming from the British Columbia Cancer Agency, where we have a number of active researchers. The other disciplines can, and will, catch up. Recently, for example, we have seen an increase in the number of submissions from radiological technology.

Though we’ve achieved many milestones, we have an ambitious agenda for the coming 3-4 years. Our first and most important priority is to have JMIRS indexed in MEDLINE, which will be a true sign of the journal’s credibility as an internationally respected and acclaimed research journal. We are currently working to achieve this. Other goals include moving to publishing six times per year and seeing an increase in the number of submissions annually to 100-150.

As we continue to grow, we will need to expand our supporting staff at the CAMRT, where the journal’s management is currently overseen by our managing editor. We also intend to increase our promotion of the journal internationally at conferences and increase our advertising revenue.

There are exciting times ahead as we move towards our long-term vision. We invite you to have a close look at JMIRS. And we invite you to get involved in helping us achieve our aims.

**JMIRS Editorial / Publishing Process**

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Manuscript is submitted through Elsevier’s online publishing system
↓
Manuscript is assigned to an editor & two peer reviewers (1-2 months)
↓
Reviews are sent to author to make revisions (1-6 months)
↓
Author submits revised manuscript, which is either approved or sent for 2nd round of revisions (then resubmitted)
↓
Manuscript is sent to publisher for copyediting (1 month)
↓
Manuscript appears online first—in press [http://jmirs.org/inpress]
↓
Manuscript is published in next available issue
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Are you ready to “Ramble”?

This year’s Roentgen Ramble, the CAMRT Foundation’s annual walkathon, will be held June 4 in Saskatoon. For the event, CAMRT members raise money through pledges with proceeds going to the Foundation. In the past few years, the Ramble has become more like a competition.

The Ramble is just one of the Foundation’s events. It also hosts a yearly raffle before the President’s Banquet in which donated items are raffled off. This year in Saskatoon, a social evening comprising a pub crawl is also being held following the AGC Welcome reception. Proceeds from events go back to the Foundation.

What is the Foundation’s purpose and how do CAMRT members benefit?

“The Foundation is a registered charity that serves all members,” says President Sandra Iftody. “It provides educational bursaries for members and two scholarships for students.”

Since its inception in 1987, the Foundation has given away $140,000 in grants to members. In the past two years alone, it has disbursed $20,000. Sandra says the there has been an increase in the number of members requesting money and also in the amounts being requested. Grants are available for financial assistance to members enrolled in courses of study related to medical radiation technology; for research associated with medical radiation technology; and for registration payments for education sessions relevant to medical radiation technology. There are also two scholarships: the William Doern Training Scholarship, which is available to the legal children of members and the Canadian Nuclear Safety Service “Leaders of Tomorrow” Scholarship for students enrolled in an entry-level MRT program.

Although it is a separate entity from the CAMRT, the Foundation compliments and enhances the educational activities of the professional association and its members. It promotes pride in the profession, advocates lifelong learning, promotes patient care and helps members keep abreast of new and emerging technologies.

It does so by enabling members to pursue continuing education opportunities.

The Foundation runs deftly on a skeleton crew comprising Sandra, Darlene Courtney, who serves as treasurer, and Keri Smith, the newly appointed secretary. Two members from the CAMRT board of directors also participate. Each province has a liaison that represents the Foundation and conveys its activities to the provincial member associations. It also receives financial support for its initiatives from the CAMRT and through the corporate benefit program.

On average, the Foundation executives volunteer 4-5 hours a month of their time, but the time commitment increases substantially in the period leading up to and including the AGC, which is the Foundation’s busiest time of year.

Darlene Courtney considers her involvement with the Foundation to be a “fun volunteer job” that “provides a great opportunity to be involved. It opened my eyes to what the CAMRT does and has enabled me to meet a lot of members.” She encourages members to volunteer.

If you’re not too familiar with the CAMRT Foundation, check them out at http://www.camrt.ca/aboutcamrt/camrt-foundation/. Or better yet, drop by and see Sandra, Keri and Darlene at the Members’ Lounge in Saskatoon.

Radiation Therapists

Work, Play & Relax in Ontario’s Cottage Country

Located in Barrie, and currently under construction, the Simcoe Muskoka Regional Cancer Centre is targeted to open in late 2011. Radiation Therapists will be required to perform all aspects of radiation treatment planning and delivery. Our state of the art and paperless treatment facility will have 3 Varian linear accelerators, 1 Philips Brilliance Big Bore CT Simulator and will be supported by Varian’s ARIA Oncology Information System.

At this time, interested candidates are asked to submit a letter of interest and resume to: Jennifer Montgomery, Manager of Radiation Therapy at: SMRCCRECRUITMENT@rvh.on.ca

Formal recruitment will begin in Spring 2011 and all qualified, interested applicants will be contacted with specific application instructions.

For construction updates, check our website at www.rvh.on.ca
The Image of Care Campaign is ready to launch
By Leacy O’Callaghan-O’Brien, Director of Advocacy, Communications and Events

For more than two years, we’ve been talking about rebranding... now we begin to do it.

Mark your calendar for the first important event. Our Image of Care advertising campaign will hit the newstands the week of May 16, in the June issue of Reader’s Digest and Sélection magazines. Why not pick up several copies of the magazine to share with colleagues, family and friends? And put one out where staff gather at work so that everyone can share in the professional pride this ad will evoke.

The print advertising will be complemented by a series of web-based ads in the same theme. We are sponsoring the RD Health newsletter in June at www.readersdigest.ca/health and will have dramatic banner ads running throughout the site, www.readersdigest.ca for a period of four weeks. We will also be launching our imageofcare.ca website, a single place to direct the public and patients for information about the profession, the procedures and the possibilities of a career in medical imaging or radiation therapy. A similar campaign will run in September, and our November MRT Week campaign will feature our new Image of Care tagline and graphic designs prominently. And finally, we’ll be creating an Image of Care resource centre on the CAMRT website, where you will find downloadable graphics, ad templates, customized photos and sample news releases and articles that you can use to create excitement about your profession in your workplace and community.

Our research last year told us that 30% of Canadians had come in contact with an MRT within the six months prior to our survey—but only 10% could identify the individual who performed the procedure. That is a powerful statistic that tells us this campaign is timely and necessary.

This is what we are doing... and here are some ideas about what YOU can do to become a brand champion.

1. Adopt our NOD introduction approach: tell the patient your Name and Occupation and explain what you plan to Do.
2. Promote the campaign microsite; add the imageofcare.ca URL to your email signature, personal blog and social media page.
3. Host a brand champion presentation in your institution.
4. Use the graphic templates and tools that will be made available on the CAMRT website to create local advertising, posters and promotional items that you can wear, or provide to patients, to share the brand message widely.
5. Host a contest recognizing staff members who adopt the brand in creative ways.
6. Write an article about the rebranding of MRTs for your institution’s newsletter, community paper or other local publications.

Share the NOD approach

Use your Name when greeting a patient:
"Hi my name is Wendy"

Tell them your Occupation:
"I am a Medical Radiation Technologist, MRT, specializing in Radiological Technology"

Explain what you are going to Do:
"I am going to x-ray your lower back today"

Our NOD card here is a reminder that using this simple technique in greeting patients is a simple but effective way to create awareness about your profession... and it’s a sneak peek of our new campaign graphics and messages.

We have an excellent rebranding steering committee on which every province is represented... and Acart Communications, a respected communications firm, providing us with expert design and marketing advice. Now we need you to join the team—champion the brand and share with us your success. This new column will feature ideas that have worked, members that have embraced the brand in creative ways and suggestions for innovative application of our rebranding tools. Send your stories to lobrien@camrt.ca and we’ll tell the world what you’ve been doing.
CAMRT project updates

**Best Practice Guidelines**
Timeline: 2010-2013

**Description:** Helping MRTs across Canada advance in their professional lives and keep up with changes in the field is one of the CAMRT’s strategic goals. Current CAMRT professional practice documentation like the *Code of Ethics* and the *Standards of Practice* help to achieve this goal by describing the conduct expected of professionals. The CAMRT Best Practice Guidelines will build on the values and standards already laid out in these documents by adding depth and detail to the discussion, and thereby encourage individuals to strive for excellence in their profession. The published guidelines will raise the standards of practice where they are lagging and compel those who are already practising at a high level to seek even further innovation.

**What’s Happening:** The CAMRT has assembled a multidisciplinary committee of 20 members from across Canada to discuss, review and develop these best practice documents. Work on the guidelines themselves began in the second half of 2010. A list of topics was identified by the committee to address issues faced by MRTs in all professional disciplines and across the entire spectrum of expertise and experience. Multiple guidelines documents are currently in committee review with many more in the committee research stage. According to our planned timelines, some guidelines will be ready for publication later in 2011 and the full guidelines section for members will go live on the CAMRT website by early 2013.

**Competency Profile Validation Survey**
Timeline: April 2011-Nov 2012

**Description:** Competency profiles are the foundation of the profession and are used by education institutions to develop curricula and determine assignment of clinical placements. They are integral to the CMA’s accreditation process of educational institutions. The profiles show ministries of health and education, as well as unions and the general public, the competency required for entry-to-practice. They explain our interaction with the patient, and the knowledge, skills and judgement required to practise in this dynamic, evolving profession. They also explain the vital part MRTs play in the continuum of patient care and within the healthcare team.

**What’s Happening:** Surveys will be sent to stakeholders requesting feedback on content and other aspects of the profile that affect the development of the blueprints for the entry-to-practice certification exams. When asked for comments and feedback during this validation process for revising the profiles, please do so thoughtfully and be reflective of current and future practice needs—you can make a difference!

**Maintenance of Competence/Continuing Professional Development Guidelines**
Timeline: Spring 2010-Fall 2012

**Description:** Lifelong learning is essential in our rapidly evolving technological healthcare environment if we are to remain competent, credible as a profession and accountable to our patients. The CAMRT board of directors has approved a special project to develop national guidelines, whose purpose is to facilitate the implementation of a program for maintenance of competence or continuing professional development in all provinces for all technologists working in Canada. Some provinces have such a program through their regulatory bodies; however, others lack the resources, financial or human, to develop programming. The national guideline document will assist the latter to implement a program.

**What’s Happening:** All provinces are represented in the Guidelines Workgroup. The workgroup will provide a national guideline/blueprint for development of a program. A draft document will be ready for comments and feedback from committee members for the fall 2011 meeting. The project completion date is fall 2012.

**Canadian Partnership for Quality Radiotherapy**
Timeline: 2010-2012

**Description:** The Canadian Partnership for Quality Radiotherapy (CPQR) is a joint initiative between the associations most directly involved with radiation medicine in Canada: CARO (oncology), COMP (physics), and CAMRT (therapy), plus the Canadian Partnership Against Cancer (CPAC). CPAC has provided funding for two years. We are entering the second year, and have plans to explore a five-year plan moving forward. The steering committee consists of well-positioned members from the four organizations; John French and Caitlin Gillian represent the CAMRT. We also have an advisory committee comprising many interested stakeholders that operates via email.

**What’s Happening:** The CPQR is examining Canadian standards for quality in radiation therapy. Thus far, the initiatives we’ve been involved with include: updating obsolete technical standards for equipment; creating a taxonomy for radiation incidents, and potentially a national reporting system; and developing an auditing process for the compliance to a number of standards and guidelines.
Diversity and inclusion initiative
By Megan Brydon, BHSc, MSc(c), RTNM

In their efforts to provide healthcare consumers with the best care, many health organizations are moving towards a more inclusive approach that considers the diverse needs of the people served by the various programs and services in health centres across Canada. They recognize that providing the best care for the patient has as much to do with approach, accommodation and cultural appropriateness as it does with medical interventions, diagnosis and treatment.

Several health centres have been making concerted efforts to improve the quality of care in terms of diversity, inclusion and cultural competence. In this inaugural column, we look at the IWK Health Centre in Halifax, Nova Scotia, and its Diversity and Inclusion Strategy.

I became involved with the Diversity and Inclusion Committee at the IWK Health Centre in the spring of 2008, at the same time that the IWK was developing a new strategic plan. The organization formally recognized creating the Diversity and Inclusion Strategy as one of nine strategic projects under wave two of its strategic plan, thereby giving the project team resources and commitment to establish the strategy. The strategy included establishing a diversity, inclusion and cultural competency position statement for the IWK. Several initiatives were required to implement the strategy and the position statement; these ranged from reaching out and hosting a community forum, hiring a Diversity and Inclusion Coordinator, training IWK staff to be cultural competency facilitators for centre-wide learning, supporting prideHealth and developing a diversity and inclusion lens tool.

The lens tool is a resource that can easily be disseminated in print or online; however, before putting it into use, it is important to grasp the intent and thinking behind the tool. To get back to basics, a lens is literally a way of viewing what is around us. A lens tool takes this concept and applies it to viewing policies, programs and strategies while considering a variety of perspectives and how to create a welcoming and inclusive environment. The Diversity and Inclusion Committee developed a lens tool to encourage the application of diversity and inclusion concepts in patient care and the Health Centre’s policies. Many organizations, within and outside the health sector, have used lens tools to help work through challenging concepts and IWK’s diversity and inclusion lens tool builds on previous lens tool work.

For the purposes of a diversity and inclusion scope, the current lens tool consists of 12 questions focused on such considerations. Some of the questions are:

- How are community groups being consulted in the planning, process and evaluation of this work?
- How are the needs and impact of different religions, traditions or holidays being considered?
- How can a supportive environment be created for an individual or couple who identify as GLBTI (gay, lesbian, bisexual, transgendered, intersex)?
- Is the program/service/treatment financially accessible to families belonging to any income range?

While lens tools can take many physical forms, we chose to use a bookmark on cardstock paper that is easily accessed, and is small and portable. Since its launch in 2010, feedback around the lens tool, its use, the scope of the questions and potential future considerations have helped the committee realize that our efforts are a work in progress. The lens tool has been used to inform front-line health practices and policies from providing sufficient patient interaction and preparation, to broader organizational policies through human resources and other areas, recognizing, not only patient and family diversity, but also that of staff and volunteers. Since the lens tool doesn’t have an exhaustive list of criteria for consideration, the work group used community feedback and other resources to determine the most effective articles to include in the lens tool. Now that the lens tool has been rolled out, we have received very insightful reactions and suggestions as to what was most useful, and also realized that important populations may not have been captured with the current lens tool and may otherwise be underrepresented.

Movement in the direction of diversity and inclusion in health care is one of perpetual learning and realization. There is no one solution to help solve or address our shortcomings in providing diverse and inclusive care, nor is cultural competence a state that is ever perfected. For instance, in the early diversity and inclusion work, the subject area focused a lot on various ethnic and cultural diversities, but we now know that there are also other diversities such as family units, physical diversity, financial diversity and literacy. As we open our eyes to the world of diversity and inclusion, we continue to see more diversity and more people who haven’t been given the opportunity to receive the best care. Achieving cultural competence is a goal we continue to strive towards and we must continue to evolve in order to provide the best, most complete care.

For more information, contact the IWK Health Centre’s Diversity and Inclusion Coordinator at (902) 470 7362.
Canadian Partnership for Quality Radiotherapy

MRTs supporting quality assurance in radiation treatment

The Canadian Partnership for Quality Radiotherapy (CPQR) is an alliance among the national professional organizations involved in the delivery of radiation treatment in Canada: the Canadian Association of Radiation Oncology (CARO), the Canadian Organization of Medical Physicists (COMP), the Canadian Association of Medical Radiation Technologists (CAMRT) and founding partner the Canadian Partnership Against Cancer (CPAC). The establishment of this partner-driven organization provides a unique opportunity for CAMRT members to contribute to the development of consensus-based policy documents that affect their role within radiation treatment in Canada.

CPQR’s initial mandate includes the development of programmatic and technical quality guidelines for use in Canadian radiation treatment centres, an online audit system for individual centre self-assessment of compliance with quality guidelines and a taxonomy to assist with the classification of radiation treatment incidents in Canada. These activities will lay the groundwork for national reporting of radiation treatment incidents and, in the long term, a more formalized accreditation process for Canadian radiation treatment centres.

Since its formation in mid-2010, CPQR has focused on developing a guidance document that outlines key elements of quality that are important in radiation treatment programs. This document, Quality Assurance Guidance for Canadian Radiation Treatment Programs, also provides quality indicators to assist centres with overall programmatic quality assessment. The indicators will be validated at radiation treatment centres across the country this summer. Validated indicators will then be integrated into an online audit tool designed to assist centres in tracking improvements against these quality indicators and hopefully improve overall service quality.

CPQR is also developing supporting guidance documents. The first outlines key elements of radiation treatment equipment quality control and the second outlines a national reporting system for radiation treatment incidents. Technical Quality Control Guidance for Canadian Radiation Treatment Programs, the document that provides a framework for equipment quality control, has been drafted and is currently being piloted using three equipment guideline documents (previously referred to as the CAPCA standards). This guidance document also outlines a structure to support the ongoing validation of these equipment guidelines, transforming them into a set of living guidelines to be implemented and applied consistently at all radiation treatment centres across the country.

The CPQR initiatives are closely aligned with the CAMRT’s mission to provide the highest quality medical imaging and radiation therapy care possible. We hope that our development of tools that strengthen quality improvement and patient safety within radiation treatment centres will also support your role as MRTs. As a CAMRT member, you can become involved in CPQR activities by joining our advisory group and promoting our activities within your workplace and broader professional community.

To learn more or to join our advisory group, please contact Erika Brown, project manager of CPQR (edgconsulting@gmail.com).

Terry Ell: CAMRT’s new ISRRT representative

Since taking on the role of CAMRT representative to the ISRRT in January, Terry Ell has been busy “getting his feet wet” by reading up on what the international organization has been up to. This role is just the latest in Terry’s longstanding volunteer involvement with the CAMRT, but it’s one he’s very much excited about.

“I was surprised to be accepted for this position as I knew there would be a number of highly qualified candidates,” he said. “I have a lot of respect for this position.”

Within the ISRRT, Terry sees opportunities for the CAMRT to exhibit global leadership particularly in terms of education. He cites the association’s certification exam and its strong selection of continuing professional development courses. He’d like to see the CAMRT widen access to its courses so that internationally educated MRTs can increase their knowledge and skills, and thereby benefit patients in other countries. Also, IEMRTs looking to practise in Canada would improve their chances when writing the national exam.

Terry would also like to represent his discipline, nuclear medicine, and be able to bring forth issues and concerns that may not be as well known or understood internationally as those in the other disciplines. He’s interested in increasing the knowledge base of nuclear medicine practitioners globally and learning more about how the profession is practised in other countries. Moreover, he plans to increase his awareness of issues facing MRTs overall.

Terry has been employed in nuclear medicine for almost 30 years; first as a technologist and presently as a clinician. He studied nuclear medicine at SAIT and earned his PhD in education from the University of Calgary, and is passionate about both. He looks forward to the 2012 ISRRT Congress in Toronto because it will enable the CAMRT, and Canada, to showcase its expertise. He expects that contacts he will make during his four-year term may prove invaluable in the future.
Today’s expectations for healthcare services continue to be on the rise as technology, education and training are constantly improving. Consequently, the need for healthcare professionals, such as medical radiation technologists (MRTs) to protect themselves against liability has never been greater.

A liability claim can be devastating financially without adequate insurance to obtain legal counsel. Even a frivolous allegation can result in crippling defense costs. Protecting your professional reputation and accreditation is paramount for the sustenance of an MRT’s livelihood. Therefore, relying on an employer’s insurance policy may leave you exposed and unprotected in various circumstances.

Vicariously, your employer is responsible for your actions while providing your professional services. Therefore, should you be named in an action due to alleged negligence, your employer will undoubtedly be named in that suit, along with anyone else who may have had contact with the plaintiff. Consequently, you will be sharing in those limits with priority assisting in the defence of the employer’s interests.

In addition, this type of liability insurance held by an employer usually does not include legal defense reimbursement for complaints to a regulatory or disciplinary body, or for legal reimbursements derived through criminal proceedings and allegations when a professional is found not guilty.

The trends show that more complaints and claims are being filed through the professional’s regulatory authority due to greater public awareness and the mandate to protect the public, as well as the need to safeguard the MRT profession. Filing such complaints is becoming easier and less expensive for third-party plaintiffs.

That said, healthcare professionals need to protect themselves against such claims and be in a position to afford adequate legal counsel to defend against potential allegations of wrongdoing. Such allegations often include incidents involving professional misconduct, harassment, inappropriate or abusive behaviour, discrimination, misrepresentation, issues surrounding confidentiality of patient’s records, and ethical concerns, just to name a few.

Healthcare professionals who secure their own professional liability insurance through the CAMRT are provided protection regardless of where they work, in addition to providing contractual services outside of their employment.

Therefore, healthcare professionals who purchase liability coverage through their member association, such as the CAMRT, are fully covered against claims made in Canada, regardless of the date or location of the incident.

Only you can drive your career path. Protect your name and reputation. Protect your professional designation that you have worked so hard to attain by securing your own professional liability insurance policy. It’s your responsibility and it’s invaluable.
Competency profiles: the foundations of the profession

By Elaine Dever, RTR, ACR, BHS, Director of Education

The CAMRT is conducting a validation survey of the entry-to-practice competency profiles over the next two years beginning in April 2011. This process will result in revisions to the November 2006 profiles for the disciplines of radiological technology, radiation therapy, nuclear medicine technology and magnetic resonance.

Competency profiles are developed by professional associations in collaboration with regulatory bodies for the profession, and are a description of the professional behaviours required of a practising technologist/therapist as the minimum competence for entry to that profession. The competencies must reflect the knowledge, skills and judgement required to practise safely and effectively at entry to practice.

Competency profiles describe the expectation for entry-level practice and the interaction required with the patient, as well as the types of medical or healthcare services provided by the profession, and the scope of practice, including the technologist/therapist role within the healthcare team.

A validation survey of the competency profiles is conducted in stages with different stakeholder groups being consulted, regulators, education institutions, managers, committee members and practitioners within the profession. Stakeholders are asked questions related to content, frequency and critical importance of the competencies for safe and effective practice. The feedback impacts the revision of the profile and therefore the competency required at entry level into the practice of medical radiation technology.

During a validation survey professional associations engage in some form of visioning exercise to identify emerging practices. Given that medical radiation technology is such a dynamic, evolving technological practice in the delivery of diagnostic therapeutic services, it is essential to identify future practice trends. It has been said that what you learn in school will be modified by the time you are ready for practice due to the rapid changes in today's healthcare technology. Identifying emerging trends and practice assists education programs in their broad curriculum planning and helps to inform those responsible for health human resource planning.

Competency profiles are used by education programs to develop curriculum and identify types of clinical placement assignments. The competency profile is used to develop the blueprint for the entry-to-practice certification exam, and based on feedback through the consultative process regarding frequency and critical importance of the competencies, ensures emphasis is appropriately placed on the exam. The profiles are an integral part of the Canadian Medical Association's accreditation process in the assessment of education programs for accreditation status. The profiles identify the standard required for entry to practice and therefore can be used when dealing with ministries of health and education to inform and showcase our unique expertise in the continuum of the patient's care and our integral role as part of the healthcare team. They also can be used to inform unions and the general public regarding the professions and the vital contribution made to health care by MRTs. Medical radiation technologists must be committed to lifelong learning if competency is to be maintained, and the credibility of the profession is to be upheld by our peers and the public. The competency profiles can be used as a tool by practising technologists/therapists to identify continuing professional development needs given the rapid change in practice and technology.

Competency profiles are validated though surveys every 3-5 years. They are the foundation of the profession. Therefore, when contacted and asked to comment and provide feedback, please take the time to do so thoughtfully and be reflective of current and future practice needs—you will make a difference!

Education news

CAMRT Cancer Series

The CAMRT Cancer Series is a set of quick self-study courses designed to educate healthcare professionals about various topics in oncology. Cancer is a significant issue in healthcare, and accounts for approximately 13% of all deaths annually. Rapid developments in cancer research lead to changes in clinical techniques, and it can be difficult for interested learners to sort through the myriads of cancer information available. Individuals who want to learn more about various cancer topics are encouraged to take the CAMRT Cancer Series Quick SelfStudy courses. These short courses focus on topics ranging from specific cancers (such as prostate, breast, skin and colorectal cancers) and palliative care in radiation therapy. Coming soon we will have specialty topics such as nutrition and cancer, and lung cancer. Whether you are interested in professional development, improving your patient care skills, or expanding your own personal knowledge, these courses will provide the most up-to-date and relevant oncology information. These courses are appropriate for all busy healthcare professionals and can be completed according to your own schedule in any order you would like.

For more information on a specific Quick SelfStudy or to apply, please download a registration form at: http://www.camrt.ca/professionaldevelopment/quickselfstudiesqss/QSS_Registra tion_Form_2010.pdf.

The following CPD opportunities are currently in development by the CAMRT and will be available for enrolment in the near future. Please visit the CPD section of the CAMRT website regularly for details or contact cpd@camrt.ca for more information.
Full-Length Course

Human Factors in Patient Safety (available Fall 2011)

This course will provide an excellent introduction to the core concepts of human factors in patient safety and principles of Human Factors Engineering (HFE). It addresses the inevitable problem of human fallibility and explains fundamental sensory, cognitive and motor limitations of humans that predispose them to error. This course examines vulnerabilities in complex work systems, offers practical strategies to prevent or reduce human errors and outlines methods to systematically analyze adverse events and identify solutions to ensure safe, effective and efficient patient care. Knowledge and skills acquired in this course will be essential to anticipate, recognize and effectively control patient safety risks in dynamic situations. The course provides relevant case studies, best practices and pragmatic techniques to foster a culture of safety, create high reliability organizations and design systems and work processes that are resilient to human errors.

Quick Self-Studies

Lung Cancer: An Overview (available Summer 2011)

This quick self-study course introduces the different types of lung cancer and discusses prevention, treatment, prognosis and 2009 statistics. Given that lung cancer is the leading cause of cancer-related deaths in Canadian men and women, this course is timely and suitable for all healthcare professionals and the general public.

Nutrition and Cancer (available Fall 2011)

This quick self-study course is intended to introduce the learner to how nutrition can play a role in cancer development, treatment, recovery and survivorship. Nutrition is a vital component of cancer care. Compelling research shows that a healthy diet can significantly reduce a person’s risk of developing some cancers. In addition, malnutrition is a common problem in cancer patients that has been recognized as an important component of adverse outcomes, including increased morbidity and mortality and decreased quality of life. Weight loss has been identified as an indicator of poor prognosis in cancer patients. This QSS is intended to give the learner (healthcare professional and the general public) an appreciation of the impact of nutrition in cancer care. For healthcare professionals, it is hoped that the information provided in this QSS will be of benefit to their clinical practice.
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Visit www.camrt.ca/conference for further details.
Have you Linked In?
Or found us on Facebook? Joined a listserv?
Social media is a great way for professionals to connect, share resources, and discuss the trends and issues that have an impact on your working life now and into the future. It is also a good way to find out more about what your association can and does do for you.

The CAMRT has integrated social media into its communication strategy, and we need you to collaborate with us to create rich content that can be shared with other members of the MRT profession. Here’s how to connect.


Join one or more of seven CAMRT listservs: [http://www.camrt.ca/members/listservs.asp](http://www.camrt.ca/members/listservs.asp)
Radiation Safety Officers; Leadership; Educators; Mammographers; Interventional Radiographers; Radiation Therapy; Research

New CAMRT Fellow
Tara Rosewall, Radiation Therapy research and development leader for Princess Margaret Hospital’s Radiation Medicine Program, is the CAMRT’s newest Fellowship recipient. Her project, “The Use of Journal Clubs in Canadian Radiation Therapy Departments: Prevalence, perceptions and evaluation of practice,” has been accepted by the Fellowship Committee. Tara will present her project then answer questions on Saturday, June 4, at the CAMRT’s 2011 Annual General Conference in Saskatoon. The CAMRT’s 17th fellow, Tara will be honored at the President’s Banquet where she will receive the fellowship medal.

Reminder for all Advanced Certification (AC) candidates:
The CAMRT would like to remind all AC candidates enrolled into the program that all program requirements must be completed by December 31, 2011. For more information or to request an updated Program Summary, please contact Melanie Bérubé, Manager Continuing Professional Development at mberube@camrt.ca.

Don’t forget to register! We hope to see you soon in Saskatoon!
The CAMRT’s 2011 Annual General Conference (AGC) is being held June 2-5 in Saskatoon. Join your fellow MRTs for lots of fun and laughter and a program filled with professional learning opportunities for everyone.

To register, visit: [http://www.camrt.ca/professionaldevelopment/conferences/2011/participants/](http://www.camrt.ca/professionaldevelopment/conferences/2011/participants/).
To check out this year’s program, go to: [http://www.camrt.ca/professionaldevelopment/conferences/2011/conferencedocuments/](http://www.camrt.ca/professionaldevelopment/conferences/2011/conferencedocuments/).

Online profile management
Did you move recently and need to change your contact information, but you just remembered and it’s 2am? The CAMRT is pleased to offer online profile management, a new online service for members.

Members can now update their contact information through the Members’ Only section of the CAMRT website.

Simply log in to the CAMRT website, using your CAMRT Member ID number and your last name and you will notice a new menu item has been added called “My Profile” where you can update your mailing address and contact information.

Change your contact information with the click of your mouse, on your time, when you want, even when the national office is closed. Here for you 24/7!

Are you looking for a new job or looking to hire?
The CAMRT regularly posts new employment opportunities across Canada and from employers abroad. To check out the latest employment offerings, log in to the Members’ Only area using your userid and password. To post a job, visit [http://www.camrt.ca/publicationsandinformationresources/onlinejobbankpostingservice/] or email pwilliams@camrt.ca.

Thanks for your support!
Congratulations to those organizations awarded a 100% membership certificate. Every technologist within the department or organization (available online) is a member in good standing with the CAMRT. To have your organization’s achievement recognized, contact Francine Caron at fcaron@camrt.ca for an application form, or visit [http://www.camrt.ca](http://www.camrt.ca) and download the form under “Most Requested Pages.”

Call to authors and reviewers:
Journal of Medical Imaging and Radiation Sciences
Dubbed “the friendly journal,” we encourage MRTs to submit articles for publication. We are also looking for reviewers in all four disciplines. Make a contribution by joining our team of reviewers and help the journal achieve its vision of being the “premier journal in the field of medical radiation sciences.” Email editor@camrt.ca for more information.

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Update your profile by May 13 and you could win a free iPad, free registration to this year’s AGC or a free Quick Self-Study course. Don’t delay!
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[www.cmlhealthcare.com](http://www.cmlhealthcare.com)