

the newsletter of the australasian sonographers association

soundeffects news



Awards of Excellence 2015



Honouring outstanding achievement in sonography

- Sonographer of the Year – The Pru Pratten Memorial Award
- Sonographer of the Year (ACT/NSW/NT/QLD/SA/Tas/Vic/WA/NZ)
- Mentor of the Year
- Educator of the Year
- Researcher of the Year
- Workplace of the Year

“Winning this award is an amazing honour and I am humbled to have even been considered. My passion has always been to contribute at the grass roots level: teach, tutor, promote and research. I’ve never felt so inspired to keep going.”

**2014 Pru Pratten Memorial Award –
Sonographer of the Year, Jessie Childs**

NOMINATIONS NOW OPEN



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from the editor



In this issue of *soundeffects news*, we reflect on what the ASA has been doing to educate sonographers and promote sonography as a profession.

Our *CPD wrap up* on pages 24–5 gives you a quick glimpse of all the meetings held over the past months in Australia and New Zealand. Taking the profession forward and planning for the future is important for us all. The article on pages 8–9 in this issue summarises the recent *Future Directions Forum (FDF)* that was held on 14 September 2014 at the Parkroyal Hotel, Melbourne airport, Tullamarine. The forum was thought-provoking, bringing forward many new ideas, and gave the delegates an opportunity to discuss changes that are to be made to a number of processes. A small celebration of the launch of the *Sonography* journal was held at afternoon tea at the FDF and we all enjoyed the magnificent cake.

Some changes are to be made to the *Awards of Excellence* and the details of this will be conveyed to members, once finalised. To be recognised by your peers is important for our profession and particularly exciting for those who are honoured. The 2014 Pru Pratten Sonographer of the Year, Jessie Childs, is the focus of a *person profile* this issue. She is an inspiration to all sonographers

and a well-deserved recipient. Who will be honoured in 2015?

This issue also contains a *feature article* on SIMTICS and the development of these simulation modules. Members of the ASA receive a 20% discount on SIMTICS modules, with further reductions offered for this month only. There is some great information in this issue on sonographer health and wellbeing in the *feature article* by Doug Wuebben on *Living pain free* and the *WH&S matters* article on *Hand and wrist fitness for sonographers*.

With your newsletter, you will also have received issue 2 of *Sonography*, your 2015 ASA wall planner and the preliminary conference program flyer for ASA2015 Perth.

Finally I would like to take the opportunity to wish all ASA members a very relaxing festive season and I hope everyone has a break and a chance to spend time with family and friends before launching into 2015. Thank you to all who have been involved in publications in 2014, whether writing, peer reviewing, or production. For those sonographers working over this period, it's good to acknowledge you for providing our communities with continuous healthcare throughout the holiday period.

Glenda McLean
Editor

Season's Greetings from the ASA

The ASA Board of Directors and staff wish all members and their families a safe and happy holiday period. We would also like to thank the hundreds of volunteers who contributed tirelessly to the ASA's successes as the peak body and leading voice for sonographers during 2014. The ASA Office will close Wednesday 24 December 2014 and re-open Monday 5 January 2015.



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soundeffects news

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It is with great pleasure that I sit here composing my second report as president of the ASA and reflect on our achievements in 2014. There has been growth in the membership of 12.57% to 4214 members as of 30 June 2014, with a continued retention of members of over 90%. This strength of numbers, along with the development of our *Code of Conduct for Sonographers, Standards of Practice* and *By Laws: Complaints about Members*, means we are well-placed to represent sonographers in Australia and New Zealand. This will enable us to further our mission that is to guide the advancement of our profession to ensure the community has access to quality sonographic services. The ASA is also collaborating with the Australian Sonographer Accreditation Registry (ASAR) on a range of issues including better regulation of our profession.

The ASA had two very successful meetings this year: ASA2014 Adelaide the 21st Annual Conference in May and the SIG2014 Brisbane, the 10th Special Interest Group Seminar in July. I would like to take this opportunity to thank everyone involved, both staff and members who contributed to the planning, implementation and completion of both events. It is a tribute to the hard work and dedication of all involved that two major events can occur with very few hiccups (and no major disasters!).

The ASA has continued to expand our branch and sub-branch networks. We have welcomed two new sub-branches in Australia: the Gold Coast and Riverina and two new branches in New Zealand: Wellington and Auckland/Waikato. I hope you find the ASA as welcoming as

I always have and enjoy the opportunities to network with your peers and colleagues at a local and national/international level. I look forward to working with all our members to advance our profession through education and advocacy.

The Board of Directors met for a face-to-face meeting on October 24 and 25 at the head office of the ASA. We met the ASA staff in situ, hard at work on the Friday, and had a very productive Board meeting on Saturday. Our strategic plan ends in March 2015 and we discussed moving forward to develop a new strategic plan. Members and other stakeholders will be asked to contribute their ideas and opinions on our goals and aspirations for the next five years.

The Board was pleased to approve the recommended changes to the Awards of Excellence process. This was done following advice from the Future Directions Forum (FDF), held on 14 September 2014 in Melbourne, where participants provided excellent input on how to proceed for the next three years. I hope the new criteria and terms of reference mean we will receive many more high quality nominations. The Board also approved the terms of reference for the Education Advisory Committee (EAC). The EAC program is linked to the following strategic plan objective 'to provide and influence quality academic and clinical education'. The work of the EAC will involve continuing to develop guidelines and resources that support quality education and training for sonographers and by influencing the delivery of entry-level education and clinical training. They will also provide support to the students,

clinical supervisors and employers in the delivery of clinical training and enhance access, relevance and quality of CPD opportunities for sonographers whilst promoting active participation. I would like to congratulate the following members who are part of the EAC: Richard Allwood (WA), Jennifer Alphonse (NSW), Peter Coombs (Vic), Toni Halligan (Qld), Tracey Harrington (NSW), Deborah Mackintosh (NZ) and Robyn Tantau (NSW).

As you may or may not know, research is something dear to my heart. So it pleases me greatly to be able to report the Board also adopted the following recommendations put forward by the FDF. We have decided the ASA will shift the focus of research grants from completed research to seeding new research with clear selection criteria based on good practice. A research mentoring process will be established, as well as a judging panel, to review research proposals. The ASA will seek funding to increase the number and level of funding for research. We will also use existing communication channels to promote research in sonography whilst offering CPD programs in research design and applications.

At the ASA, we are preparing for a busy and fruitful 2015. In the meantime, on behalf of myself and the Board, I would like to wish you all a very happy, safe Christmas and New Year and a holiday season filled with long sunny days, good company, and I am sure, some well-deserved downtime.

Dr Ann Quinton, President
president@a-s-a.com.au

I have now been in the role for four months, so perhaps the honeymoon period is over? As I settle in, and continue to learn, I am really enjoying my time with the ASA. Over the past four months, quite a bit has happened, including the Future Directions Forum (FDF), three Board meetings, the establishment of the Education Advisory Committee (EAC), Sonographer Advancement Working Party (SAWP) meetings and a range of advocacy meetings with various national groups. Amidst all of that, the team in the head office had been busy with SIG2014 Brisbane that took place in July and organising next year's annual conference, ASA2015 Perth. We would certainly love to see you in Perth next year. Of course, the earlier you arrange flights the better value they are and at the moment there are some great deals to be had.

Volunteering is an important part of my life. I have a great deal of respect and admiration for people who give their time and expertise to support a cause. The strategic impact of volunteering in ASA is enormous – the Board, branches and sub-branches. Special Interest Groups, organising committees, the EAC and SAWP all make major contributions. With International Volunteer Day on 5 December 2014, it is an ideal opportunity for us to acknowledge and appreciate the great contribution so many sonographers make in support of the ASA and to advance the profession.

In 2015, the current strategic plan comes to an end. We are now deep in the process of developing our new strategic plan. The Board has endorsed a highly participatory process to develop a strategy that incorporate ideas and priorities from across the membership. This year's member survey will be focused almost entirely on the issues and priorities to be addressed over the

next few years. It will be a shortened survey, so please take the time to make your views heard. There will be other opportunities to contribute at branch, sub-branch and other committee meetings. Once we have received the feedback, we will collate it all and determine themes for action. The Board will review and refine the plan at a two-day meeting in February. The new strategic plan will be launched at ASA2015 Perth in May 2015.

Regulation and registration are obviously important issues for sonography. This was confirmed at the FDF as one of the two most important strategic priorities. The review of the National Registration and Accreditation Scheme offered an opportunity to ASA to advocate for sonography to become registered under the scheme. The position we took was that sonography should be registered, along with every other diagnostic imaging profession, under the Australian Health Practitioner Regulation Agency. As a second option, we would also accept registration under a legislated self-regulation scheme. ASA has been working with the National Alliance of Self-Regulating Health Professions for some time and we will continue that work into the future. There is scope for ASA and the Australian Sonographer Accreditation Registry (ASAR) to work collaboratively in this space and the Boards of both organisations have committed to working closely together on this and other issues. Our *advocacy alert* on page 6 provides more detail on our recent work toward improved regulation of the profession.

The second strategic priority that emerged at the FDF was education pathways. Recently, I was informed of a second undergraduate sonography course at Curtin University. My understanding is that this course has an equivalent undergraduate and



postgraduate component, similar to the course at Central Queensland University. The development of these courses is a positive sign of sonography being seen as a profession in its own right. At the same time, there are some issues with clinical placements and potentially industry acceptance of people qualified in one modality. At the other end of the scale there is scope for further postgraduate training in specialty areas and ASA would encourage professional development in higher education programs. I also believe that there is a strong view that vocational education is not considered appropriate for sonography.

I look forward to engaging with you over the next couple of months to determine our strategic priorities and areas for action over the next few years. It is an exciting time as the profession continues to develop and mature.

Dr Stephen Duns, CEO
ceo@as-a.com.au

soundbite

Q. I am a student and I would like to get a hard copy of *soundeffects news* and *Sonography*. How do I do this?

A. For \$50 per year, you can subscribe to receive *soundeffects news* and the peer reviewed journal of the ASA, *Sonography*. Please contact Nicole Kipos, Membership Officer on members@as-a.com.au or phone +61 3 9552 0009.

sig2014 brisbane wrap up

Obstetrics and gynaecology sonography – getting to the heart of the matter

Musculoskeletal sonography – the young and the restless

SIG2014 Brisbane, the 10th Annual Special Interest Group Seminar of the ASA, was held on the 19–20 July 2014 at the Brisbane Convention & Exhibition Centre.

With more than 430 delegates in attendance, this two-day seminar provided targeted and comprehensive plenary presentations, workshops and panel discussions via a highly engaging education program for delegates.

For the first time, the ASA partnered with the 18th International Conference on Prenatal Diagnosis and Therapy and International Society of Ultrasound in Obstetrics and Gynaecology (ISUOG) on Sunday 20 July 2014 to deliver 'Imaging of the fetal heart'.

Following SIG2014 Brisbane, the 18th International Conference on Prenatal Diagnosis and Therapy followed with three days of conference sessions.

The seminar also included a great opportunity for the delegates, speakers and sponsors to catch up in a relaxed and friendly atmosphere at the networking drinks on Saturday night.

The ASA would like to acknowledge the efforts of the SIG2014 Brisbane Convening Committee that contributed to the outstanding success of the event, the talented faculty of presenters, including specialist sonographers, medical, surgical and allied health professionals who gave their knowledge and time, as well as the unwavering support of our sponsors.

SIG2014 Brisbane Convening Committee

Alison Lee-Tannock – Co convenor, 'O&G sonography – getting to the heart of the matter'

Rachel Cook – Committee Member
Melissa Witherspoon – Co convenor, 'Musculoskeletal sonography – the young and the restless'

Tina Hamlyn – Committee Member

Prof. Jon Hyett – Committee Member

Christopher Lewis – Committee Member

Kip Lim – Committee Member

Deborah Moir – Committee Member

Keynote speakers

Musculoskeletal stream

- Michelle Fenech
- Lisa Hackett

Imaging of fetal heart course

- Professor Lindsay Allan
- Dr Andrew Cook
- Professor Antoni Borrell
- Dr Ritu Mogra

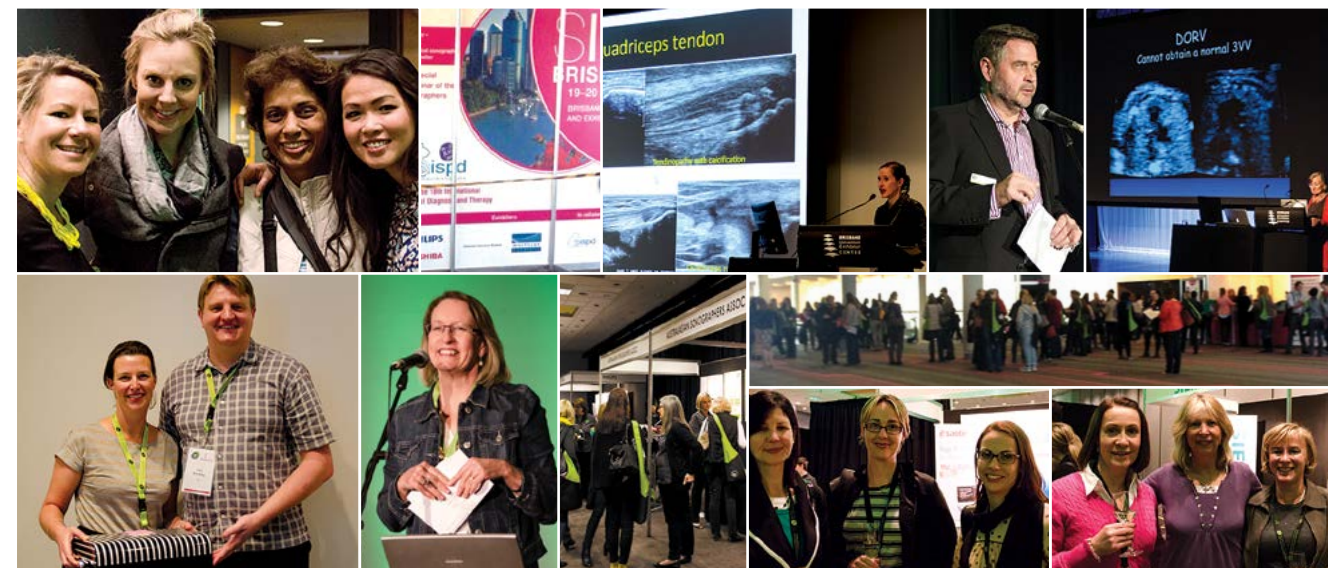
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Regulation of sonography in Australia and New Zealand

An essential component of advancing the sonography profession is ensuring New Zealand and Australian communities have access to quality sonographic services. Assuring patient safety and quality is best achieved through robust and integrated professional regulation that provides for recognition of qualifications, minimum entry standards, assurance of practice standards, a code of conduct and ethics, and a single avenue for complaints with compliance mechanisms.

New Zealand

In New Zealand professional regulation of sonographers is administered by the New Zealand Medical Radiation Technologists Board (NZ MRTB), whose primary responsibility is to protect the health and safety of the New Zealand public by ensuring practitioners registered in the profession of medical radiation technology are competent and fit to practise.

The NZ MRTB is empowered to undertake this work under the *Health Practitioners Competence Assurance Act 2003* (The Act). The Act is about public safety. Its purpose is to protect the health and safety of New Zealanders by providing mechanisms to ensure the life-long competence of health practitioners.

Sonographers are regulated through the Act, which contains a number of key protections to ensure that:

- only practitioners who are registered under the Act are able to use the titles protected by the Act or claim to be practising a profession that is regulated by the Act
- registered health practitioners are not permitted to practise outside their scopes of practice

- registration authorities are required to certify that a practitioner is competent to practise in their scope of practice when they issue an annual practising certificate
- certain activities are restricted and only able to be performed by registered health practitioners.

Australia

Unfortunately in Australia there is no single entity that provides robust and integrated professional regulation for sonographers.

Members would be aware of the professional entry and continuing professional development requirements, as determined by the Australian Sonographer Accreditation Register (ASAR), to achieve and maintain your professional registration.

However, the responsibility for the rest of the regulatory functions that assures professional protection and patient safety is shared across a variety of bodies, including but not limited to:

- individual workplaces through enterprise bargaining and other arrangements
- health commissioners in each state and territory
- peak professional bodies, such as the ASA
- other professional bodies with discreet regulatory responsibility, such as the Australian Institute of Radiography, with responsibility for assessing overseas trained sonographers
- you, as a self-regulating health professional.

As part of our commitment to influence outcomes to secure transition of the profession to a robust regulatory

James Brooks-Dowsett ASA Policy Officer

regime, the ASA continues to maintain the conversation with Australian governments seeking every opportunity to achieve a simplified and coordinated system of regulation for Australian sonographers.

Australian governments have been advancing multiple national initiatives this year that have the potential to impact on the regulation of sonographers. The ASA has been actively engaged with these, both through public consultation avenues and direct advocacy, to ensure the best possible outcomes can be achieved for our profession.

A National Code of Conduct for healthcare workers

Earlier this year a consultation paper *A National Code of Conduct for health care workers* was circulated for consideration and comment. It outlined the intention of Australian state, territory and commonwealth governments to strengthen state and territory health complaints mechanisms through:

- a single national Code of Conduct for unregistered health practitioners to be made by regulation in each state and territory, and statutory powers to enforce the code by investigating breaches and issuing prohibition orders
- a nationally accessible web-based register of prohibition orders
- mutual recognition of prohibition orders across all states and territories.

If enacted in each state and territory, this *National Code of Conduct for health care workers* will set minimum enforceable standards of practice for any person who provides a health service not regulated under the Australian Health Practitioner Regulation National Law, such as sonographers.

These proposed changes follow on from an examination of options to strengthen the regulation of unregistered Australian health practitioners, undertaken in 2011 by the Australian Health Ministers Advisory Council (AHMAC). Broadly, this consultation showed support for a nationally consistent 'Code of Conduct' for unregistered health practitioners.

Although the vast majority of healthcare workers practise in a safe, competent and ethical manner, there are a small but significant number whose conduct or performance falls well below the standard that is reasonably expected by their peers and by the general public. Such practitioners may place the public at serious risk of harm.

Currently, there are three Australian states that confer powers on health commissioners to impose sanctions on unsafe or unethical healthcare workers. An enforceable statutory code of conduct regime commenced operation in NSW in 2008, in South Australia in 2013 and in Queensland from July this year. Healthcare workers who are subject to sanctions in NSW, South Australia and Queensland are currently still able to practise in other states or territories that do not have enforceable codes of conduct.

Feedback was received by AHMAC on the consultation paper in April 2014, with the final report together with any recommendations to be considered by commonwealth, state and territory health ministers in early 2015.

The paper and other information on the National Code of Conduct for health care workers can be accessed through the AHMAC website: www.ahmac.gov.au (under 'related links').

The Review of the National Registration and Accreditation Scheme

On 10 October 2014, the ASA provided its submission to the National

Registration and Accreditation Scheme (NRAS) Review. This submission provided feedback on the NRAS Review consultation paper and advocated for the inclusion of sonography under the NRAS.

Thank you to members who provided input into this submission in response to our September Advocacy Alert.

The independent review of the NRAS is being led by Mr Kim Snowball, the Independent Reviewer, who sought feedback through the consultation process on:

- how the National Scheme is operating
- its strengths and limitations
- key issues and concerns
- priority areas and/or options for reform
- specific proposals for amendment to provisions of the National Law.

The ASA maintains that the registration of sonographers, with our professional title recognised and protected in legislation, is an essential step in supporting and advancing our profession and that we should be included in the NRAS. Currently sonographers are the only diagnostic imaging profession not to be included.

The consultation paper by the Independent Reviewer documenting the current arrangements under the NRAS, discussing issues and options for reform, can be accessed at: www.ahmac.gov.au (under 'related links').

What does this all mean?

The ASA maintains the preferred change for the regulation of sonography would be inclusion under the NRAS. However, this may not be achievable straight away so it is important that we continue to consider and engage with other options and opportunities, such as an authorised model of professional self-regulation

or the establishment of a national code of conduct for healthcare workers, which would improve our professional regulation in Australia.

The ASA considers the value of sonography being a defined profession under the NRAS, or something similar, would include:

- protection of the professional title(s) of sonographer in legislation, safeguarding it from being used by people without adequate training or for non-medical ultrasound
- national agreement on the work definition of sonography, which would facilitate discussions for consistent awards across states and territories (and other industrial relations discussions) and support workforce movement
- alignment, transparency and consistency of governance functions for the profession (e.g. course accreditation, assessment of overseas trained professionals)
- simplified and consistent complaints handling/resolution processes (consumer and professional) that are nationally consistent and better respond to the sonography professional context
- providing a firmer position to describe a sonographer's professional pathway, including workplace and formal further education options, particularly relating to advanced practice; and to explore options for expanded scope of practice for Australian sonographers.

Importantly, as with any work the ASA progresses to guide the advancement of our profession, we do so with the aim that any change simplifies administration and is delivered for sonographers at the lowest possible cost.

Committee members providing valuable guidance to the ASA

The ASA Board of Directors is supported by several committees, one being the Future Directions Forum (FDF). The FDF comprises one representative from each ASA committee. The FDF meets regularly to receive updates on the association's work and provide guidance on the development and implementation of the Strategic Plan.

Twenty-one FDF representatives met with ASA's CEO Stephen Duns, Vice President Sarah Colley and ASA Office staff on Sunday 14 September 2014. Very busy, interactive workshop sessions were held to review a number of ASA activities and strategies that included:

- Awards of Excellence process
- Research Grant
- Sonographer registration processes
- Special Interest Group (SIG) Committee structures
- FDF meetings moving forward.

The meeting was also a fantastic opportunity to celebrate the launch of *Sonography*, the ASA's new scientific educational peer reviewed journal.

A detailed report was presented to the Board of Directors outlining the recommendations proposed at this meeting.

ASA Awards of Excellence

The ASA Awards of Excellence program has operated in its current format since its inception four years ago. The

ASA has processes in place to ensure the program is regularly reviewed to ensure its relevance and sustainability. The Awards of Excellence workshop provided an opportunity to review the nomination process, selection process and categories of awards. Some great ideas were produced which will be taken into consideration when implementing new processes.

Ideas for consideration are as follows:

Nomination process

- There was an overall feeling that the nomination process was too difficult. Can we consider changing the process to include a 'shortlist' of nominees before asking for substantial detail to be submitted?
- If a person wins a 'state' award but not the 'Pru Pratten Memorial Award' in that year, it is unlikely that they will nominate again. Can we consider a renomination process that could include state winners from previous years?
- Can we advertise the winners only, not the nominees? It was felt that those who were nominated but did not receive the award, would be more likely to renominate if not advertised.
- Can we develop a nomination template rather than the list of questions currently used?
- Can we introduce a 'tick box' system in the initial process with more detailed information sought later in the process once it has been determined that the nominees are eligible?
- Can we ensure it is uncomplicated to nominate for more than one award?

Tracey Anthony,
ASA Organisational Support Manager

Selection process

- Can we consider winners from all categories except 'Employer of the Year' for the Pru Pratten Memorial Award?
- Can we allow more flexibility with the 'pass rate' from the judges?

Judging

- Can we initiate a selection process for judging e.g. have varying tenures such as 2 x 2 years, 2 x 3 years?
- Could the nominator or nominee remain undisclosed to the judging panel – maybe a numbering system could be used?
- Can we ensure judges are clear on what the emphasis needs to be when awarding points?
- Can we allow judges flexibility and authority to suggest someone is more suited for another category?

Awards functions

- Can the Awards breakfast be held on Saturday morning at the annual conference and used as an opportunity to announce and present all awards except the Pru Pratten Memorial Award?
- Can winners of all awards be present on stage when the Pru Pratten Memorial Award is announced?
- Can we allow photo opportunities after the awards have been presented?

Categories

Sonographer of the Year:

- Could state awards be best awarded at the local branch education meeting, with only the Pru Pratten Memorial Award to be presented at the conference Gala Dinner?

Trainer of the Year

- Can the questions be revised to have fewer, simpler questions?

Mentor of the Year

- Can the nomination questions be revised?

Researcher of the Year

- Can the questions be amended and a requirement to submit examples of the researcher's published articles be included?

Graduate of the Year

- The general feeling was that this award recognises the emerging sonographers in the profession.

Employer of the Year

- Can the nomination questions be revised?

Other

- Can we create an award to honour retiring members who have contributed to the profession over many years? This would also include life membership.
- Can we improve the marketing of awards?

The ASA Office staff will be tasked with implementing any changes approved by the Board of Directors.

The Research Grant

The Research Grant supports the ASA's strategic goal to 'support and disseminate research that contributes to the profession's body of knowledge'.

The current process allows the grant to be made available to the winner of the annual conference 'Best Research Presentation' prize and the funding is awarded once the research has been conducted. The general feeling at the FDF was that this should be changed and the following considerations were presented:

- Can the Research Grant be made available to all ASA members, not just the winner of the annual conference 'Best Research Presentation'?
- Can grant money be disseminated at the beginning of the research project rather than the end as is current practice?



Participants at the Future Directions Forum held in Melbourne in September

- Can the establishment of a mentor group be considered?
- Can we ensure independent assessors are on the judging panel, such as university representatives?
- Can we seek funding from government, corporate and philanthropic sources?
- Can we be more proactive in finding people to complete research?
- Can we better promote research opportunities through *soundeffects news* and other means?
- Can we draft guidelines to provide more information about how to undertake research?
- Can we include best practice key selection criteria?
- Can we provide other methods of support for research, not just financial e.g. mentoring?

Sonographer registration – why is it important?

The FDF was asked to consider why registration of sonographers is important. A number of responses were provided:

- Effective registration ensures standards for the profession are recognised and maintained.
- Registration should include the ability to de-register sonographers.
- In New Zealand (NZ), registration with the NZ Medical Radiation Technologists Board permits sonographers to practise.

With ASA currently working on two paths towards regulation, including registration, the FDF discussed a third option to consider:

1. Responding to the Review of the National Registration and Accreditation Scheme for Health Professions to ensure sonographers are registered under the Australian Health Practitioner Regulation Agency (AHPRA), as we are the only diagnostic imaging profession currently excluded.
2. Working with the National Alliance of Self-Regulating Health Practitioners (NASRHP) on the possibility of self-registration after sonography was excluded from the Australian Health Practitioner Regulation Agency (AHPRA)
3. Advocate to Australian Sonographer Accreditation Registry (ASAR) to alter their constitution to deregister sonographers who are found guilty of relevant legal or complaints proceedings by removing them from the ASAR register.

Special Interest Group (SIG) Committees

The role of the SIG Committees is to:

- provide advice to the ASA on issues relevant to the speciality
- tailor benefits to grow the membership base in this sector, especially in the development of CPD opportunities and resources

- provide members of the group with networking opportunities by having contact with fellow SIG Committee members
- enhance professional development through gaining experience at a committee level.

The purpose of the discussion at the FDF was to:

- identify what makes a SIG Committee perform well and understand if any good practice can be implemented across all SIG Committees
- determine if there is anything that can be learnt from branch and sub-branch arrangements that could support SIG Committees
- seek advice on how the ASA Office can most efficiently and effectively support SIG Committees.

The outcome from the discussion was that the ASA is actually managing this process well. However, a few changes were suggested:

- Can the SIG Committees have a face-to-face meeting occasionally?
- Can meetings be more flexible?
- Can the ASA Office communicate the outcomes of discussions at meetings to SIG Committees?
- Can SIG Committees have more guidance from the ASA Office regarding taking action items to the 'next level'?
- Can **asawebinars** be utilised to communicate information from SIG Committee meetings to members?
- Can the ASA Office hold individual discussions with each SIG Committee and tailor the support services offered?

The FDF

The FDF has been operating in its current format for approximately five years and is considered a valued opportunity to

engage with ASA committee members. This meeting allowed the opportunity to reflect on how the FDF was held each year. The following general opinions were provided by the attendees about the FDF:

- One-day format works well but 1.5 day, including an information networking session would be very valuable. It's very beneficial to have an opportunity to network with other sonographers.
- ASA Office to communicate outcomes of meeting to FDF by distributing a written report and creating an online portal/forum for questions to be submitted. This portal can be used to identify potential topics for the next meeting.
- ASA Office to research options for utilising teleconference technology for future meetings for people who have to travel longer distances.
- SIG Committee representatives noted it would be useful to collaborate with other SIG Committees about what each group is trying to achieve.

The ASA's future direction – what are the most important things for the ASA to focus on within the next five years?

The FDF participants were asked to discuss the most important areas for the ASA to focus on to advance the profession in the next five years. The following areas were identified:

- develop standards of practice
- provide education
- promote sonographers and the sonography profession
- raise the profile of sonographers
- increase membership (particularly in specialist areas such as cardiology)
- advanced practice and specialisation
- registration/provider numbers
- clinical training placement
- research and further education for sonographers.

Sonography launch

The ASA was excited to celebrate the launch of Volume 1, Issue 1 of our new scientific educational peer reviewed journal *Sonography* and the new look *soundeffects news* at the FDF.

Simon Goudie, journal publishing manager from our partner Wiley, joined the celebrations. ASA editor Glenda McLean presented information about the journal that included author guidelines and how the peer review process works. This was followed by a specially designed cake to enjoy as part of the celebration.

The ASA Board of Directors and ASA Office staff would like to thank all of the FDF representatives for taking the time to be a part of the 2014 meeting. Your support has been extremely valuable and we look forward to working together in the future.



Editor Glenda McLean (right) and Publications Officer Tamsin Wilson at the *Sonography* launch

soundbite

Q. How is my insurance affected if I don't renew my membership on time?

A. You must renew your membership on time to ensure continuity with your insurance cover. Please contact Nicole Kipos, members@a-s-a.com.au or phone +61 3 9552 0009.

person profile

Sounding out the Board – Sarah Colley

Each issue we will profile a member of the ASA Board of Directors. This issue we are sounding out Board Member Sarah Colley.

A short bio

I started out as a nuclear medicine technologist working at Sydney Hospital, where I was first exposed to sonography. After qualifying, I moved to Canberra, where once again ultrasound was part of the Nuclear Medicine Department. It wasn't long before bone scans were a thing of the past for me and abdominal and obstetric ultrasounds filled my days. Training in a hospital gave me a wonderful start in my sonography career, which saw me move back to Sydney to take up work in a multicentre private practice. It was during this time that I was on the ASUM DMU Examination Board as secretary and clinical examiner. I was involved with the postgraduate course at Sydney University, writing material, being a clinical supervisor, as well as tutoring undergraduate students. Years later I moved into the corporate world for a period, on a part-time basis, while maintaining some clinical days. I have been on organising committees for several national conferences (ASUM and ASA) and hold an honorary teaching position at Sydney University for work with the medical students. In recent times I have worked as a locum sonographer, mainly in a rural NSW hospital, before returning in September of this year to an applications role.

Why is being on the ASA Board important to you?

Sonography has been a huge part of my working life, something I have done since before real time was even available! I have been a member of the ASA since its inception in 1992. Being on the ASA Board, as well as the NSW Branch Committee, has given me the opportunity to give back to the profession that has been so rewarding to me. Facilitating continuing education, along with the profession of sonography, is a passion of mine that aligns with the ASA mission. My experience in corporate life is another string to my bow upon which I have been able to draw to assist the organisation. I am very aware of the conflict of interest issues that potentially could arise with my current employment as well as a seat on the Board, so before accepting my current role as an applications specialist, I sought the opinion of all the Board members. Their view was that my contribution to the Board was valuable and that I had displayed sensitivity to issues of confidentiality. I will, of course, remove myself from any



discussions that are a conflict of interest or when asked to by the Board/President. I am looking forward to serving the members during my term of appointment.

What about life outside work?

I enjoy my family, friends, garden, photography, keeping fit, with travel for holidays being something I aim to do as often and for as long as possible.

Who are three people you would like to have dinner with?

Only three? Gough Whitlam, a great mind and visionary; Marie Antoinette, oh to hear about such a decadent lifestyle, the gossip (*Sex in the City* in costume!); thirdly, my mother: how great it would be to have the opportunity for another good chat.

Favourite movie?

The original *The Girl With The Dragon Tattoo*, not the American version. The books were a great read also.

Favourite pastimes outside work?

Cooking is something I do enjoy. Having recently renovated my kitchen, I am having lots of fun entertaining once again.

Favourite place you have travelled to?

I have always enjoyed travel and have been fortunate to visit many wonderful, inspiring places, Kenya and Morocco amongst them. However, last year I spent several weeks in New York and fell in love with the city; I really would love to get back there some time soon.

Do you play a musical instrument? If so, which one?

I am not at all musical. My mother once told me during a midnight carol service that my singing hadn't improved with age! My attempt at school band instruments was limited to the recorder and the glockenspiel.

What's the wildest thing you have ever eaten?

Snake meat in the markets in Taiwan.

Do you collect anything?

Even though I drink mostly coffee, somehow I have managed to collect tea pots! I am the proud owner of several antique items, which I love, as well as quite a few modern funky pots.

What ice-cream flavours do you love and hate?

I am a chocolate ice-cream lover – a real treat. I absolutely detest peanuts (not allergic, just don't like the taste, and the texture of peanut butter ... yuk!), so that is my 'hated' flavour.

Live pain free – the right moves for sonographers

Doug Wuebben,
USA

I was standing in my shower one morning getting ready to go to work as I always do. This morning was different. I was not able to get my arms above my head to scrub the shampoo into my hair. My shoulder pain was so debilitating, I literally could not physically or functionally wash my hair. What does a person do that cannot wash his hair yet needs to go to work and use his body to do his job? Good question. For the last fifteen years I have been a cardiac sonographer. My name is Doug Wuebben. This is my story.

It was at that point of sheer terror that I made a decision to do something. I spoke to my best friend and current colleague Mark (Coach Rozy) Roozen. Mark has over 30 years' experience in the *Strength and Conditioning Industry*. Coach Rozy has trained folks from middle school age to professional athletes from the National Football League and Olympic athletes. Rozy looked at the biomechanics of how I do my job, how my body moves, what it took for me to be able to do my job: position, time, movement, lack of movement, strength, strain, repetition, etc. Rozy gave me great news; he could help me back to 100% functionality. Rozy educated me on why my shoulders caused me debilitating pain and then educated me on doing simple, easy-to-do exercises and stretches the correct way, using the right moves to alleviate that pain. Rozy's philosophy is that you train movement, not muscle. I did what Rozy said and within two months I was pain free. My shoulders quite simply did not hurt anymore. Since that time, I continue to do those exercises and my shoulders have remained pain free ever since. To emphasise the point, I want to be very clear. I get to decide when I want to retire from my career. That choice is mine, not my body's, not an administrator's, not someone else that is looking at the bottom line. To me this was incredible stuff!

A survey conducted by the Society of Diagnostic Medical Sonography (SDMS) and the Healthcare Benefit Trust (HBT) revealed that 84% of the sonographers who responded were scanning while in pain that they attributed to their work activities [1]. Twenty per cent of those sonographers had an injury severe enough to end their careers.

The statistics are alarming. If you are a sonographer, the odds are that you are working in pain every day. If you are not working in pain at this point, then the odds are more than favourable that at some point you will attempt to do your job with pain and injury. I personally know sonographers who had to quit their careers due to the pain and injury sustained as a result of doing their job. The fact of the matter is that sonography is brutal on your body. Repetitive strain injury is the descriptive term used to describe the mechanism and the end result is your pain and injury issues.

Muscles and tendons in our body are designed to be used regularly. The issue arises when the workload is too frequent or for too long a duration. The muscles and tendons can no longer adapt. They become inflamed then degenerate; small micro tears can occur and scar tissue forms.

When a tendon suffers injury, the muscle to which it is attached must compensate by working harder to support the extremity and joint. Greater demands placed on the muscle result in fatigue and strain. This type of stress is the result of many factors, including work pace, a lack of recovery time, the high level of muscular effort required, and the amount of transducer time a sonographer puts in, particularly when performing the same type of examinations repeatedly.

Muscles cannot function properly without an adequate oxygen supply. Oxygen is pumped into muscles and waste materials are removed through the normal contraction of muscles during dynamic movement. Static postures prevent this process, resulting in less oxygen to the muscles and a build up of lactic acid, followed by fatigue and potential injury [2]. The best treatment for work-related musculoskeletal disorders is prevention [3].

Rozy has amazing insight and abilities into how the human body works and functions as a unit. As mentioned, his philosophy begins with training movement and not muscle. When Rozy looked at the biomechanics of my



job, he related each task I did with my body and my body movement. Rozy educated me on these facets and on how to do simple exercises and stretches correctly.

I was past the point of prevention. Following a program that didn't take much time has allowed me to prevail and overcome the odds. I was able to come out stronger and better than ever. It worked so well for me that I knew we could help folks with their pain/injury issues. Rozy and I teamed up. Over the last two years we have presented and successfully educated sonographers all over the world on how they can take charge of their lives and not let their bodies dictate their career.

Rozy changed my life. His talents, education, experience and abilities to correct the human body are amazing. Let him educate you for an equally life-changing experience.

The global ultrasound market is set to explode. Part of our research and watching global trends show that the ultrasound market will see explosive growth over the next 5–10 years. Australia is in the same position, poised to see major growth in the diagnostic imaging industry with an emphasis on diagnostic ultrasound. Major growth is an awesome thing. The caveat to explosive growth is that for sonographers there is an increasing workload. With higher work volume, more sonographers will be experiencing more pain and injury as a result of increased workload, as



well as an increased number of sonographers working. It can become a major issue and one that needs to be addressed. We're excited to be helping with finding ways to keep sonographers working longer and living pain free while doing it.

In the next article in the series, Coach Rozy will talk about the process of training movement, as well as showing some movements and easy ways to start you on your path to living pain free, by incorporating the right moves into your weekly schedule.

This is part 1 of a 3-part series by Doug and Rozy. Part 2 will be in Issue 1 2015.

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1. Pike I, Russo A, Berkowitz J et al. The prevalence of musculoskeletal disorders among diagnostic medical sonographers. *JDMS*. 1997;13:219–227.
2. Kroemer KHE, Grandjean E. *Fitting the Task to the Human*. 5th edn. Philadelphia, PA: Taylor & Francis Inc. 2000.
3. Melhorn JM. Cumulative trauma disorders and repetitive strain injuries. The future. *Clin Orthop Relat Res*. 1998;351:107–126.

Mark (Coach Rozy) Roozen, MEd CSCS, *D, NSCA-CPT, FNSCA and Doug Wuebben BA, AS, RDCS (Adult and Peds) are cofounders of LIVE PAIN FREE. They are published and are also available to present and educate. They can be reached at livepainfree4u@gmail.com

SIMTICS: On a mission to democratise medical education

Cherry Vanderbeke,
New Zealand

Imagine having a missionary as your father or moving to a foreign country as a small child and doing your schooling in a remote rural area or learning about medicine from the age of 9 while standing on a box by your father's operating table. Any one of those life experiences would be likely to give you a very different perspective on the world, but for Professor John Windsor, the founder of SIMTICS, they were all fundamental parts of his life until he was 15!

It's no wonder he has such an interesting worldview and such a passion for making education accessible and available to all regardless of geographic location or economic circumstances.

'I grew up in northern India and did all of my primary and secondary schooling there' says Professor Windsor. 'My father went out in 1963 to set up a heart unit in a postgraduate institute and helped establish that specialty in India. He went on to work as a general surgeon in mission hospitals for twenty years in India.'

John remembers the beautiful climate, the spectacular Himalayas, and more importantly, the principles he learned. 'Education in the broadest sense was highly valued and learning respect for others in a multicultural setting was important. Under my dad's influence I grew up understanding the importance of healthcare and community development, and that educational opportunities were precious. It was a wonderful upbringing, to be honest.'

John returned to New Zealand after high school and completed a double major in physiology and biochemistry before enrolling in the School of Medicine at the University of Otago. He was encouraged to pursue an academic career, and for the last twenty years he's been in the same department at the University of Auckland School of Medicine, becoming Head of Surgery from 2004 to 2011. He set up the first surgical skills training centre in 1992 that grew into the Advanced Clinical Skills Centre, a world-class environment for skills research and training.

John's interest in medical education, his early life in rural India, and his experience with the Skills Centre have combined to catalyse his interest in how simulation and technology can

contribute to accessible learning. This ultimately led to the development of the SIMTICS Integrated Cognitive Simulator, a web-based product that is now available to ASA members for learning ultrasound procedures and earning CPD points.

So how did a surgeon come to develop an online education technology like SIMTICS?

John's interest in virtual learning began back in 2003 when he met George Oosthuizen, an experienced surgeon who had recently moved from South Africa to New Zealand. Oosthuizen had to become a student again and retake his fellowship exam before he could practise in his newly adopted country.

'George found studying inefficient and exasperating. He had to pull books and journals from libraries, videos off the internet, advice from colleagues, diagrams from elsewhere ... while trying to build 3D pictures in his mind and pull it all together to become proficient at different procedures. He shared his frustrations and this led us to ask: could we use technology to bring together all of the necessary materials in one place to promote more efficient learning? As we explored this idea further, we realised that there was an opportunity to incorporate modern educational theory and practice with appealing media like computer graphics and video to make the learning experience more interactive, effective and enjoyable.'

With the help of some programmers, they mocked up a basic product framework, formed a company and got to work on their first procedure prototype: a laparoscopic appendectomy. John had a starring role, performing and narrating the steps for the video portion.

The company soon realised that there was a relatively small market for surgical training and branched out into the wider healthcare market with clinical procedure simulations and eventually a range of imaging procedures for ultrasound and radiologic technologists.

In developing the content, they focused on the cognitive learning required for procedures, since this is a layer of knowledge that can easily be addressed by technology outside

of the clinical setting. The idea that cognitive learning is highly valuable and needs to be given greater emphasis originally came from the world of sport. Not only do high-performing athletes practise to achieve excellent physical performance, they also *mentally rehearse* their event or activity, running every single aspect through their minds beforehand. The movie, *Rush*, about Formula One drivers, brings this to life – it includes a vivid scene where driver James Hunt lies on the floor with his eyes closed and 'mentally' drives his car around the course, steering and pressing pedals in his mind before his next race.

The effect of mental rehearsal in medical education was studied in a German randomised controlled study that examined surgical trainees learning a laparoscopic procedure [1]. The question that was asked by this study was whether mental rehearsal of the procedure was as useful as repeat courses to ensure durable learning and performance. In the study, participants who practised mental rehearsal achieved better outcomes than those who took only practical refresher courses. From this research, John recognised that medical training programs typically did not give due emphasis to the cognitive aspect of procedural training and the technical skills might be better maintained if this was addressed. Thus cognitive learning became a core goal for the SIMTICS product design, to assist learners through mental rehearsal.

The SIMTICS product also achieves Oosthuizen's dream of having everything in one place for learning a medical procedure and allows learners to read, watch, do, explore in 3D and test their skills.

At the heart of the product is a virtual reality simulator. Each module covers one type of ultrasound scan or other healthcare procedure, and the simulations require the learner to cognitively learn and understand the steps of that procedure, performing it online just as if they were doing it in real life. For instance, in a SIMTICS ultrasound scan simulation, the learner has to prepare, position the patient, select and move instruments and consumables, place them correctly, operate a virtual ultrasound machine and manipulate the transducer in different ways. For sonographers and trainees, SIMTICS is a bit like having a real ultrasound machine at home or in the classroom – at a tiny fraction of the cost. And no special hardware or software is required, just an internet connection.

SIMTICS simulations have two modes. *Practice Mode* provides guidance while you're learning a procedure, in the form of detailed prompts and help text, plus green/red colour cues – for example, the cursor turns green when you move the correct transducer into the correct position. On the other hand, *Test Mode* is a bit like 'flying solo' – you need to demonstrate your knowledge of the procedure without help from the system.

As well as interactive simulations, SIMTICS also contains a step-by-step video demonstration by an expert, a text description of the procedure with illustrations and references, explorable 3D anatomy that can be rotated, and quizzes to test theoretical knowledge. The product does not dictate a preset 'one-size-fits-all' sequence of learning, and the various components can be accessed in any order. 'We home schooled our five children,' says Professor Windsor, 'and through that I came to appreciate the value of individualised

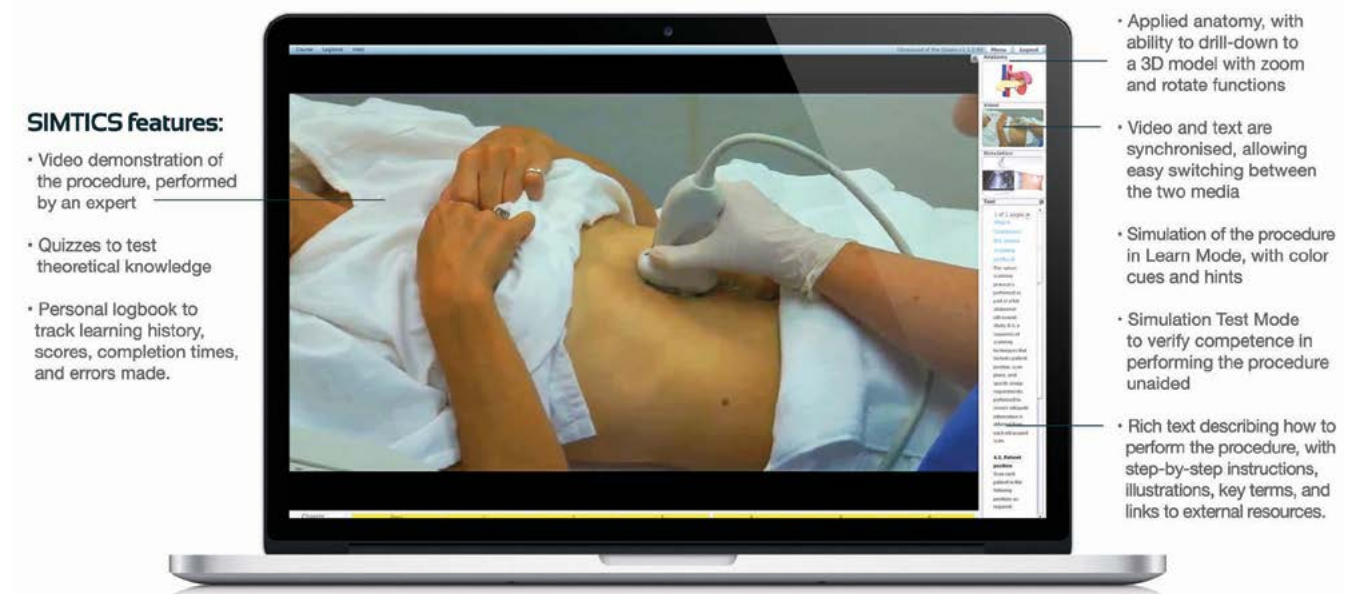


Fig 1. Features of the SIMTICS learning modules



Fig 2. Screen shot of transducer position for view of the distal internal carotid artery

learning, and providing choices in order to match learning opportunities with learning styles. And everyone gains by being able to experience and absorb the same information in different formats.'

The built-in SIMTICS logbook continually tracks your study hours, simulation completion times and scores. It even records the errors made in the simulations, so you know what to work on next time. When SIMTICS is used in education institutions and work teams, this logbook data can also be accessed by instructors and supervisors.

Drawing on both cognitive research and personal experience, John contends that the realities of how individuals learn – and perhaps equally importantly how they forget – should be the foundation of medical education and training.

'One of the problems I've encountered was that we would run an intensive short course, but then learning decay – forgetting – would kick in if there wasn't regular opportunity to practise. This is even more of a problem if procedures and skills are not common. Refresher courses are necessary but are expensive to run. And a proliferation of courses and refreshers can make an impact on hospital outputs by taking staff away from their jobs.'

The desire to find the most cost-effective and accessible solution has been a strong driver for someone who grew up in one of the poorest parts of the world. 'Coming from a missionary background in rural India, I know it's important to find a generalisable and sustainable approach to education, that can be accessed regardless of geographical location. SIMTICS is one of my contributions to achieving that mission.'

SIMTICS has a catalogue of over 90 modules, covering ultrasound scanning protocols, radiographic positioning, and medical and nursing procedures that are available to individuals, education institutions and employers. The 36 sonography modules have been approved for ASA-CPD credits.

As part of ASA's commitment to deliver innovative resources and opportunities to foster quality practice and enhance the professional success of our members, SIMTICS is excited to

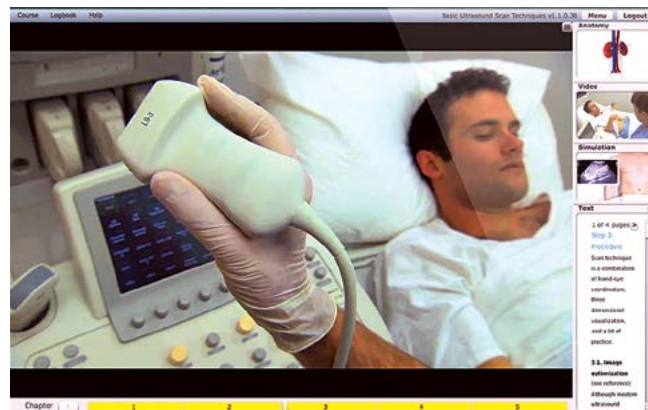


Fig 3. Step-by-step video demonstration

provide ASA members a 20% discount when accessing online learning modules through SIMTICS.

Simply visit *online learning* at the ASA website at www.a-s-a.com.au and log in using your member details.

December special offer! Save up to 75%

Does your CPD period end in 2014? Need more CPD points? You can earn up to half (20) of your 40 CPD credits online. To make it easier for you to earn those points online, exclusively for the month of December, ASA has teamed up with SIMTICS to offer you 3 incredible deals:

1. ASA 5-module SIMTICS Bundle (5 CPD points) – now only \$49 (save 60%)
2. ASA 10-module SIMTICS Bundle (10 CPD points) – now only \$79 (save 70%)
3. ASA 20-module SIMTICS Bundle (20 CPD Points) – normally \$500 – now only \$127 (save 75%)

To purchase one of these bundles go to <http://get.simtics.com/asa-bundles/>. For more information about SIMTICS or to obtain pricing information for your institution, email info@simtics.com or visit the website www.simtics.com.

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1. Immenroth M, Burger T, Brenner J, Nagelschmidt M, Eberspacher H, Troidl H. Mental training in surgical education: a randomized controlled trial. *Ann. Surg.* 2007;245:385–91.

soundbite

Q. I am a retired sonographer or no longer work in the sonography profession. What do I need to do?

A. Please send an email to members@a-s-a.com.au and we will contact you to provide further information. The ASA offers a Retired Membership category that allows you to stay connected with the sonography profession.

PD-asa report



How PD-asa has developed over the years

PD-asa participation originally consisted of 589 participants in 2009 and has since grown to the present number of 1534. The PD-asa program is designed to provide ASA eligible members flexible options in managing their continuing professional development (CPD).

Over the years, there has been a shift away from the Endeavour pathway of 15 CPD points per yearly cycle to Essentials of 40 CPD points per triennium, allowing flexibility without the yearly requirements.

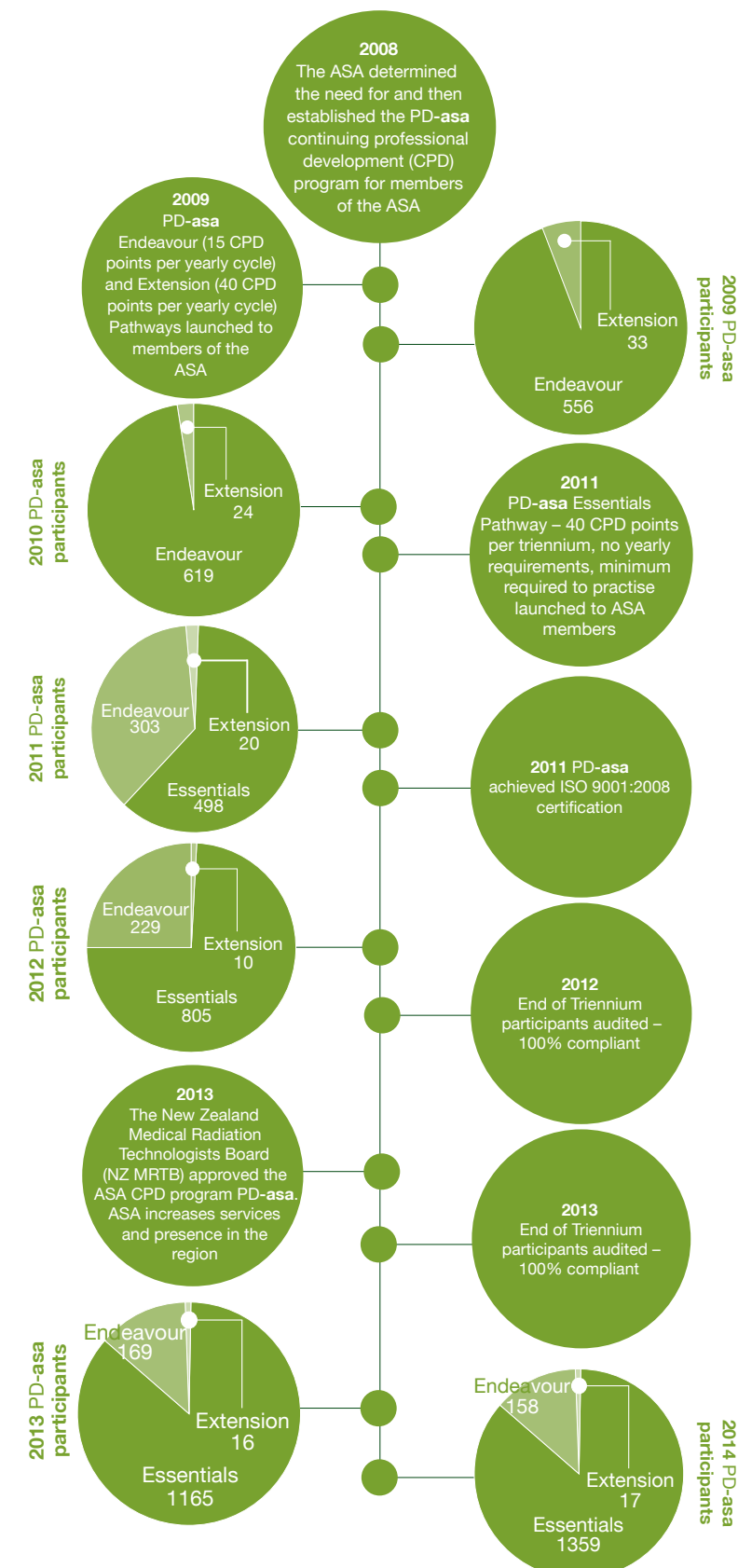
The design of the program incorporated the main principles from the International Organisation for Standardisation's (ISO) standard 9001:2008 in order to ensure the program meets its core objective to promote the best practice in medical sonography.

The objectives of the ASA CPD program PD-asa are designed to:

- assist sonographers to maintain and enhance their capacity to provide a high level of patient care through their knowledge and expertise
- provide proactive support to achieving members' CPD goals
- demonstrate participants' active engagement in CPD
- meet the ASAR accreditation CPD requirements and the NZ MRTB's current annual practising certificate (APC) requirements.

If you are not yet a member of PD-asa but would like further information about our CPD program, please visit the ASA website at www.a-s-a.com.au and find out how you can join today.

For further information about the PD-asa program, or the audit process, please contact Vanessa at cpd@a-s-a.com.au.



travelling workshop series 2015

In 2015, the Australasian Sonographers Association will once again bring the Travelling Workshop Series to sonographers throughout Australia and New Zealand. Designed and presented by experienced sonographers, these interactive workshops include hands on and live scanning demonstrations.

We are pleased to welcome a new presenter in paediatric sonography – Allison Holley – as well as continuing our roll out of the Cardiac Sonography Workshops. We also welcome back our well-known and popular presenters in obstetric and gynaecological (O&G),

musculoskeletal (MSK), abdominal, renal and fetal heart sonography.

With a few more locations and presenters still to be confirmed for 2015, keep your eye out for *What's on*, our monthly e-newsletter that includes all upcoming events and meetings and important dates, or visit our ASA website calendar of events at www.a-s-a.com.au to find a Travelling Workshop near you in 2015.

If you would like to nominate speakers or topics for your region, or have an interest in acting as a local organiser, or being one of our presenters, please contact Liz Barwell at the ASA Office on +61 3 9552 0000 or meetings@a-s-a.com.au

Obstetric and gynaecological



Paula Kinane

Paula Kinnane is currently a sonographer at the Royal Brisbane and Women's Hospital. In the past, she has worked in private and public centres.

Paula's interests are in O&G imaging.



Catherine Robinson

Catherine Robinson is a Senior O&G Sonographer at Sydney Ultrasound for Women where she has been working since 2002. She is currently

the coordinator for the Liverpool Hospital O&G registrar program and is presently undertaking a Master's in Medical Ultrasound through Charles Sturt University. She has a keen interest in training and education in ultrasound, as well as WH&S in the workplace. She is a member of the Special Interest Group (SIG) Sonographer Health and Wellbeing Committee.

Cardiac



Dr Rebecca Perry

Dr Rebecca Perry is the Head of Echocardiographic Research at Flinders Medical Centre in Adelaide. She has been

an echo sonographer for over 14 years and has been involved in research and advanced echocardiographic techniques for the past 9 years. She has experience in techniques such as tissue Doppler, strain, speckle tracking, detection of left ventricular dyssynchrony and 3D echocardiography. She has recently completed her PhD in coronary artery imaging utilising echocardiography through Flinders University. Rebecca has presented extensively, both nationally and internationally, as an abstract presenter, invited speaker and member of faculty. She has published abstracts,

manuscripts and a book chapter on topics such as dyssynchrony, coronary vasomotion, speckle tracking, strain and 3D echocardiography.



Tony Forshaw

Tony Forshaw is the Course Coordinator for the Graduate Diploma in Cardiac Ultrasound at Queensland University of Technology. Through this

role he is a strong advocate for improved standards in sonography and provides education and training to sonographers throughout Australia and New Zealand. Tony continues to maintain a clinical role as a cardiac sonographer working in private practice at Hearts 1st in Brisbane. Tony holds a Master's in Cardiac Ultrasound (QUT) qualification and his current research interests include contrast stress echocardiography, education, training and quality assurance in echo. Tony was recently appointed on the ASA Board of Directors in 2014.

Fetal heart



Dr Ann Quinton

Dr Ann Quinton is a Research Fellow with the University of Sydney and a Senior Research Sonographer at the Nepean Centre

for Perinatal Care (Nepean Hospital, Penrith, NSW) and worked in maternal fetal medicine units for 15 years. Ann joined the ASA Board of Directors and the Finance and Risk Committee in 2012. Ann was recently appointed President of the ASA Board of Directors in July 2014.

Abdominal and renal



Faye Temple

Faye Temple qualified as a sonographer in 1990 and has been the Sonographer in Charge at St Vincent's Hospital since 1996. Her special

interests are the performance of high quality tertiary level abdominal and vascular ultrasound. She has presented many times on these and other subjects,

both at a state and a national level. She has also presented **asawebinars** for ASA on renal ultrasound, optimising the ultrasound image and scrotal ultrasound. An avid supporter of the future development of the profession of sonography and the Immediate Past President of the ASA, Faye was the chair of the ASA's Victoria Branch for over a decade and is a member of the ASAR Board. She was awarded the Pru Pratten Memorial Award for Sonographer Achievement in 2008 and the Professional of the Year Award in 2012.

Paediatric



Allison Holley

Allison Holley is an AMS with a MAppSc in Medical Ultrasound. She works clinically for Queensland X-ray as a paediatric specialist sonographer

and is the author of the textbook *Pediatric Ultrasound A Practical Guide*. Allison has also worked at the Mater Children's Hospital Brisbane and has been a senior faculty member of the Australian Institute of Ultrasound. She has extensive clinical education experience and has presented, by invitation, both within Australia and overseas.

MSK



Marguerite Leber

Marguerite Leber qualified as a sonographer in 2000 and currently holds the position of Senior Sonographer at Envision Medical Imaging in Subiaco,

Western Australia. One of her special interests is MSK ultrasound, with a particular focus on sports injuries and the various treatments used to overcome them. She has also had a sub special interest in groin scanning. She has many years of experience in training both radiologists and student sonographers in MSK. Currently, much of Marguerite's work involves scanning the lower limb with particular focus on the foot and ankle. Marguerite's work also involves autologous blood injections and platelet rich plasma injections in the treatment of elite athletes with chronic tendon disease.



Lisa Hackett

Lisa Hackett has had a special interest in MSK imaging from the early 1990s. Lisa works specifically in orthopaedics, sports

medicine, rheumatology and research and is also a qualified radiographer. She enjoys teaching and consistently presents at local, national and international conferences. Presently, she works with Professor George Murrell, Dr Jeni Saunders and Dr Justin Paoloni in Kogarah, Sydney and Irwin Lim in Parramatta. She has co-authored many peer reviewed published papers and authored and published her own paper.



Scott Allen

After graduating as a radiographer, Scott began ultrasound scanning in 1989 at Green Lane Hospital in Auckland. He completed a Master of

Science degree in Clinical Ultrasound at South Bank University, London. He then began working at King's College Hospital where he worked with Dr Hylton Meire, a radiologist who pioneered the use of ultrasound in radiology. Scott also worked with Professor Stuart Campbell, an obstetrician who had trained with Professor Ian Donald, the inventor of obstetric ultrasound. Returning to New Zealand, he has worked at National Women's, Starship Children's, North Shore, and Waitakere Hospitals. During this time, he was charge sonographer at Waitemata Health. Scott now runs his own business contracting to a private radiology company. He specialises in MSK ultrasound by working closely with physiotherapists, osteopaths and specialist doctors. He has also achieved a postgraduate Certificate in Sports Medicine at the University of Auckland. Teaching ultrasound is what Scott does. He learned a valuable lesson: that through preparation, presentation and questioning, the teacher learns the most. Scott strives to work closely with the referring clinicians so that the best results will be achieved.



2015 travelling workshops

Saturday 21 February

NSW – Wollongong

Fetal heart – Ann Quinton

Saturday 28 February

Vic – Shepparton

Abdominal and renal sonography – Faye Temple

Saturday 14 March

QLD – Mackay

Obstetric and gynaecological sonography – Catherine Robinson

Saturday 21 March

QLD – Toowoomba

MSK Lower – Marguerite Leber

NSW – Sydney

Cardiac sonography – Rebecca Perry

ACT – Canberra

Fetal heart – Ann Quinton

Saturday 28 March

NT – Darwin

MSK Upper – Lisa Hackett

Saturday 20 June

NSW – Dubbo

Abdominal and renal sonography – Faye Temple

Saturday 25 July

QLD – Cairns

Obstetric and gynaecological sonography – Paula Kinnane

VIC – Ballarat

Making the diagnosis in MSK injury – Scott Allen

Saturday 15 August

NZ – Auckland

Cardiac sonography – Rebecca Perry/Tony Forshaw

NSW – Newcastle

Paediatric sonography – Allison Holley

Saturday 24 October

QLD – Sunshine Coast

MSK lower – Marguerite Leber

Saturday 21 November

NZ – Wellington

MSK upper – Lisa Hackett

NSW – Port Macquarie

Abdominal and renal sonography – Faye Temple

Saturday 28 November

WA – Bunbury

Making the diagnosis in MSK injury – Scott Allen

*These dates may be subject to change and are accurate at the time of printing

Access premium allied health and medical journals for free with your ASA membership

As an ASA member you have access to search premium allied health and medical journals through the ASA's online reference collection for free!

The ASA's online reference collection, available through the ASA's website, allows you to keep up to date with the latest developments in sonography and the allied health industry. You have access to medical and ultrasound imagery, illustrations and interactive media, as well as thousands of journals and evidenced-based content for free with your ASA membership.

You can also claim CPD points under the ASA self-directed learning activity simply

by reading relevant journal articles via the ASA online reference collection.

To start searching the new online reference collection now, visit the ASA website, log in using your membership details and follow the step-by-step guide below.

Step 1

- Visit www.a-s-a.com.au and log in with your member details at the top right hand side of the web page.

Step 2

- Click on the resources tab located at the top of the web page.

Nicole Taylor,
ASA Online Learning Coordinator

- Click on the online reference collection on the left hand side of the web page.

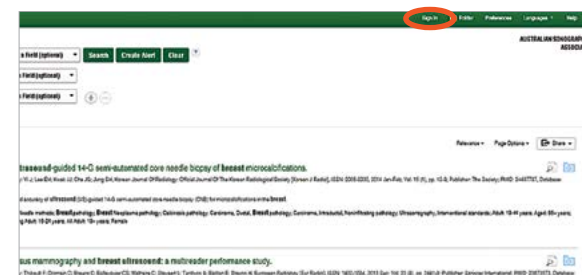
Step 3

Once you enter the online reference collection, you can start your search by either:

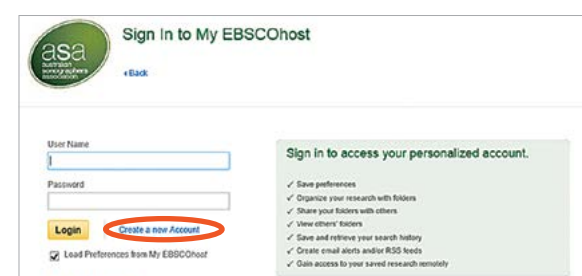
- clicking on one of the featured topics links OR
- customising your search by using the light green search engine at the bottom to start your exploration.

Step 4

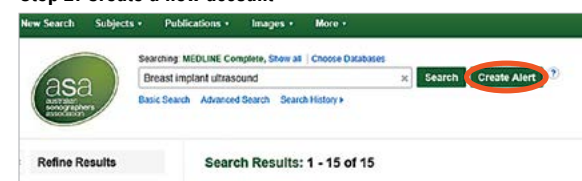
Once you complete your search, you will be redirected to the online reference



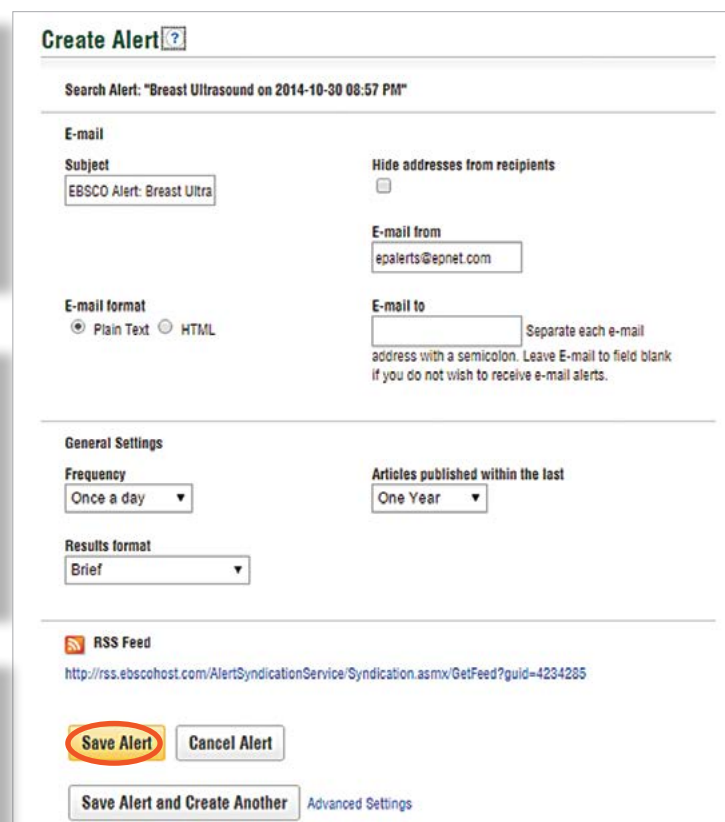
Step 1. Set up a personal account



Step 2. Create a new account



Step 3. Create a search alert



Step 4. Set your search alert parameters

collection where you can further refine your search using the toolbar on the left of the screen. Options include limiting the results to full text or only academic journals.

* Handy tip: If the initial search did not yield the result you are after you can click the advanced search at the top of the page under the search bar.

Setting up a personal account

Through the online reference collection you can set up a personal account that will allow you to save searches and create alerts. Search Alerts save valuable research time and can be set up to provide automatic email notification whenever new search results become available.

Step 1

- To set up a personal account, click the Sign In in the top toolbar of the screen. From the Sign In Screen, click the Create a new account link.

Step 2

Click 'Create a new Account' to start the process of creating your personalised account. You will need to complete all the fields and click 'Save changes'.

Step 3

To create a search alert, run the search you wish to create an alert for. Once your results are shown, click the 'Create Alert' button to the right of the search box.

Step 4

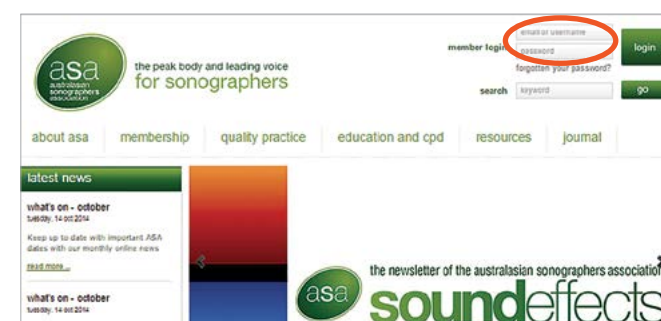
If you have not done so already, click the 'Sign in' link in the alert window to sign into your account. Set your alert parameters and click 'Save Alert'.

Further information?

For further information or assistance with searching the online reference collection, you can click on the help button located at the top of the page.

If you have any questions regarding the ASA's online reference collection, please

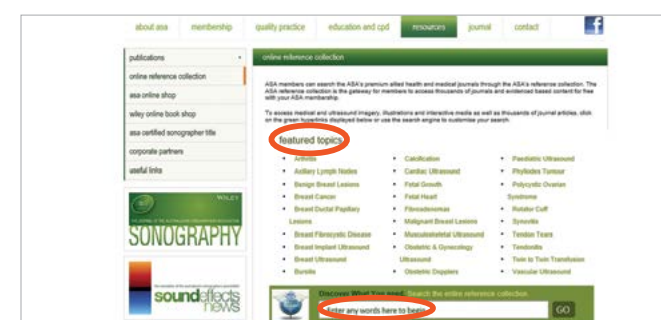
feel free to contact Nicole Taylor, Online Learning Coordinator, at the ASA Office at learning@a-s-a.com.au.



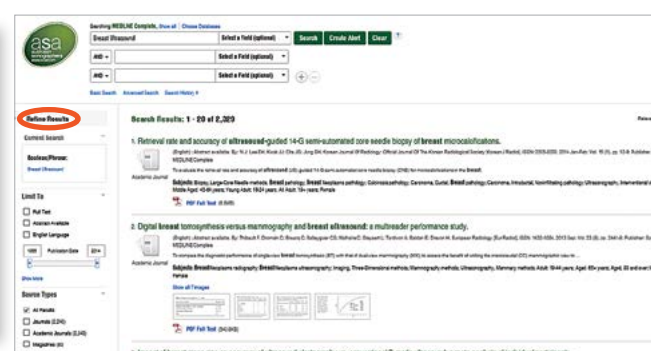
Step 1. Visit www.a-s-a.com.au and log in with your member details at the top right hand side of the webpage



Step 2. Click on the resources tab located at the top of the web page



Step 3. Click on one of the featured topics links OR search using the search engine



Step 4. Refine your search using this toolbar

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- Like the ASA Facebook page
- Like, comment on or share the posts
- Answer questions from members of the community
- Post questions, comments or activities of your own that are relevant

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ASA and the Australian Society of Cytology symposium: FNAB of head and neck

ASA Queensland
Branch Committee

The ASA and Australian Society of Cytology (ASC) Queensland Branches teamed up for the first time to present 'Fine needle aspiration biopsy (FNAB) of head and neck'. The collaboration was the result of a sonographer and cytologist sharing an idea, as well as lots of organising to make it a reality: Michelle Wilson (ASA) and Lee Cadoo (ASC) regularly work together in providing results for patients and their doctors. So a multidisciplinary approach to education and professional development seemed like a great idea and was embraced by their respective committees and associations.

An impressive line-up of speakers was brought together as a panel to present on their respective areas of expertise. The panel included:

- Dr Mitesh Gandhi, radiologist, Queensland X-Ray
- Dr Emily Mackenzie, endocrinologist, Princess Alexandra Hospital
- Dr Jason Stone, cytopathologist, QML Pathology
- Dr Bernard Whitfield, senior ear nose and throat consultant surgeon, Chair Queensland State Committee Royal Australasian College of Surgeons.

What was interesting to see was that the speakers were as engaged in each other's presentations as the audience was. The speakers also referenced the important role each plays in providing a diagnosis and treatment strategy for patients and how this has changed over time to be more collaborative. This was also reflected in the comments from attendees: 'Excellent to be able to see the whole (somewhat gory) picture, true multidisciplinary approach' and 'It was great getting to see the whole picture, especially the medical side'.

There was also a greater appreciation of each other's roles: 'I didn't realise that determining levels was so hard on ultrasound; I will be more forgiving when reading request forms in future.'

The afternoon was a great success with 130 registrations, almost an even split between the sonographers and cytologists.

Events such as these rely on financial support to make them viable and both the ASA and ASC are grateful to QML Pathology, Queensland X-Ray, Sullivan Nicolaides Pathology, and Toshiba (Australia) Pty Ltd.

Many thanks also go to Michelle Wilson, Lee Cadoo and Tanya Heard for their organisation both prior to the event and on the day.



Dr Jessie Childs



A short bio

Jessie splits her time between scanning and academia. She is a lecturer at the University of South Australia and teaches the Ultrasound Physics and Abdominal Sonography courses in the Postgraduate Diploma of Medical Sonography. Jessie is also the Tutor Sonographer at Sound Radiology, a private imaging firm in Adelaide.

After completing an Honours research project investigating the effects of ancestry and anthropometry on the size of the ulnar nerve she continued with her keen interest in research and is currently undertaking her PhD into ultrasound measurements of the liver. She regularly collaborates with other researchers on their projects and her research pursuits have seen her co-author four research papers in 2013/2014. Jessie's other passion lies in teaching. She is active in presenting lectures to fellow sonographers and other allied health professionals. Jessie currently serves as the chairperson of the ASA South Australia Branch Committee.

Jessie was awarded the ASA Awards of Excellence 2014 Pru Pratten Memorial Award – Sonographer of the Year.

What are you passionate about?

First and foremost my family, but also contributing to the field of sonography at the grassroots level: teacher, tutor, promoter and researcher.

Person you would like to meet?

I would have loved to meet Isaac Newton ... I have some questions.

Who are three people you would like to have dinner with?

Tom Hardy, Claude Moet, Max Schubert (the creator of Grange) ... I have some more questions (and perhaps they could bring the drinks!).

Last meal you cooked?

The last real meal I cooked was slow cooked rib eye with red wine jus, potato rosti and buttered mushrooms. Yum! The last actual meal I cooked was sausages and vegetables ... not so yum!

Favourite pastimes outside work?

Anything involving getting out on the river: skiing, wakeboarding, air chairing, and I'd like to say barefooting but I haven't quite mastered that one yet without falling painfully quickly onto my face.

What do you consider the perfect weekend?

Spending all day out on the river and then sitting around the fire with my family, the neighbours and a few glasses of wine, with a roast cooking in the Weber.

Who do you admire and why?

My work colleagues – past and present. I am yet to come across anyone who isn't passionate about what they do and they are all inspiring to work with. I also really admire students when they turn up on day two of their training.

What do you do to relax?

Spend time with my family. It is my favourite thing to do in the whole world!

Do you have any musical talent/interest?

I can play the oboe and the piano. I had a brief go at trying to compose back in high school that didn't go well. I would definitely call music an interest rather than a talent!

What talent do you wish you had?

The ability to put more hours in a day!

soundbite

Q. I am/going on extended leave e.g. maternity/parental leave, extended sick leave, leave of absence. What should I do about membership?

A. You should advise the ASA when you are commencing extended leave and if you plan on returning and we can advise you on the best options regarding your membership and CPD. Please contact Nicole Kipos, our Membership Officer, who will be able to help you with this – members@a-s-a.com.au or phone +61 3 9552 0009.

The ASA is committed to providing quality academic and clinical education. Delivering continuing professional development (CPD) opportunities is vital to support the professional success of sonographers, enhancing the community's access to quality sonographic services.

July to September 2014 saw the ASA hold various CPD educational activities in locations throughout Australia and New Zealand. Thank you to our members who continuously support the ASA by volunteering their time to plan, organise and present at our educational activities every month.

Australia

ACT

28 July

ACT Branch Education Meeting, Calvary John James Hospital, Deakin, *Thyroid imaging in clinical practice*, presented by Dr Susan Wigg, MMBS (Hons), FRACP, PhD

25 September

ACT Branch Education Meeting, cardiac group, Calvary Hospital, Bruce, *Benign and malignant cardiac masses*, presented by Sylvia Lovelock

New South Wales

22 July

New South Wales Branch, Sydney Imaging Group, Next Generation Club, Ryde, Cardiac interesting cases presentations

29 July

New South Wales Branch Education Meeting, Toshiba Australia, North Ryde, interesting cases evening, sponsored by Toshiba Australia Pty Ltd

2 September

New South Wales Branch Education Meeting, Royal North Shore Hospital,

St Leonards, *Paediatric sonography*, presented by Dr Ritu Mogra, Rommel Cruzado and Dr Martin Kluckow, sponsored by Philips Healthcare

Northern Territory

1 September

Alice Springs Sub-branch Education Meeting, Alice Springs Hospital, Alice Springs, *Vascular ultrasound from the surgeon's perspective*, presented by Dr Mark Hamilton

4 September

Northern Territory Branch Education Meeting, Royal Darwin Hospital, Tiwi, *Paediatric hips – a physio's perspective*, presented by Kelly Paterson

6 September

Darwin Travelling Workshop, Royal Darwin Hospital, Tiwi, *Obstetric and gynaecological sonography*, presented by Catherine Robinson

Queensland

19–20 July

SIG2014 Brisbane, Brisbane Convention and Exhibition Centre, Southbank, *The 10th Annual Special Interest Group (SIG) Seminar of the ASA*

2 August

Far North Queensland Sub-branch Education Meeting, Cairns Base Hospital, Cairns North, *Upper limb musculoskeletal workshop with live scanning*, presented by Dr Mark Stieler, sponsored by Siemens

21 August

Toowoomba/Darling Downs Sub-branch Education Meeting, Toowoomba Base Hospital, South Toowoomba, *Bariatric patients – the big issue with live scanning*, presented by Peter Murphy, sponsored by Toshiba

July – September 2014

30 August

Queensland Branch Education Meeting, The Brisbane Convention and Exhibition Centre, Southbank, *ASA and Australian Society of Cytologists Queensland Branches combined symposium featuring presentations on FNA of head and neck*, presented by Dr Mitesh Gandhi, Dr Emily Mackenzie, Dr Jason Stone and Dr Bernard Whitfield, supported by QML Pathology, Queensland X-Ray, Sullivan and Nicolaides Pathology and Toshiba Australia Pty Ltd

6 September

Brisbane Cardiac Travelling Workshop, Greenslopes Private Hospital, Greenslopes, *Cardiac sonography*, presented by Rebecca Perry

6 September

Townsville Travelling Workshop, Townsville Hospital, Douglas, *Renal and abdominal sonography*, presented by Faye Temple

17 September

Far North Queensland Sub-branch Education Meeting, Cairns Base Hospital, Cairns North, *asawebinar – Scrotal sonography*, presented by Faye Temple, followed by group discussion

17 September

Toowoomba/Darling Downs Sub-branch Education Meeting, Toowoomba Base Hospital, South Toowoomba, *asawebinar – Scrotal sonography*, presented by Faye Temple, followed by group discussion

18 September

Gold Coast Sub-branch Education Meeting, Paradise Ultrasound Specialists, Benowa, *Obstetric and gynaecological education meeting with the specialists*, presented by Dr Marcelo Nascimento and Dr Alwyn Dunn

Victoria

5 July

Trainee Sonographer Workshop, St Vincent's Hospital, Fitzroy, *Abdominal sonography*, presented by Faye Temple

29 July

Victoria Branch Education Meeting, St Vincent's Hospital, Fitzroy, *Paediatric sonography*, presented by Dr Poonam Thakur, Glenda McLean and Sara Kernick, sponsored by Philips Healthcare

16 August

Victoria Branch Education Meeting, St Vincent's Hospital, Fitzroy, *Vascular workshop with live scanning*, presented by Andrew Grant, Jayne Chambers, Ian Schroen and Adam Lawler

16 August

Trainee Sonographer Workshop, Ballarat Base Hospital, Ballarat, *Abdominal sonography*, presented by Faye Temple

22 August

Trainee Sonographer Workshop, Monash Health, Clayton, *Vascular sonography*, presented by a variety of sonographers from Monash Health

July – September 2014

23 August

Traralgon Travelling Workshop, Latrobe Regional Hospital, Traralgon, *Renal and abdominal sonography*, presented by Faye Temple

5 September

Trainee Sonographer Workshop, Monash Health, Clayton, *Paediatric sonography*, presented by a variety of sonographers from Monash Health

6 September

Melbourne Cardiac Travelling Workshop, Epworth Hospital, Melbourne, *Cardiac sonography*, presented by Tony Forshaw

17 September

Goulburn Valley Sub-branch Education Meeting, Goulburn Valley Imaging Shepparton and Echuca Radiology, *asawebinar – Scrotal sonography*, presented by Faye Temple, followed by group discussion

Western Australia

12 August

Western Australia Branch Education Meeting, Sir Charles Gairdner Hospital, Nedlands, *Ovarian veins and abdominal aortic aneurysms (AAAs)*, presented by Duncan Hardy and James Maunder, sponsored by GE Healthcare

6 September

Perth Travelling Workshop, Royal Perth Hospital, Perth, *Obstetric and gynaecological sonography*, presented by Paula Kinnane

New Zealand

Wellington

13 August

Wellington Branch Education Meeting, Pacific Radiology, Wellington, *Ultrasound in the emergency department*, presented by Dr Scott Bomann

Auckland

24 September

Auckland-Waikato Branch Education Meeting, Auckland Radiology Group, Remuera, An evening with the obstetricians, presented by Dr Sue Belgrave, Dr Alex Ivancevic and Dr Yvonne Lake, sponsored by Philips Healthcare

Online

17 September

asawebinar – Scrotal sonography, presented by Faye Temple



CPD activity for the quarter

New South Wales

The New South Wales Branch Committee has grown significantly this year. Lyndal Macpherson has stepped down after many years as the Siemens corporate representative. Thankfully, Lyndal has decided to remain involved and joins the committee as a full voting member.

Welcome to Alexandra Chard, Nicole Brooks, Siobhan Minervini, Donna Oomens, Leanne Purdy, Monica Senior and Lucy Taylor who all join the committee as student, sonographer and corporate representatives. A big thank you goes to Rocco Pozzolongi and Valerie Maples who have recently stepped off.

We are delighted to announce Christina Farr as Chairperson. Christina has been an active member on the committee for several years. Congratulations also go to Erika Cavanagh and Sarah Colley who were voted by members to the ASA Board of Directors. Sarah has also taken on the role of Vice President.

Renae Lopez from Toshiba opened our NSW Branch *Interesting Cases Meeting* held on Tuesday 29 July 2014 and introduced the latest Toshiba technology, including SMI (superb micro vascular imaging).

Eight excellent case studies were presented by speakers from the Sydney region. Michael Foster-Greenwood, sonographer from Central Coast Radiology in Erina, presented his case titled 'Not just flu'. Michael described a very rare case, if not the first, of a fractured hyoid bone he detected by ultrasound. Michael's presentation won the 'Best presentation' prize of a Toshiba tablet generously donated by Toshiba. Congratulations, Michael, and thank you, Toshiba.



Interesting Cases evening audience



From left to right: Siobhan Minervini, Christina Farr; Back row: Greg O'Connor, Adam Westwood, Michael Foster-Greenwood (winner), Tanya Glynn; Front row: Erika Cavanagh, Carol Soo, Pamela Namvar



Michael Foster-Greenwood accepting his prize at the *Interesting Cases Meeting*

A big thank you also to Philips Healthcare for sponsoring our September paediatric education meeting. Dr Ritu Mogra opened the session with a presentation supported with excellent slides and clips on fetal heart anomalies. Dr Mogra is a regular speaker for the ASA and her topics always hold everyone's attention – giving tips and encouragement for sonographers to take back to their practice.

Rommel Cruzado is also a regular and popular speaker. Delegates came away with tips about how to obtain the best image and up-to-date knowledge regarding dynamically assessing the paediatric hip.

Dr Martin Kluckow gave us a valuable insight to patient management of the sick neonate and the crucial role ultrasound

plays to make vital clinical decisions. His detailed presentation gave us an informative and balanced perspective on the importance of point-of-care ultrasound and this led to an interesting discussion.

The committee is already planning an exciting and diverse education calendar for 2015. If you want to get involved in planning an exciting education program for next year, please don't hesitate to contact the committee at nsw@asa.com.au.

Simon Stanton
NSW Branch Committee

ACT

On Thursday 19 June 2014, Glenda McLean was the invited speaker at ACT Branch's mid-year education meeting. Glenda is a clinical leader sonographer at Monash Health in Melbourne and has also worked for many years as a tutor sonographer. She teaches sonographers, radiology registrars and neonatology fellows how to perform cranial ultrasound. Glenda also teaches paediatric ultrasound at Monash University.

Around fifty registrants, including sonographers, radiology registrars, obstetricians and neonatologists attended the session held at Canberra Hospital. Presenting 'Cranial ultrasound in the preterm and term neonate', Glenda discussed coronal, sagittal views and temporal and posterior approaches. The mastoid fontanel was highlighted as the best approach for assessing cerebellar abnormality.

Indications for cranial ultrasound were also outlined and these included IUGR, hypoxic events, increasing large head circumference and infection.

C8-5 small footprint curved and linear L12-5 transducers (especially for subarachnoid space assessment) were



ASA members at July education event



Dr Sue Wigg and Maisie Graham

discussed and the standard imaging protocol of seven coronal and five sagittal images were demonstrated.

Thanks to Deb Paoletti and all at Canberra Hospital for organising this terrific event and to Glenda for making the time to travel to Canberra and deliver an outstanding and well received presentation.

On Monday 28 July 2014, more than thirty registrants saw local endocrinologist Dr Susan Wigg give a comprehensive presentation on 'Endocrinology and the thyroid'. Dr Wigg described autoimmune thyroid disease and explained how Graves' disease can be differentiated from thyrotoxicosis and other hyper-functioning conditions, such as subacute or postpartum thyroiditis and toxic nodular goitre.

The role of diagnostic testing and biochemistry were discussed at length. Biochemistry included the more commonly known thyroid function tests (TFTs) of TSH, T3 and T4. Other thyroid autoantibodies such as TRAb were also described.

Time constraints prevented Dr Wigg from completing all of her presentation and we were all thrilled when she agreed to

return for 'Part two – Thyroid nodules' in late October. Thank you to Dr Wigg for her presentation and Canberra Imaging for supporting the event.

As this is the last report for 2014, it is an opportunity to thank many for another successful year. Thank you to the ACT Branch Committee that continues to provide educational and social events for local sonographers. In particular, the executive Deb Paoletti, Maisie Graham, Joanne Weir and Deb Carmody, who are the driving force behind the ACT Branch. Thank you also to all staff at the ASA Office for their ongoing assistance and support.

Wishing you a Merry Christmas and a safe and restful summer break.

Lisa Hicks
ACT Branch Committee

Queensland

For the first time, the ASA Queensland Branch partnered with the Australian Society of Cytologists on Saturday 30 August 2014 at the Brisbane Exhibition and Convention Centre for a combined symposium. This well attended event provided a comprehensive multidisciplinary review of FNA of the head and neck, featuring presentations by Dr Mitesh Gandhi (radiologist, Queensland X-Ray); Dr Emily Mackenzie (endocrinologist, Princess Alexandra Hospital); Dr Jason Stone (pathologist, QML Pathology); and Dr Bernard Whitfield (senior ear, nose and throat consultant surgeon, Chair Queensland State Committee, Royal Australasian College of Surgeons). Thank you again to QML Pathology, Queensland X-Ray, Sullivan and Nicolaides Pathology and Toshiba for their sponsorship. For more details on this interesting event, please read the article on page 11.

In other news, there are a few changes in committee membership to announce. Teresa Clapham is taking a break from her committee role to focus on family commitments and other areas of her very busy life – thank you, Teresa, for your valuable contribution to the ASA over the

past several years! Also, a big welcome to Chris Gilmore who joined the ASA Queensland Branch Committee earlier this year.

Heather Allen
Queensland Branch Committee

Gold Coast Sub-branch

Wow, hasn't it been a busy year for us all! Our education meeting for the Gold Coast was in September with record numbers in attendance. We had sonographers and doctors from the Gold Coast and Brisbane to listen to our prominent speakers, Dr Marcelo Nascimento and Dr Alywn Dunn, on subjects for which they are highly regarded: gynaecology, oncology and IVF. Unfortunately, due to unforeseen IT technical issues, the doctors could not provide their presentations. However, all was not lost, as there were great networking opportunities and questionnaires filled out to determine what subject matter the sonographers would like to have presented in the future. Both Dr Nascimento and Dr Dunn have promised to return to do their presentations.

Thank you to Philips Healthcare for sponsoring the evening. The lucky door prize was sponsored by the combined efforts of Philips and Paradise Ultrasound.

Anna Galea
Gold Coast Sub-branch Committee

Toowoomba Sub-branch

During the last couple of months, our sub-branch has hosted two local events, and a number of members attended SIG2014 in Brisbane.

In August we were privileged to have Peter Murphy deliver a presentation on 'The bariatric patient – it's a big issue'. This was a well-attended evening and Peter provided some useful tips we can employ in our everyday scanning life. There was a particular emphasis on performing a diagnostic study on our

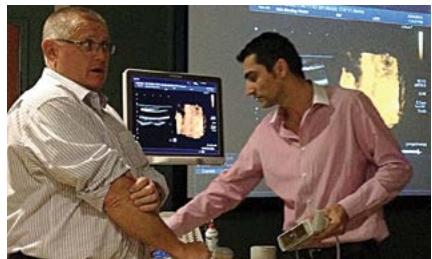
larger patients whilst avoiding an MSK injury in doing so. Peter is an extremely knowledgeable sonographer who was happy to impart his knowledge on a wide range of topics. Live scanning models were available to demonstrate his techniques and as the night progressed the topic moved to musculoskeletal scanning. In demonstrating different techniques/approaches, a live scan was performed on a model with a recent shoulder replacement, demonstrating the soft tissue anatomy in this situation. To complete the evening we viewed a presentation on the fetal heart. We are most grateful to Toshiba for facilitating this evening.

Most recently, we viewed the **asawebinar** on scrotal sonography. This topic sparked some discussion around a recent case. It is always helpful to refresh the anatomy and pathology on these topics and, as such, a broader range of differential diagnoses was put forward and then narrowed to a likely diagnosis. The breadth of the discussion was aided by the information provided to all in the **asawebinar**.

Kelly Champion
Darling Downs/Toowoomba Sub-branch Committee



In attendance at SIG2014 Brisbane, with Lisa Hackett



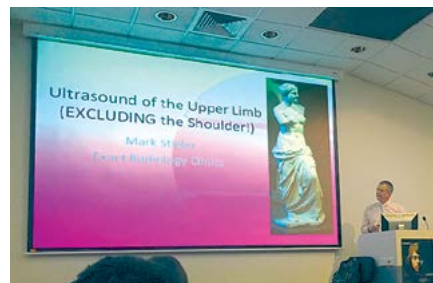
Gabrielle and Darren from Toshiba showing us the latest in sonographic technology

Far North Queensland

The Far North Queensland Sub-branch proudly held its first weekend workshop on Saturday 2 August 2014 at the Cairns Hospital Auditorium. The 'Upper limb MSK workshop' was presented by Dr Mark Stieler and sponsored by Siemens Healthcare.

Dr Stieler is a highly experienced MSK sonographer. His PhD research topic was 'Ultrasound of shoulder impingement'. He has had several MSK ultrasound articles published in both Australian and international journals: ASUM Ultrasound Bulletin, Journal of Diagnostic Medical Sonography and British Journal of Sports Medicine. He has also held lecturing appointments in MSK ultrasound at Queensland University of Technology and University of Queensland and presented lectures at local, state and national conferences.

On the day, Mark presented an excellent comprehensive lecture series and live scanning workshop featuring techniques used and common pathologies encountered when scanning the elbow, wrist, hand and fingers and upper limb nerves. Thank you, Mark. You are a great teacher!



Dr Mark Stieler presents at the MSK Upper limb education workshop



Participants gather round as Dr Mark Stieler presents at the MSK Upper limb workshop

Thank you to our volunteer committee and friends for setting up on the day and assisting with running this event, as well as the ASA Office and Noel McPhail from Siemens Healthcare for making this event possible.

Our most recent education meeting was a group viewing of the **asawebinar**, 'Scrotal sonography', presented by Faye Temple on Wednesday 17 September 2014. Thank you, Faye. The presentation was excellent with some interesting pathologies shown.

Kath Deed
Far North Queensland Sub-branch Committee

Tasmania

It's already time to wish you a very happy festive season. We hope you have some time to relax with family and friends and to celebrate a productive and rewarding year in your various sonographic endeavours.

Busy workplaces and increasing demands often leave little free time. However, it is still very important that we get together to share our local knowledge and skills at your Tasmania Branch education meetings.

We would love you to share your thoughts with the Tasmania Branch Committee about potential education meetings so that we can endeavour to provide a program that meets the needs of our members next year. You may be doing some interesting work that we could all learn from, so please let us know about any good ideas to kick-start a productive 2015.

Craig Loosemore
Tasmania Branch Committee

Victoria

Goulburn Valley

Another busy quarter has seen the Goulburn Valley Sub-branch Committee planning our annual education meeting

for November and focusing on vascular sonography with a multidisciplinary approach.

The sub-branch hosted a group viewing of the **asawebinar** 'Scrotal sonography' on Wednesday 17 September. This was held in two locations, Echuca and Shepparton, which provided our rural sonographers easier access to watch the **asawebinar** together and discuss the topic over a casual dinner meeting.

As always, we welcome any enthusiastic sonographers in the region who would like to contribute to the planning of these events to join the Goulburn Valley Sub-branch Committee.

Kellie McKenzie
Goulburn Valley Sub-branch Committee

Western Australia

On Tuesday 12 August 2014, WA Branch held an education meeting at Sir Charles Gairdner Hospital with a focus on vascular ultrasound. James Maunder, from Vascular Solutions, gave us a wonderful talk 'AAA duplex ultrasound', and Duncan Hardy, from Ultrasound Solutions, gave a presentation titled 'Ovarian veins and who owns them'.

James gave us a good overview of AAAs and then went into specific detail regarding the risk factors for AAA, the objectives of initial duplex scan, and what should be noted in the worksheet, such as the location of the AAA, noting whether infrarenal or suprarenal, if it involves iliac or renal arteries, anterior/posterior and transverse dimensions and, of course, looking for dissection. He also refreshed our knowledge on rupture rates – 0.5% for under 4 cm, 30–50% for over 8 cm, but the risk of rupture is greatly increased if the AAA is growing at more than 0.5 cm/6 months. The repair process was described – open or endovascular aneurysm repair (EVAR) – and the considerations, pros and cons, were given. James presented images of the stent grafts that are used in these surgeries and an animated video of the EVAR procedure was

shown. In the post repair ultrasound, James explained that when imaging, the sonographer should look for endoleaks, residual AAA sac size and obtain good velocity measurements. The five different types of endoleaks were defined and James emphasised that a type II endoleak was not considered urgent; however, if type I, III, IV or V were seen, the referring doctor should be contacted immediately.

Duncan then spoke about ovarian veins and who in the medical world 'owns' them – is it the obstetrician/gynaecologist, or the vascular surgeon? Duncan, who splits his working week between an obstetric/gynaecological environment and a vascular lab, thinks that general sonographers should be more aware of and actively documenting pelvic congestion syndrome. Pelvic congestion syndrome is characterised by pelvic varices – that occur on the left initially then progress across the uterus and then into the right – as a routine, but particularly when the patient gives a history of painful periods, painful intercourse, abdominal bloating and 'end of day' pain. The anatomy of the pelvis, in particular the vascular system and where the left ovarian vein travels, is extremely important if accurate and timely diagnosis is to be achieved. Diagnostically, if the ovarian vein is greater than 5 mm, it is considered incompetent. Doppler ultrasound can be utilised to look for reflux. If your patient has 'nutcracker syndrome', the SMA should be assessed to ensure it is not the cause of the ovarian varices. Duncan also suggested that if you are scanning a patient for leg varicose and see saphenofemoral junction tributaries, you should extend the examination to look at the ovarian vein. We were shown a video of how they 'repair' ovarian varices – by putting coils into the incompetent ovarian veins – the ovaries will have collaterals they can drain into!

Many thanks to James and Duncan for their time and great information and GE Healthcare for their sponsorship.

Nicole Cammack
Western Australia Branch Committee

Northern Territory

Alice Springs

It has been quiet on the sonographer education front in Central Australia. We have seen a couple of sonographers leave our small community, which has paved the way for many locum sonographers to come and see what Alice Springs has to offer. As Alice Springs is so remote, our sub-branch has found the **asawebinars** a great resource for group viewings with our education meetings. They are an invaluable way for our sonographers, who are remote to keep up to date with current techniques and advancements and continue their learning.

Despite the size of Alice Springs and its surrounding communities, the pathology that we encounter is vast and often quite advanced. This offers a great learning opportunity for all involved. Our sub-branch recently held a pathology evening where many members presented cases of pathologies that they had encountered. It turned out to be both an informative and enjoyable evening for all.

Our most noteworthy education meeting was held on Monday 1 September 2014, a presentation by visiting vascular surgeon, Dr Mark Hamilton, entitled 'Vascular ultrasound from a surgeon's perspective'. Dr Hamilton presented an engaging talk covering an array of topics – carotids, leg arteries and grafts, chronic venous insufficiency and AV fistula studies.

Alice Springs does not have a vascular surgeon on site. Our referrals are often not very specific or informative and it is difficult to ascertain exactly what is required. Dr Hamilton's presentation was informal, opening the way for any questions or queries to be readily asked and answered. As a body of sonographers, it was a fantastic opportunity to meet with Dr Hamilton – for him to get to know us and us to get to know him and exactly what he expects.

Emily Smith
Alice Springs Sub-branch Committee

New Zealand

Auckland-Waikato

Our eagerly anticipated 'An evening with the obstetricians' was held on Wednesday 24 September 2014 with the event sold out weeks in advance. Sonographers were left begging to be able to attend the oversubscribed event!

Dr Sue Belgrave presented 'Interesting cases', Dr Alex Ivancevic provided

'Pitfalls in ultrasound' and Dr Yvonne Lake provided insight into 'The small baby – Causes, investigation and management'. The presenters interacted and imparted knowledge together, which added to the event.

All registrants were appreciative of the three consultants' talks, finding them informative and of immense interest, with the audience begging for more and the evening going well over time.

All departed the meeting brimming with new knowledge and eager to attend our

next branch meeting. 'Early birds catch the worm', so local sonographers, make sure you register early for our future education meetings.

We would like to thank Philips for providing the refreshments and Auckland Radiology Group for providing the venue. We are extremely grateful for your support of our branch.

Julie Heaney
Auckland-Waikato Branch Committee



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reader competition

Last issue

Last issue's case was of a child with a distended abdomen and palpable mass. The mass was a duplication cyst that was confirmed at surgery. Differentials for this could be a mesenteric cyst, ovarian cyst or Meckel's diverticulum. It can be difficult to be definitive when scanning, but the gut wall signature may help with the diagnosis. Thanks again to Allison Holley for providing the case. Correct answers came from: Oriana Tolo and Karli Duckett.



Above: Image from last issue's competition

This issue

The format for guessing the reader competition is undergoing a change. All members are invited to submit interesting cases from any area of ultrasound and we will use as many as we can.

The editorial team will keep a tally of the correct entries and award a prize at the end of the year for the most cases correctly identified. If you submit an interesting case, and it is used, then you will also get a bonus point.

Case one

This issue's first case is another one from Allison Holley. An eight-year-old female presented to the GP with cold/flu symptoms. On examination of the child's neck, it was thought that there was 'fullness', and they requested an ultrasound. The thyroid was normal in size, shape and location. Immediately inferior to the thyroid was a 'feathered'

mass lying transverse across the midline. It was well clear of the manubrium, so didn't enter the chest, and displaced rather than compressed the neck vessels. What does this represent?



Fig 1. Case one – longitudinal mid-line image of the neck

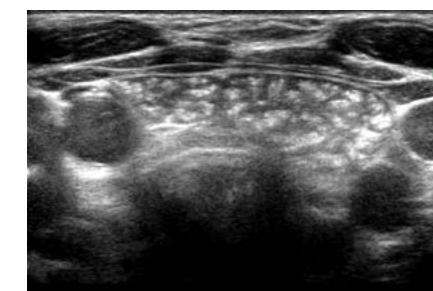


Fig 2. Case one – transverse image of the neck

Case two

The second case is from Tracey Harrington. A 27-year-old primigravida presented for a 33-week growth and wellbeing scan. They'd had a normal 8-week gestation dating scan, a normal

19-week morphology scan and screened low risk at FTS. The fetus's growth was on the 80th centile, with normal welfare parameters. Images obtained below. There was no fetal hydriops; however, the fetal heart was prominent in size.

What does the lesion in the fetal head represent?

Email your answers to: GlendaMcLean.editor@a-s-a.com.au

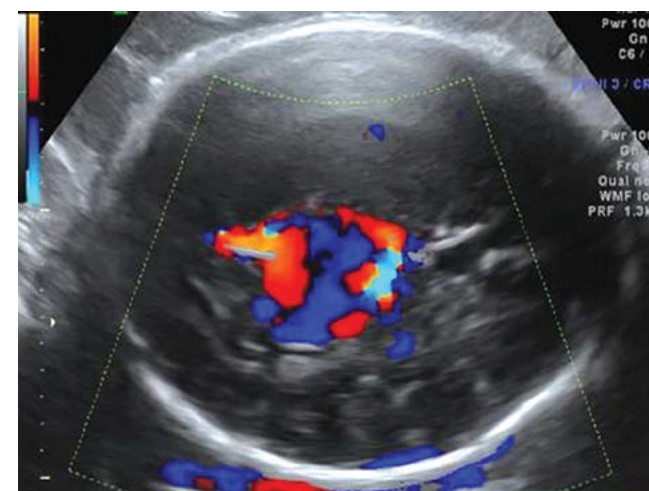


Fig 1. Case two – axial view of the fetal head with colour Doppler

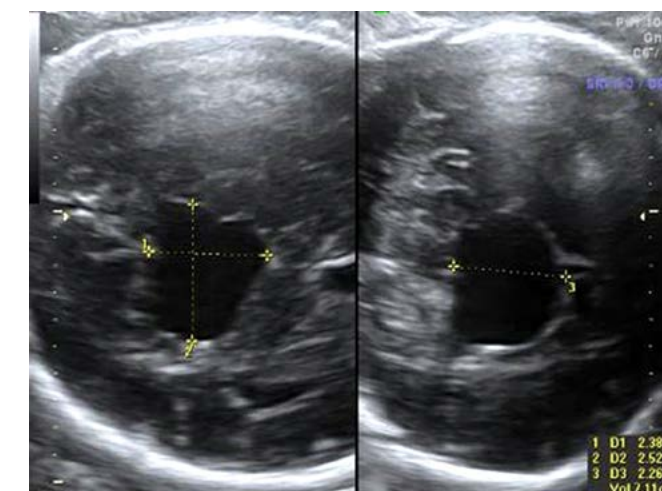


Fig 2. Case two – B-mode images of fetal head with lesion measurements

Hand and wrist fitness for sonographers

According to recent and past surveys conducted in Australia and overseas, around 50% of sonographers report pain, discomfort or worse in their hands and/or wrists [1].

This injury rate is similar to that reported recently despite the dramatic reduction in the weight of transducers and cables in the past 20 years with even 3D transducers now weighing as little as 330 gm.

In order to provide the required image quality whilst scanning obese patients in particular, sonographers are required to sustain downward pressure for extended periods. Using a lighter transducer does no doubt reduce load but the percentage of obese patients has countered this improvement in technology with 14 million Australians being classified as overweight or obese [2].

The use of our hands and thumbs in particular has changed dramatically over the past 20 years with the widespread use of smart phones, other communication and hand-held



Fig 1. Change in 3D transducer size and weight from 700 gm (Philips IU22) (left) to now 330 gm (Epiq) (right) (Image supplied by Philips medical)

devices. The introduction of social media as a widely used phenomenon, but more recently often used hourly to communicate, has added to our hand and wrist usage. In communicating via social media or creating messages using various applications, users need to apply their thumb and palm muscles extensively. The thumb is adducted and high force is used in order to type, having an adverse effect on the hand's musculoskeletal system [3].

Studies reveal a high incidence of musculoskeletal disorders labelled Nintenditis, Wii injury, SMS, Blackberry thumb or iPod finger. All report that the repetitive nature, the degree of thumb adduction and the muscle activity contribute to the overuse symptoms. The resulting injuries range from tendinopathy, paratendinopathies, such as De Quervain's tenosynovitis and carpal tunnel syndrome (CTS) [3].

For our hands, is the change in activity in normal life a precursor for injuries when we scan or could the increased activity strengthen our hand, thumb and palm muscles and reduce injuries? Our awareness, work safe campaigns and ASA and ASUM joint guidelines support changing posture, stretching, mini breaks and using aids such as wrist straps [4].

The guidelines suggest the transducers are large enough to allow a power (palmer) grip and the transducers should be 'slip resistant' in order to aid grip. The guidelines also suggest good physical fitness and reporting injuries before they become chronic, which is reinforced by the ensuing references [4]. If we are following these guidelines inside and outside working hours whilst participating



**Sandra Chamberlin,
Epworth Medical Imaging,
Sonographer Health and Wellbeing
Committee**

in the social media arena then I suggest we may strengthen our hands and wrists by using them in other ways. We are also increasing dexterity and increasing our typing skills and speed that may well enhance the use of our left hand whilst performing ultrasound scans. I do suspect, however, that the reverse may be true and we may be exacerbating injuries or creating new tendinopathies and tendinoses by overusing hands and wrists both within and outside working hours.

Conditions of the hand and wrist can be challenging to treat and the treatment of acute injuries is much more successful than the treatment of chronic injuries. Therefore, early reporting and treatment is encouraged. Early treatment is generally conservative recommending rest, but may include support or splinting dependent upon the diagnosis. Prevention and predisposition to injury also has its place in industries where repetitive hand use is required [5]. Research was performed by Reis and Moro on slaughter workers in Brazil (female chicken neck wringers) where CTS was prevalent. The loss of working days due to injury was affecting the industry. The research supported not only early reporting but proactive measures to preempt injuries. One hundred and three women were sampled using esthesiometry and grip tests to ascertain the degree of injury to each hand and wrist. The esthesiometry results determined the normals, those with reduced sensitivity, or a sensitivity deficit, and the hand-grip results showed those with reduced strength. A group was identified where there was early disease with or without other symptoms.

This group was then able to be treated early and it was concluded that such testing was important in the prevention of CTS reaching chronic stages of injury where the disease could be debilitating and result in a long rehabilitation and a non-productive workforce [6].

De Quervain's tenosynovitis is also a common cause of thumb and wrist pain, occurring typically in adults between 30 and 50 years, with women affected six to ten times more frequently than men. Treatment is again most successful within the first six weeks of onset of symptoms with immobilisation and rest along with steroid injections into the affected tendon sheaths the common early treatment paths [6].

In summary, following the recommended guidelines, reporting pain and discomfort early and getting treatment early gives the best chance of avoiding chronic disease. There is no documented

correlation between excessive smart phone use and sonographers reporting hand injuries; conversely, there is no evidence to conclude that excessive smart phone use increases hand and wrist fitness. There is evidence to suggest that our population is getting larger and evidence to suggest that sustained downward pressure will result in pain and possible injury.

The recommendations from all included studies suggest reporting acute injuries before they become chronic. The same recommendations apply post injury, however the injury is gained. Early reporting leads to faster recovery with rest and support often being the first treatment methods used.

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soundbite

Q. Why should I get insurance?

A. Most of the time when a claim is made there is no problem and an insurance claim is handled through the employer's insurance policy. However, there are examples where the initial response from employers is to deny their own liability, and to deny responsibility for the sonographer's actions. Find out more about discounted premiums on your general insurance. Please contact Gamman Insurance on +61 3 9569 1010.

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ASA Research Special Interest Group (SIG) Committee Survey 2014

Research Special Interest Group
Committee

The ASA Research SIG Committee commissioned an online survey of ASA members with the aim to investigate how the ASA could support sonographers in their involvement and participation in research. The information gathered from this survey will be collated and analysed to make recommendations to the ASA Board of Directors about how to support members to undertake research. The main results of the survey are presented here.

Demographics

One hundred and forty-seven sonographers responded to the survey; most were residing within Australia (93.88%), with 8 (5.44%) residing in New Zealand. The majority of respondents resided in New South Wales. The highest level of qualification of respondents was a postgraduate diploma (70%) and 83.45% were accredited general sonographers.

There was a gender bias of respondents with the majority reporting as female (72%); however, this gender distribution is representative of the current workforce. A good distribution of age brackets was represented, with the highest bracket being the age group 40–49, followed closely by the age group 50–64.

The majority of respondents were working full time in clinical practice (49.66%) or part-time, but greater than half time (30.34%) (fig 1).

Research activity by sonographers

A large percentage (63.89%) of the sonographers who answered the survey

Do you work as a sonographer?

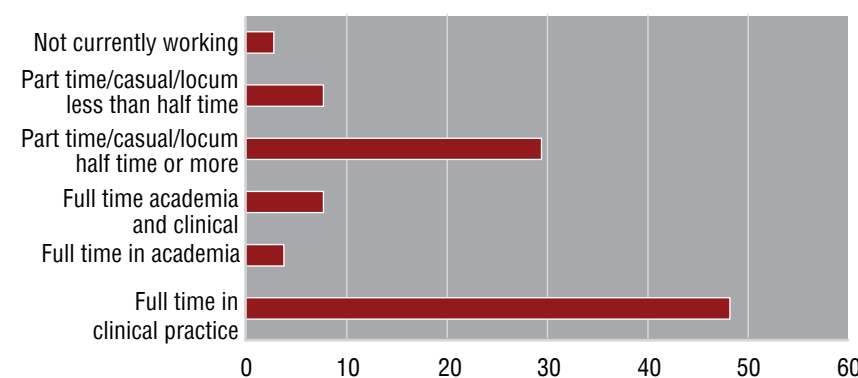


Fig 1.

Are you currently undertaking research?

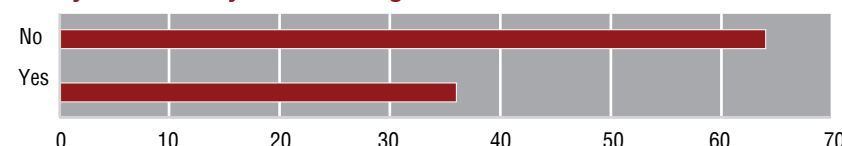


Fig 2.

What would be the motivators or incentives for you to undertake research?

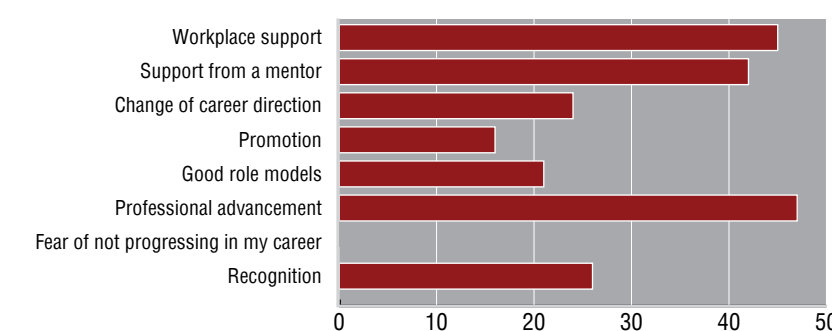


Fig 3.

were not currently involved in research (fig 2). Fifty-two respondents indicated that they were currently undertaking research.

When asked if their research was relevant to medical sonography, 52/68

respondents answered 'yes'. Most research reported by sonographers responding to the survey indicated that there was no project funding for their research (42/55).

Motivators for sonographers to undertake research

The main motivator or incentive to undertake research was identified as professional advancement, with workplace support and mentor support being the other key responses (fig 3).

Twenty-five of 78 respondents indicated that they were undertaking research as part of a higher degree. Half (15/30) of the respondents who answered the question about what motivated them to undertake a higher degree indicated that the degree itself was the inherent motivator to studying for the degree. Recognition of clinical ability and personal excellence (13/30), contribution to society and expanding the frontiers of research (12/30) and an interest in research (10/30) were also key motivating factors in undertaking research as part of a higher degree. These motivators were also key for respondents who were undertaking research outside of a higher degree.

Barriers for sonographers to undertake research

The survey identified that the main perceived barriers to undertaking research were: lack of time, family and life choices and lack of workplace support (fig 4).

When asked about 'What would be the most challenging aspects facing undertaking research?' the balance between clinical work and research (25/51) and the balance between family life and research (25/51) were predominant responses.

Suggestions for assistance for sonographers to pursue research

Responses were evenly distributed across the answer choices for

What are the barriers to you undertaking research?

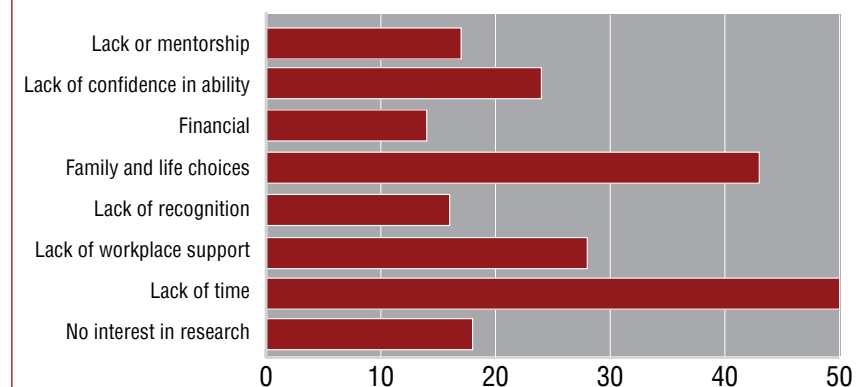


Fig 4.

In what areas do you require assistance to pursue your research?

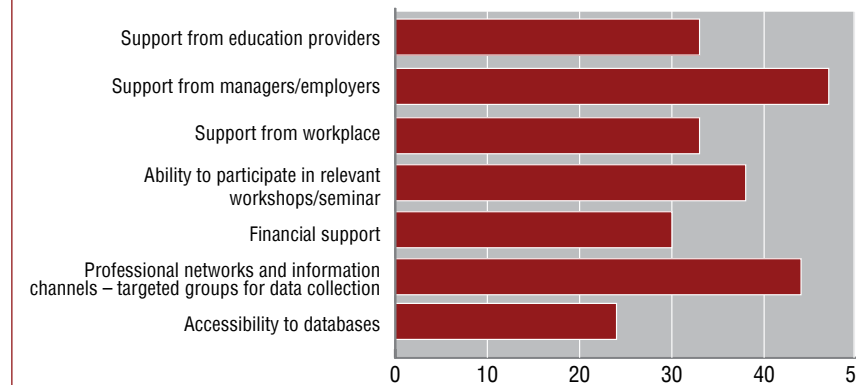


Fig 5.

If the ASA were to fund research, what would you find funding most valuable to support?

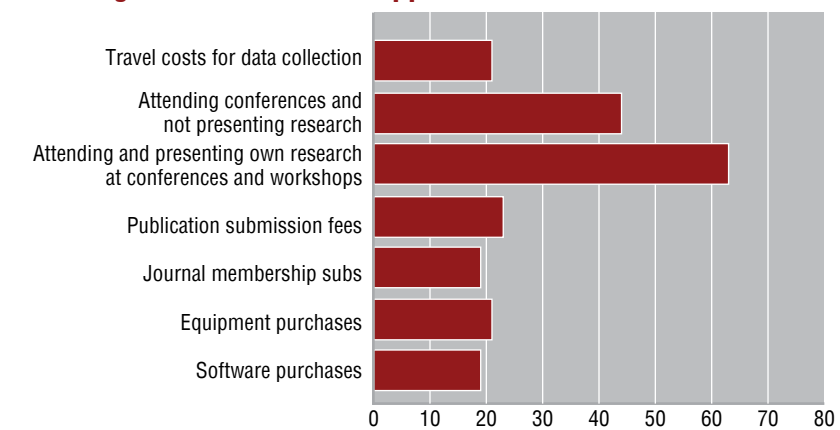


Fig 6.

suggestions around how sonographers could be supported to undertake research. Support from managers and employers (20/43) and from professional networks (19/43) were the

two leading areas suggested for research support (fig 5).

Financial support was only required by 13/43 respondents. When asked

specifically how the ASA could fund research, the key areas identified were funding to support conferences and workshop attendance both to present their own research (30/48) and to learn and network from/with other researchers (21/48) (fig 6).

Free text responses were invited for suggestions for non-monetary support from the ASA. These responses included access to other researchers and mentors, promotion of research ideas, access to discussion forums and workshops.

Further support from managers and employers, education providers and workplace flexibility were also highlighted as suggested areas of support.

Conclusion

The results of this survey provide insight into the research activities of the ASA membership and of sonographer perceptions of enablers and barriers to research. Although response rates are low (less than 100 respondents providing responses to questions about barriers and motivators of research, and less than 50 respondents responding to questions asking how research could be supported) there appears to be healthy interest and activity in research across the ASA membership.

Sonographers appear to perceive research as a medium for professional advancement, with motivation coming from professional recognition, making

a contribution, and fulfilling a personal interest. The capacity to undertake research appears to be inhibited by life choice balance considerations that may also be impacted by a highly feminised sonography workforce. It was interesting to note that financial considerations do not appear to be a barrier for many sonographers undertaking research, with many sonographers conducting unfunded research.

Workplace flexibility, managerial support and the enabling of research networks amongst sonographers emerged as potential mechanisms to support and facilitate research.

Are you an allied health leader?

Are you working interprofessionally in allied health leadership? Would you value the opportunity to network and share resources with others in similar roles? Here is an exclusive new benefit made available for ASA members through our membership with Allied Health Professions Australia (AHPA) – the Allied Health Leaders Network (AHLN).

AHPA, on behalf of its member organisations, is hosting an online network for allied health professionals who wish to link up with others across Australia to pursue interprofessional collaboration and sharing of information relevant to allied health teamwork in service delivery, research and education.

The online communications forum AHLN-online will facilitate supportive collegial networking amongst AHLN-online participants as it enables participants' profiles to be listed, documents or web-based links to be uploaded and shared, comments written and messages left.

An AHLN-online Advisory Team of allied health professionals has guided the development of AHLN-online to meet allied health leaders' interests and needs. It has been established with initially 12 sections, including:

- Leadership
- Public Health Settings
- Private Practice Management
- ePractice
- Cultural Integrity
- Clinical Education and Training
- Facilitating Research
- Rural and Remote
- Communities of Practice

Participants will be able to communicate with others in like roles or with similar interests.

Get involved – it's easy. All you need to do is visit www.a-s-a.com.au, log in to the members area of our website



and visit *quality practice>advocating to secure the profession's future>alliances>ahln-online*.

Spread the word!

Spread the word amongst your allied health colleagues – but note – it is an exclusive member benefit for members of AHPA's member organisations: audiologists, chiropractors, dietitians, exercise physiologists, genetic counsellors, music therapists, occupational therapists, orthoptists, orthotists/prosthetists, osteopaths, hospital pharmacists, physiotherapists, podiatrists, perfusionists, psychologists, social workers, sonographers and speech pathologists.

images



Kim Ung
Monash Health, Victoria

Peters' anomaly

These images are of an orbital ultrasound on an eight-day-old male with Peters' anomaly. Peters' anomaly is an abnormality in the development of the anterior segment/chamber of the orbit. There is incomplete separation

of the cornea from the iris or the lens resulting in opacity of the cornea and blurred vision.

In this baby, the clinicians wanted to know if the posterior segment/chamber

was abnormal. If it is normal then the baby can have surgery to correct the separation. If the post chamber is abnormal then surgery would not be indicated.

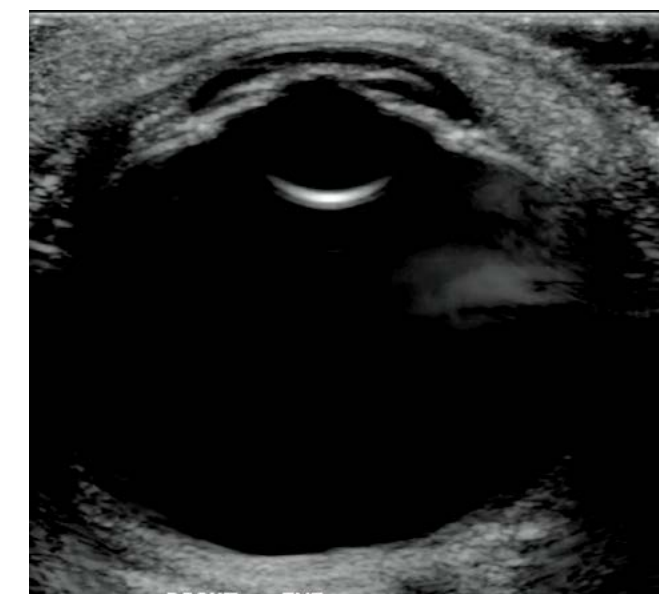
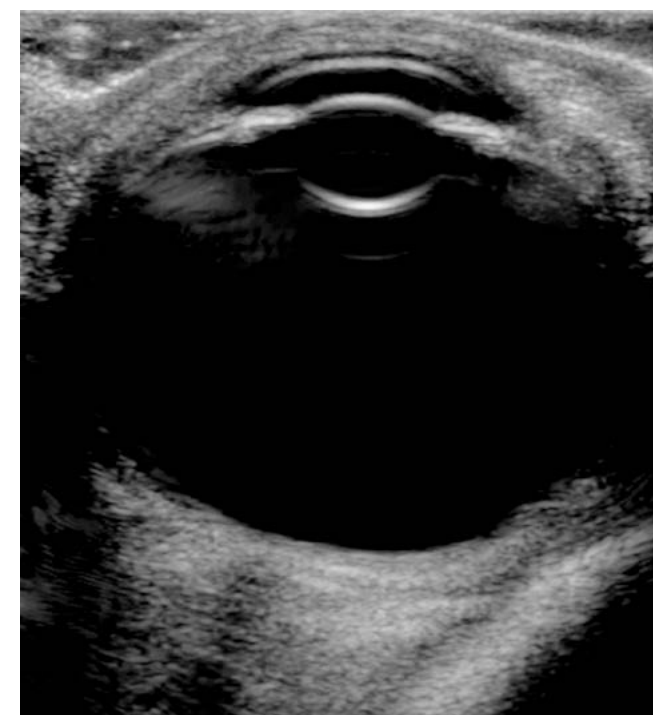


Fig 1. Left eye transverse image (left). Normal anterior chamber
Fig 2. Right eye transverse image (above). Decreased size of anterior chamber

Fig 3. An example of technique for scanning the eye (below)



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and share your expertise and
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to expand your skills and knowledge
and exchange ideas with other highly
experienced sonographers from diverse
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soundeffects news

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- Have any non-clinical information that you would like to share? We are interested in articles that think outside the box as well

- Implemented a new protocol recently or feel like refreshing memories about basic procedures? We are interested in it all!
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As the peak body and leading voice for sonographers, the ASA guides the advancement of our profession to ensure the community has access to quality sonographic services.

Our core objectives are to:

- promote and advocate best practice in medical sonography
- support and disseminate research that contributes to the profession's body of knowledge
- position the profession as the experts in medical sonography
- provide and influence quality academic and clinical education
- deliver innovative resources and opportunities to foster quality practice and enhance the professional success of our members.

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