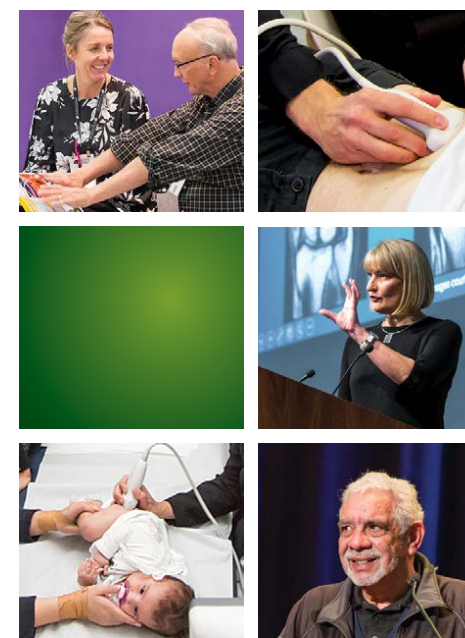


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SAVE THE DATE 21–23 JUNE 2019

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THE 26TH ANNUAL CONFERENCE OF THE AUSTRALASIAN SONOGRAPHERS ASSOCIATION  
Brisbane Convention & Exhibition Centre, 21–23 June 2019

## from the editor

Welcome to the September issue of your member magazine.

Our *feature article* looks at sonographer outreach partnerships with WHO and ISUOG, with Sandhya Maranna (FASA) travelling to Belagavi in Southern India to contribute to a study designed to address concerns on efficacy and safety of antenatal corticosteroid use in low-resource settings.

As we publish, we are settling into the ASA's new office in the Melbourne CBD. Our article, *A new-look ASA*, introduces you to the new home of the ASA and also the teams that manage the different areas of member services and benefits for you. It is important that you know who is working for you and to be able to put names to faces.

This issue also continues the celebration of the 25th anniversary of the Australasian Sonographers Association, as we look at ASA publications over the years and also honour our past presidents and their achievements on behalf of the ASA.

We announce and congratulate further inductees into the ASA Fellowship program, along with providing an annual report for the peer reviewed journal, *Sonography*. We also provide you with conference reports from the recipients of Rural and Remote Sonographer Support who attended ASA2018 Sydney.

Our *advocacy feature* looks at the impact of the Medicare rebate freeze.

In our *person profile*, the spotlight is on our new external ASA Board member Kelly Griffiths. Kelly talks about her commitment to volunteering and her passion for human rights and civil liberties, providing us a snapshot of the person behind the Board Director.

Our *branch reports* for this issue are from your colleagues in metropolitan areas. As always, a big shout out and thank you to all our branches and members who continuously support the ASA by volunteering their time to plan, organise and present at our educational activities each month, as well as those of you who attend these events.

*wh&s matters* explores safe posture and grip for scanning the breast, whilst *research matters* explores 'What should the sonographer be aware of in relation to big data and their work?'

Here at the ASA we're always interested in the journeys or pathways that sonography takes our members and we would love to hear from you to share your story.

Happy scanning and reading!

Carol De La Haye, Editor  
[communications@sonographers.org](mailto:communications@sonographers.org)



the magazine of the australasian sonographers association

**soundeffects**  
news

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## president's message



Over the last few months we have been reflecting on how the ASA began, the vision of the early members, and the ASA's achievements.

Now it is time to look to the future.

CPD education is more accessible due to advanced technology enabling webinars and our devoted and experienced volunteer presenters. Thank you all for your patience while the online CPD tests have been set up and tested. If you need a few extra points this triennium, check out the members' online CPD tests.

Cain Brockley took his Paediatric Travelling Workshop to Wellington, NZ in July and Tracey Taylor shared her O&G knowledge with the sonographers in Tasmania. The Western Australia Branch had a full workshop on *Deep infiltrating endometriosis* while Lino Piotto presented on *Paediatric eye ultrasound* in a virtual classroom at University of South Australia.

At the time of writing, SIG2018 Perth is yet to take place, but promises to be another outstanding educational event on the ASA calendar. MSK, O&G and for the first time at a SIG symposium, the cardiac stream is being offered.

Delegates can combine an educational weekend with an extended stay in WA to take in the sights, such as Rottnest Island, Pinnacles Desert, Margaret River and Fremantle.

The ASA is a strong association and continues to promote the role of sonographers not only as the expert providers of ultrasound as an imaging modality, but also as the most qualified tutors and instructors of ultrasound technique.

At the Future Directions Forum during ASA2018 Sydney, our expert panel highlighted POCUS, and as sonographers we need to be involved in the training and credentialing of doctors and other allied health workers in the appropriate use of ultrasound in emergency and point-of-care situations.

Clinical placements for trainee sonographers appear to be the key to increasing the number of qualified sonographers and the possible solution to the sonographer workforce shortage. ASA committees are compiling data and experiences as evidence of the critical shortage and the effect on patient outcome, including real examples of the effect on patient care. The ASA is

also working closely with our external stakeholders and conversations are being had with the relevant Australian governments in an effort to continue to offer a high level of service to the community.

In conjunction with Queensland Health and QUT, research on MSK sonography guided injections will continue, building evidence to support advanced scope of practice and moving our profession forward.

The ASA Office has now relocated to the Melbourne CBD. Look for updates in *cross section* and a more detailed report from Jodie Long in the *ceo report*.

The future is bright for the ASA and its members as we continue to be the peak body and leading voice for sonographers.

Dr Jennifer Alphonse, President  
president@sonographers.org

### asawebsinars

from the comfort of home

<b>Wednesday 26 Sept   7.30–8.30 pm AEST</b> <i>My Health Record and diagnostic imaging</i>	<b>Wednesday 14 Nov   7.30–8.30 pm AEST</b> <i>Shearwave: An introduction – Sandra O'Hara</i>
<b>Wednesday 10 Oct   7.30–8.30 pm AEST</b> <i>Podiatrist feet – Luke Doonan</i>	<b>Wednesday 5 Dec   7.30–8.30 pm AEST</b> <i>Vascular – James Maunder</i>

Program subject to change without notice. For all the latest ASA CPD events, visit [www.sonographers.org](http://www.sonographers.org)



It has been a very exciting time for the ASA with the office move to the Melbourne CBD. The new office is ultra modern and the space presents the ASA as a highly professional association, as well as providing a very uplifting working environment. The ASA is now at the doorstep of a number of key stakeholders, including the Australian Health Practitioner Regulation Agency (AHPRA) and government departments, which will make it easier for us to meet with them. In this issue of *soundeffects news*, we take you through the new-look ASA. Should any member wish to visit the ASA Office, please know you are more than welcome. We are located on Level 2, 93-95 Queen Street, Melbourne.

There have been a few staff changes within the ASA Office, as well as some redistribution of roles so that we can better support you. I would encourage you to read the section on a *new-look asa* (*meet the team*) so you can put names to faces and understand the roles that they play in assisting the ASA in ensuring that sonographers are known as the experts in ultrasound across the community.

Last issue, I outlined the ASA's *Strategic Intent* and in this issue I am delving deeper into the first 'pillar' of how the ASA is working towards promoting and advocating for the profession, particularly with regard to working towards sonography regulation and addressing the sonographer workforce shortage.

Medicare rebates on ultrasound examinations have not changed for 20 years, whilst the cost of performing an

ultrasound has increased considerably when you consider wages and general costs of running a practice. Patients are now often asked to contribute a gap payment for their medical diagnostic ultrasound, which can cause them to reconsider whether to have the required imaging or intervention that is needed. Sonographers though are also greatly affected and I invite you to read the article on the impact the Medicare rebate freeze is causing our profession.

As you read this we will have had another successful Special Interest Group Symposium in Perth. This year we had some phenomenal speakers within the MSK, cardiac and obstetrics/gynaecology streams, and I am sure all who attended gained considerable knowledge in these specialised areas. A full wrap up of this year's SIGS will be in the December issue of *soundeffects news*. A big thank you to our Gold Partners for this event, GE Healthcare, Philips and Siemens Healthineers, without whose generous support these events would not occur. This year, for the first time, we provided the opportunity for two rural and remote sonographers to attend SIGS2018 Perth free of charge and I would like to thank Guild Insurance who provided financial support for this to occur. Please note in your diaries next year's SIGS which takes place in Canberra, 26-27 October 2019.

The ASA2019 Brisbane organising committee is busy working to bring you a phenomenal program for next year's conference. Keep an eye out in the next

issue of *soundeffects news* for more information.

As I mentioned last issue, we understand often the easiest time of the day for sonographers to call is in the morning before your day has started. As such we have extended our office hours to start at 8.00 am so we are available when you are to answer your questions. Our new office hours are 8.00 am to 5.00 pm weekdays.

I would also like to take the opportunity to thank you all for renewing with us and I commit to you that we will continue to be your voice as well as provide you with outstanding value and support in the coming year.

Jodie Long  
CEO@sonographers.org

### soundbite

**Q.** Member FAQ – I need to change my membership from *Supporting Membership* to *Ordinary Membership* as I am back at work following maternity leave. Just wondering how to go about this.

**A.** Email the Member Services team: [memberservices@sonographers.org](mailto:memberservices@sonographers.org) or call +613 9552 0000 and we can upgrade your membership for you.



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## The impact of the Medicare rebate freeze

Diagnostic imaging Medicare rebates have not changed since 1998 and the cost of performing an ultrasound has increased considerably when you consider wages and the overall general costs of running a practice. As such, the ASA together with other industry representatives have advocated for a number of years now the need for better Medicare funding of medical ultrasound. At the very least for the Australian Government to reinstate annual indexation of the Medicare rebates for ultrasound and other medical diagnostic imaging services. But why is this an issue? Does the Medicare rebate really have that much of an impact on a sonographer's work? And are patients really affected by this?

### Is the indexation of the Medicare rebate really such an issue?

Whilst the Medicare rebate for ultrasound has remained practically the same for the last 20 years, we have seen significant technological advances within ultrasound. And with ultrasound seen as a relatively safe first line of investigation, and inexpensive compared to other modalities, the demand for sonographer-provided ultrasound as a front-line service is increasing.

Often it is the initial diagnostic tool which either eliminates the need for, or informs the use of, other more expensive diagnostic services. Ultrasound is also in some cases a preferred imaging option, especially for paediatric diagnostic services, as it doesn't use radiation.

Patients benefit from good access to ultrasound services in order to identify

**Table 1. What is the comparative cost?**

Medicare Fee	US	CT	CT with Contrast	MRI
Shoulder/extremity	\$109.10	\$220.00	N/A	\$403.20
Abdomen	\$111.30	\$250.00	\$360.00	\$403.20

disease and other medical conditions so that they can be treated early, improving patients' health outcomes and reducing the cost associated with treatment of disease due to the disease not being as advanced.

Unfortunately, ultrasound is the most underfunded radiology modality and one of the most underfunded services on the Medicare Benefits Schedule. After 20 years without indexation, rebates do not cover the cost of providing almost all of the ultrasound services listed under Medicare.

The current Medicare rebate barely covers the cost of employing a sonographer, let alone the radiologist, equipment, consumables, and overheads associated with running a radiology practice. These days the average gap between the Medicare rebate and the real cost of providing an ultrasound service is well over \$110.

This cost either has to be passed on to the patients or somehow absorbed by the radiology practice for the service, just to break even.

### How does the Medicare rebate freeze affect patients?

For medical diagnostic ultrasound the average out-of-pocket cost for services has grown by 117% over the last thirteen years, creating an average out-of-pocket cost of \$105.68 for a medical diagnostic ultrasound examination. As a

**James Brooks-Dowsett**  
ASA Policy and Advocacy Advisor

result, many disadvantaged and at-risk Australians are neglecting their health as they cannot afford the increasing out-of-pocket costs associated with accessing these essential services.

This year alone the Australian Diagnostic Imaging Association estimates that 300,000 Australians will avoid diagnostic imaging due to cost. Delaying diagnostic imaging can adversely affect the patient's final prognosis. Necessary treatment could be delayed or missed out on completely, causing greater financial burden to the government purse as the patient goes on to need more complex and costly operations and treatments.

### How does that mean more pressure for sonographers?

Unlike New Zealand, the larger portion of Australian diagnostic imaging is provided by private radiology services. This is particularly evident with close to 70% of Australia's sonographers employed in private practice.

Private business does not have the financial security generally enjoyed by public health services. They need to continually make decisions for the ongoing viability of the business. With over two decades' worth of increasing cost to providing ultrasound, and no real increase to government funding, they have limited options available to them to be able to continue to provide these services.

To reduce the financial burden on patients, some private practices shorten the time allowed for an examination, which puts sonographers under considerable pressure. It still takes time to provide a quality examination, so this pressure can result in rushed patient administration, leaving less time to provide quality patient engagement. It also increases the risk of unforced administrative errors and places sonographers at a higher risk of developing work-related musculoskeletal disorders.

The following is a recent account from a member on the real-life consequences of underfunding ultrasound:

*'Where I work, this week management had a meeting with site senior sonos to explain that the company can no longer afford to provide ultrasound unless there is a change. To address this the workplace is going to trial 20-minute bookings for certain examinations such as DVT, renal, carotids and abdo. Also, we can no longer afford to provide bulk billed pregnancy scans, so expectant mothers are now going to have to pay for these essential scans throughout their pregnancy.'*

*The young sonos feel under pressure from the business to "get on board"*

*and "move with the times". These shorter scan times are particularly difficult for the sonographers already battling workplace injuries. Even though the consensus is that "it takes as long as it takes", this attitude along with managerial push for decreased times will impact on work flow and make it unpleasant to turn up to work each day leading to increase in sonographer burnout.'*

– An ASA member

A shorter exam time can result in missed and/or incomplete diagnosis. It also completely fails to consider the emotional demands of a sonographer's work. Even on a good day sonographers are dealing with the diagnosis of potentially fatal or debilitating conditions across a range of the examinations performed, for example, in obstetrics where you are dealing with early miscarriages, a range of fetal anomalies, and even late stage fetal demise.

What is really concerning is that it is becoming more common for this push for sonographers to work harder and faster so that businesses can afford to provide ultrasound to patients. The pressure of shortened scan times reduces the time to ensure the clinical question is being properly addressed; reduces the opportunity to correlate pathology with past imaging or consult

with the radiologist about further tests; and really compounds the physical and mental stress that sonographers already face in their daily work.

It also completely eliminates the possibility of providing robust clinical training for new sonographers.

It seems that no one outside the industry really understands the physical and mental stresses on a sonographer on a daily basis, and although the increased MSK and mental health risks to the sonographer are very real, the risk to the patient of misdiagnosis is probably even greater.

The ASA is working with other industry bodies and the Australian Government to address this very serious issue for our industry. If ultrasound rebates are not increased, access to ultrasound will become even more unaffordable and more patients will simply miss out on being diagnosed. The quality of ultrasound services provided will likely also decline as providers are forced to do more, with less.

If you have any thoughts on this, or a story to share on this topic, please email us at [policy@sonographers.org](mailto:policy@sonographers.org)

**Saturday 10 November | Mackay**  
**Vascular**  
Presented by Jacqui Robinson



## travelling workshops

### bringing quality education to you



**Saturday 13 October | Echuca**  
**MSK**  
Presented by Lisa Hackett





**Saturday 10 November | Mackay**  
**Vascular**  
Presented by Jacqui Robinson

**Program subject to change without notice. For the latest ASA CPD events, visit [www.sonographers.org](http://www.sonographers.org)**



## Meet the team

The ASA has moved into its new office space that has an atmosphere that instils professionalism and presents a modern and progressive organisation. The new work environment is an inspirational space, as you can see from the pictures.

We have moved from an oversized and underutilised space that was 30 km from the centre of Melbourne, to a central location in the heart of Melbourne's CBD. The office has an open plan work area at one end with an inviting meeting room space for the ASA to host key stakeholders at the other end.

### Who is who in the new ASA Office

The ASA staff are continually working towards benefiting members, as well as the sonography profession. It is important that you know who is working for you and be able to put names to faces. The ASA office is structured in teams that reflect the different areas we cover for you.



The foyer, entry and heritage-listed facade of the new ASA Office at 93–95 Queen Street Melbourne, Victoria, Australia



### Jodie Long, CEO

We have a Member Services Team that is there to support you and manage all of your enquiries, as well as your CPD points. The team consists of our Member Services Manager, Titian Bartlau, who liaises with our committee and branch volunteers, as well as two Member Services Officers, Evelyn Shultz and Vanessa Mumford, who are always ready to take your call or email. This team is always on the lookout for how they and the ASA can provide a better service to you.

The ASA prides itself on its operational and financial excellence, which is overseen by Carolyn Todhunter, our Chief Financial Officer and General Manager Corporate Services. She is supported by Eleni Ritzert, who is the ASA's Finance Officer. They both ensure that the ASA is financially sound and make sure we pay our bills on time.

Our Marketing and Communications Team looks after all the content that we provide you. They create our weekly electronic newsletter *cross section*, all of our social

media posts, as well as updating the website and overseeing the creation of our quarterly member magazine *soundeffects news*. In addition, they also manage all of our events including the Annual Conference, Special Interest Group Symposium and workshops. Aurelia Crabtree is our General Manager, Marketing and Communications, and she is supported by Carol De La Haye, our Marketing Manager, who generates the majority of our marketing content, and by Tamsin Wilson who is the ASA's in-house Graphic Designer. Natasha Pregalato is our Events Coordinator who manages the ASA's major events, in particular the Annual Conference and SIGS. Working alongside this team is Glenda McLean who is Editor-in-Chief for our peer reviewed scientific journal, *Sonography*, as well as overseeing the proffered papers for the conference.



Left to right: Stakeholder Engagement Team, Loreena Bloomfield, Jodie Long and James Brooks-Dowsett



Left to right: Member Services Team, Vanessa Mumford, Titian Bartlau and Evelyn Schultz



Left to right: Finance Team Carolyn Todhunter and Eleni Ritzert



Left to right: Marketing, Communications and Events Team, Aurelia Crabtree, Tamsin Wilson, Natasha Pregalato, Carol De La Haye and Glenda McLean



Above: Visitor waiting area of the ASA office on Level 2



Above: Board Room with view over Queen Street

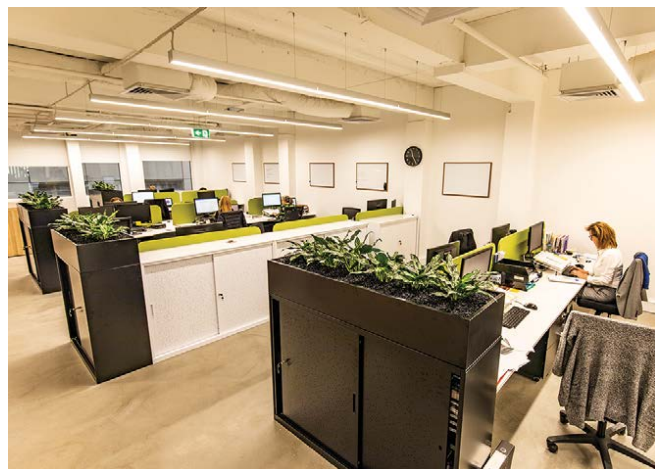


The Chief Executive Officer is well supported by the ASA's Policy and Advocacy Advisor, James Brooks-Dowsett, in lobbying and advocating for the profession with governments and other key industry stakeholders. This ensures the ASA's voice is heard and

can influence change to address the issues facing sonographers. The ASA has a number of corporate industry partners with whom we work very closely, including equipment vendors, major employers, as well as sonography education providers. These partnerships

are supported by Loreena Bloomfield, our General Manager Corporate Partnerships and Growth, as well as the CEO.

We welcome all our members to our, and your, new home.



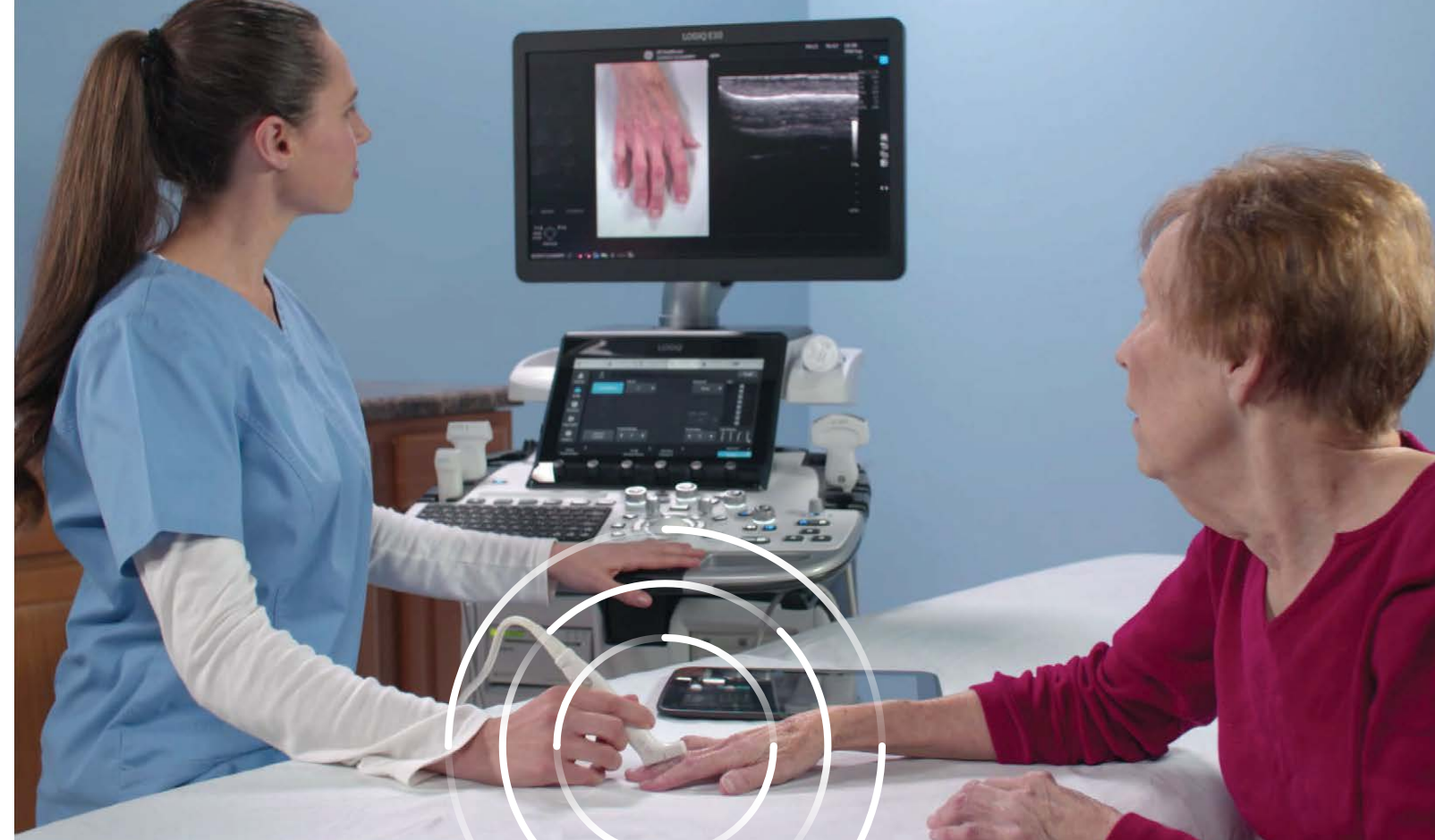
Above: Staff open plan work area



Above: Meeting rooms and Board Room



The ASA team look forward to welcoming you to the new ASA



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## Executive summary

Jodie Long, CEO

The financial year 2017/18 has been completed and we are now required to provide our members with an annual report which will provide you with a summary of how the ASA has performed in the past financial year, as well as give you some insights into the future strategy of the organisation.

The official annual report will be available at the start of September with the Annual General Meeting to be held at the Special Interest Group Symposium where the President will present the report. This financial reporting demonstrates the ASA's operational and financial excellence.

The report will show members where our income was derived from over the last year to enable the ASA to perform its functions. As you can see in Table 2, over 60% of the ASA's income comes from its membership subscriptions and over 25% from the Annual Conference registrations.

In addition, the report also outlines where the ASA has then invested these funds throughout the year to benefit members. The biggest investment the ASA makes is the Annual Conference, with over 35% of all ASA's costs going towards it. The provision of indemnity insurance is 15%.

A feature common to all not-for-profits (NFPs) is that they are not set up to generate a return for their members. That said, NFPs do generate profit or surplus to ensure they remain sustainable and whilst the profit is not distributed directly to members, it is reinvested back into the association for the benefit of members.

Last financial year, the organisation generated a surplus and this will now be reinvested back into the ASA through ways that will continue to assist the ASA in achieving its goals and providing value to its members.

We are working towards promoting and advancing the profession by increasing our presence in front of government departments, health ministers and government health advisors, as well as collaborating with other key stakeholders. Last financial year we engaged a consultant on social media for increased engagement and we are now looking to engage policy advisors to assist with opening more government doors and making an impact to raise the profile of the profession and deliver change with regard to sonographer regulation, as well as addressing the sonographer workforce shortage.

The ASA will continue to work towards enhancing the quality and standards of ultrasound and we are looking at developing more robust guidelines for training and clinical supervision, as well as working towards delivering increased support for trainees (student) and clinical trainers.

To continue to assist members to achieve their continual professional development points, as part of their membership, we will work to broaden the range of continuing professional development by offering greater online learning through our learning management system with the development of educational videos. In addition, we are also looking to support more workshops throughout the year and we are hoping to have approximately 20 workshops across Australia and a minimum of 3 in New Zealand.

We are constantly seeking new and innovative ways to benefit members. Member feedback is key to assisting us in ensuring we are providing you with the value and service you require. We will be conducting a member survey in October/November this year which I encourage you all to participate in and have your say, as well as sending any suggestions you may have on improvements you would like to see to [memberservices@sonographers.org](mailto:memberservices@sonographers.org)

### soundbite

**Q.** Member FAQ – I am currently a Student member of the ASA and have just completed my studies and I'm now qualified. How do I upgrade my ASA membership from Student to Ordinary and what are my options and pricing?

**A.** Please contact the ASA Member Services Team on [memberservices@sonographers.org](mailto:memberservices@sonographers.org) or call: +613 9552 0000, so they can provide you with your options and upgrade your membership accordingly.

Table 1. Expenses for the financial year 2017–2018

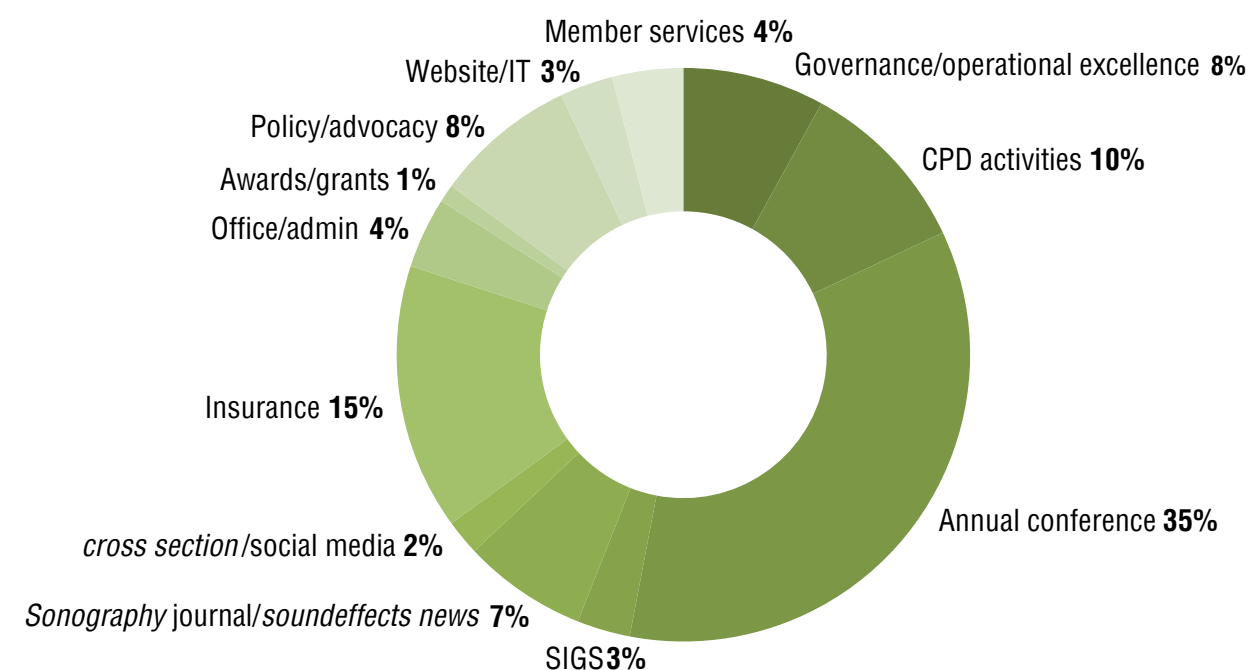
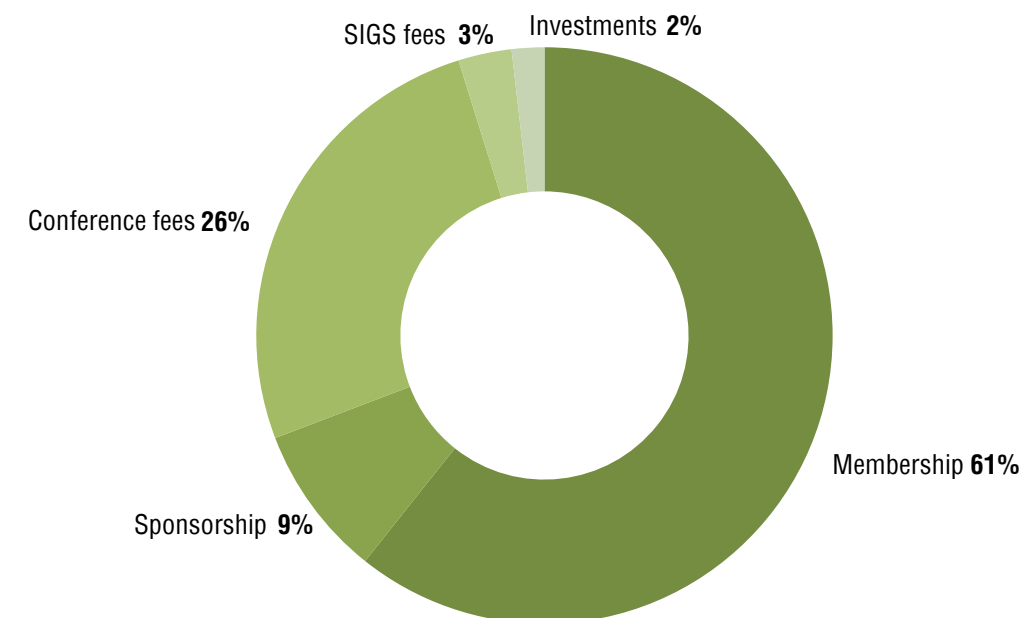


Table 2. Income for the financial year 2017–2018





## Strategic Intent goal – Promote and advance the profession

In the last issue of *soundeffects news*, I showcased the new strategic intent for the ASA, along with the ASA's vision for ensuring sonographers are recognised as the experts in ultrasound across the community. In this issue we will delve deeper into the ASA's first goal of promoting and advancing the sonography profession.

The ASA is looking at ways to raise the profile and brand of 'sonographer' for you, to ensure you have a strong professional identity and recognition within the healthcare industry, as well as with governments and the community. Part of this work includes working towards having the profession regulated under the National Registration and Accreditation Scheme (NRAS) through the Australian Health Practitioner Regulation Agency (AHPRA), as well as working to address the sonographer workforce shortage and associated shortfall in access to clinical training placements.

### What does this look like?

The ASA has a full-time Policy and Advocacy Advisor, James Brooks-Dowsett, who has been with the ASA since 2014, has extensive knowledge of the health industry and knows how to get things achieved within governments. In addition, a substantial amount of the CEO's time is spent liaising with government departments and other key industry stakeholders, communicating our message so that as many people as possible hear our strong voice and we can influence people to action change.

We are also working closely with an advisory agency that specialises in opening the right doors in Canberra, as well as state government, to discuss with them how governments can support ways to increase clinical placements and address the workforce shortage. The ASA also meets regularly with key stakeholder groups and has a strong voice when changes are made that affect the industry. In addition, the ASA is holding continual collaborative talks with APHRA, the Medical Radiation Practice Board (MRPB) and their associated advisory committee to determine how sonography can become a regulated profession.

It is important that we create many opportunities to promote the profession. One such example is a radio interview that I recently had with James Valentine on ABC Radio Sydney on the importance of the obstetrics ultrasound scanning for expectant mothers and the critical role of a sonographer.

We are working on creating videos on the sonographer profession that can be shared through social media channels, and in particular YouTube, to reach the general consumer so that we no longer get blank looks when we say we are a sonographer, nor have to explain the role of a sonographer. The ASA is also a member of the Consumer Health Forum which provides us the ability to connect to the general public and tell our story.

Over 5,500 voices are stronger together and I would encourage all of you whenever you can to actively promote the sonography profession.

Jodie Long, CEO

### soundbite

**Q.** Member FAQ – What am I covered for under the ASA insurance policy?

**A.** Protection against any civil liability claim(s) made against you arising from your practice as a sonographer. This cover includes claims for compensation and includes any awards for legal costs and expenses made against you.

- **Professional Indemnity** – Broad cover for financial loss caused in connection with your work as a sonographer up to \$10 million for any one claim and \$30 million in total for all professional indemnity claims.
- **Public Liability** – Cover for accidents that cause injury or property damage for \$20 million.
- **Products Liability** – Protects you against liability for damages caused by goods sold or supplied by you in your role as a sonographer for \$20 million.
- **Scope of Practice Covered** – Coverage for the following scope of practice: 'The provision of Sonography, Radiography, Nursing and Nuclear Medicine Technology Services, including the provision of invasive procedures only if under the direction of a qualified medical practitioner.'



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## Conference reports

### Elizabeth Barwick

I would like to extend my sincere thanks to the ASA and the sponsors of the Rural and Remote Sonographer Support scheme for the wonderful opportunity to attend the 25th Annual Conference of the ASA. As a part-time working mother in a small rural practice, it was an invaluable opportunity for me to be able to travel to Sydney to consolidate and expand my sonography skills. I'm very privileged to have the opportunity to work in a rural centre and it's essential that our patients continue to have access to qualified, experienced and enthusiastic sonographers. In the words of Kerryn Phelps during the opening plenary on the first day, 'professional excellence is worth fighting for', and this was certainly my motivation to attend the conference this year.

I thoroughly enjoyed the program delivered at ASA2018 Sydney and I congratulate the convenors on providing such a comprehensive program. The enthusiasm of the presenters was infectious and inspiring. I was impressed by many of the clinical presentations, including Delwyn Nichols' presentation entitled *1,2,3 – CitB: A novel approach to image the posterior fossa in first trimester using ultrasound*. It was interesting to hear about the research into this area and the catchy acronym has already transferred to my daily clinical practice.

International keynote speakers, Mark Roozen and Doug Wuebben, definitely lightened the mood with their entertaining non-clinical presentations entitled *Unlock and untwist*. Laughs were aplenty as we got moving in the pursuit of living pain-free and extending our sonography careers. The social occasions were also a treat, as was the opportunity to discover the Sydney sights during the Vivid festival.



Elizabeth Barwick (back row right) and friends at the ASA2018 Sydney Gala Dinner

Overall, I had a wonderful weekend in Sydney and I am very grateful for the experience. The conference provided me with the perfect platform to learn, network and socialise, and I look forward to attending ASA2019 in Brisbane!

### Natalie Kennedy

Due to circumstances of location, rural sonographers miss out on a variety of opportunities to attend workshops, branch meetings and other educational opportunities that city sonographers are able to benefit from. As a junior sonographer, I feel that such educational opportunities are vitally important for both continuing professional development and the practice in which they work, particularly at the earlier stage of one's career.

I was thrilled when I was granted an ASA Rural and Remote Sonographer Support grant to attend the ASA Annual Conference in Sydney this year. I was grateful to have received the full cost of the conference ticket, which meant I only had to cover the cost for travel and accommodation to attend the conference, which in turn, lessened the stress of being a junior-paid sonographer and having to travel to attend.

I was pleased with the variety of workshops and lectures on offer, which covered a wide array of ultrasound. It was an absolute honour to listen, watch and be able to ask questions of

such knowledgeable and successful specialists within the industry. Key highlights of note for me from the conference workshops were *The postoperative shoulder*, held by Lisa Hackett and *Imaging the fetal heart* by Julia Solomon. I found that not only was the information they provided beneficial, but the nature of their presentations was interesting and enjoyable to listen to.

I also found liaising with other sonographers from other private rural practices like myself to be valuable. It was great to be able to discuss the work place issues that we face, such as the disadvantage of not having a radiologist on site, and to consider different strategies used in other practices to combat these difficulties.

### Matthew Verrocchi

I travelled from Tamworth to attend ASA2018 in Sydney. It was a great opportunity to meet up with colleagues from Newcastle who also attended the conference, and we were lucky enough to share accommodation in Pyrmont, very close to the International Convention Centre. We were within walking distance to the ICC and had a nice stroll by Darling Harbour every morning.

As a vascular sonographer, I mostly attended vascular presentations and workshops and there were a large number to choose from. The first vascular presentation session focused on veins, with some great presentations from Ian Schroen and Amy Clough. There were also some very interesting proffered papers presented on 'Lymph nodes as a source of recurrent varicose veins' and 'Sciatic nerve varices', which provided some very helpful information that I could apply to my own venous insufficiency examinations.

I also found the workshop on pelvic veins and Nutcracker Syndrome to be very insightful, as an examination not thoroughly utilised but one that can be highly diagnostic for some patients.

The exhibition area was always full of activity and it was great to catch up with some interstate colleagues who I had not seen for some time. The latest

ultrasound machines and technology on display were incredible as always and there were plenty of trade stalls to visit. The food was delicious and plentiful and the coffee machines were a definite winner. The performance from the lion dancers at the Welcome Reception was very entertaining and provided a great atmosphere to kick off the conference.

The ASA is grateful to the following sponsors for their contributions to Rural and Remote Sonographer Support: Alpenglow, Integral Diagnostics and Queensland University of Technology.



## asa fellowships



### Jodie Long, CEO

The ASA congratulates the following candidates who were recently awarded Fellowship. Their generous contribution of time, knowledge and experience is vital to the success of our association.

It is clear from the description of their recent achievements that the ASA has a solid foundation of members dedicated to the profession of sonography.



### Bonita Anderson

Bonita serves on the FASA Committee Panel and provided four presentations at ASA2018 Sydney on *Cardiac masses*,

*Assessment of diastolic function*, *quantification of mitral regurgitation*, plus a live scanning workshop, and authored the sonography textbook *Echocardiography: The Normal Examination and Echocardiographic Measurements*. Bonita is also a Board

member of the American Society of Echocardiography and on the Imaging Council of the Cardiac Society of Australia and New Zealand.



### Dr Rebecca Perry

Rebecca contributes to the Editorial Peer Review Panel for *Sonography*, she has presented **asa webinars** on *4D imaging in cardiac*,

*Echocardiography in systemic diseases* and *Strain imaging*. She presented a travelling workshop on *Mitral regurgitation* and presented at ASA2017 Brisbane on case studies from Flinders and 3D and strain. Rebecca has also co-authored five publications during 2017–2018.

Fellowship is a significant professional achievement and the ASA would like to say thank you to Bonita and Rebecca for all they have done for our association and profession. It is greatly appreciated.

All members are encouraged to undertake the process of Fellowship, enabling you to develop additional professional skills which will be recognised by your colleagues.

### 2018 Associate Fellows (AFASA)

Congratulations to the following members who were recently conferred as Associate Fellows of the ASA.

Cara Miller

Rob McGregor

Donna Napier

Ann Quinton

Francis Ryan

Quanson Sirlyn

Faye Temple

The complete AFASA list can be viewed on the ASA website.



## Outreach partnerships in global maternal and fetal health: WHO ACTION trials, in collaboration with ISUOG

### Introduction

The study is designed to address current concerns on efficacy and safety of antenatal corticosteroid use in low-resource settings. These multi-centre, multi-country trials will include a total of 28 sites across five countries. Accurate sonographic gestational age estimation is a vital component of this study.

I led the protocol and equipment training for the project. Didactic and practical training was designed to be consistent across all sites. Resources from the ISUOG basic training database were adapted and further developed to specifically suit the needs of the ACTION trials. The Melinda and Bill Gates Foundation funded the project, including Phillips HD5 equipment to all the participating sites.

In Belagavi in Southern India, I trained ten obstetricians and gynaecologists in a 2400-bed tertiary, referral research and teaching hospital. 'Train-the-trainer' model was employed to standardise protocol with estimating gestational age (GA) or patient recruitment into the trials. These trainees were of varying levels of sonographic expertise and were from three different regional sites from Southern India. The physicians were extremely grateful for the opportunity and keen to improve their training practice and help to further disseminate the knowledge.



Sandhya Maranna FASA,  
South Australia

These trainees will then train several obstetric care physicians who will be involved in recruiting the women for the trials. This is the essence of dissemination of sonographic technique for accurate GA estimation and biometry, based on ISUOG guidelines.

I was very grateful to have an experienced senior outreach member, Dr Lynn Coppola, Assistant Professor in OBGYN, University of Arizona, join the trainer team for the trials after India. Dr Coppola travelled to Pakistan, Bangladesh, Kenya and Nigeria to execute the sonographic training protocol.

Dr Lynn Coppola and I will be continuing our collaboration with the WHO in leading and monitoring the quality assurance of the ultrasound component of the project.

Participating in this project has been rewarding on many levels for me, including:

- giving back to my country and region of birth
- providing a small contribution of time and effort to strengthen the obstetric sonographic capacity, effects of which will extend beyond the actual WHO ACTION trial
- growing collaborations and networks on a global scale.

Images from Pakistan, Bangladesh, Kenya and Nigeria courtesy of Dr Lynn Coppola



Above: The 2400-bed tertiary research and teaching hospital in Belagavi, Karnataka, India, the first site for WHO ACTION trials ultrasound training led by Sandhya Maranna



Above: Sandhya with the trainee team facilitated by Prof. Shivaprasad Goudar and Dr Yeshita Pujar, HOD of Obstetrics, KLES Dr Prabhakar Kore Hospital and University



Above: Dedicated lecture presentations followed by hands-on practical sessions formed the main components of the training model



BILL & MELINDA  
GATES foundation

Left: Philips HD5 equipment that was funded by the Melinda and Bill Gates Foundation on which hands-on training was facilitated



Above: Nigeria – Dr Coppola with the trainee team



Above: Kenya – The trainee team in Thika



Above: Dr Coppola just recently completed the training in the 2nd week of May 2018



Above: Dr Coppola expanding the technique



Above: Pakistan – Dr Lynn Coppola with the trainees in Aga Khan University, Karachi

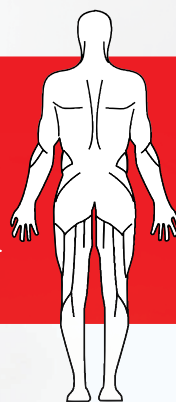


Above: Bangladesh – Hands-on protocol training, facilitated by Dr Marita Gonzalez in Shylet and Dr Coppola in Dhaka

Sandhya Maranna, a Fellow of the ASA and also a Global Online education taskforce member of the International Society of Ultrasound in Obstetrics and Gynaecology (ISUOG), collaborated with the World Health Organisation (WHO) as its temporary adviser in the Antenatal Corticosteroids for Improving Outcomes in Preterm Newborns (ACTION) trials. Sandhya prepared this report on her recent work on WHO ACTION trials in India.



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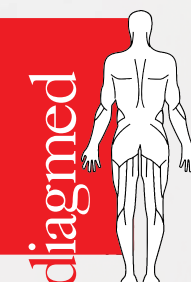
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The ASA continues to reflect and celebrate its 25th anniversary in this issue. Our member reflection has been submitted by ASA Fellow Glenda McLean.

Reflections on ASA publications – Glenda McLean FASA, Editor-in-Chief, *Sonography* journal

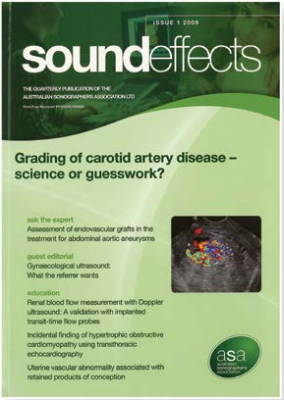
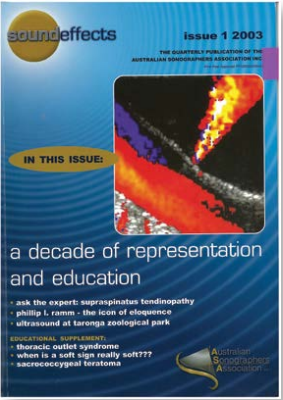
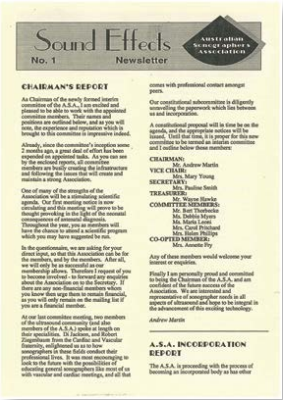
A newsletter called *Sound Effects* was produced by the first ASA committee from 1992 onwards. Reading through the archives of these printed yellow pages, I imagine how much time and energy went into driving the incorporation of our association, organising education events and communicating this to our members through our publications. The newsletter continued in this format until May 1997 when a professionally printed publication was designed and printed. The name *Sound Effects* remained the same and the new editor, Peter Coombs, published a glossy publication (yellow and black). This issue included a president’s report, a summary of the federal council meeting, branch reports, conference reports and some education articles. The education supplement in the first issue included articles on polycystic ovarian syndrome,

nuchal translucency and a case report on tibialis anterior tendon injury. A feature called *Computer Section* outlined what the World Wide Web was, explained email and its use and had a call to establish an ASA computer home page. Hard to imagine life without email and computers!

After 10 years of the ASA, the publication was redesigned, and in March 2003, edited by Julie Wheatley, it became *soundeffects* (blue cover). Five years later in 2008, it was time for an update and was now edited by Sue Anfruns and Tracey Harrington with a growing committee of volunteers (green cover). These issues of *soundeffects* included both ASA news and education articles and now provide a wonderful historical record of the ASA. With many conference photos and accounts of various branch meetings, they provide a rich history of sonographer education which has been provided by the ASA over the years. There have been a number of editors who have contributed over the past 25 years, along with many committee members and ASA office staff. I enjoyed my time as a sub-editor of *soundeffects* (green cover era) and remember the many hours we spent on teleconferences and face-to-

face editorial meetings. Sourcing content for each quarterly issue has and is still a constant challenge to ensure that what we publish is interesting to our readers and furthers our profession.

In 2013 the ASA employed me as editor to work on launching a new fully peer reviewed journal. Prior to this *soundeffects* was a mix of newsletter and education articles; with some articles being peer reviewed. My initial task was to set up the new journal and it was decided that the member magazine would continue and be called *soundeffects news* (white cover). Both covers for the new publications were designed by the ASA’s graphic designer, Tamsin Wilson. The name *Sonography* was chosen for the new journal as a clear, simple title that people from all around the world would recognise, read and hopefully contribute to. An Editorial Board was established with representatives from key areas of the profession. The first volume had two issues and was published in September 2014 by Wiley Publishing. From Volume 2, the issues have been produced quarterly and each issue includes up to nine articles. Articles can be original research articles, education articles, case reports



From left: First *Sound Effects* newsletter (1992–97); first professionally printed *Sound Effects* (1997–2002); *soundeffects* (2003–08); *soundeffects* (2008–14)



**ASA’s current publications: Latest iteration of *soundeffects news* and journal *Sonography***  
or series. All members are encouraged to contribute a manuscript or be involved in reviewing. The journal is privileged to have so many experienced sonographers and researchers willing and able to review the manuscripts which are submitted. This has enabled the journal to continue and grow and I acknowledge the time and dedication reviewers put in.

Today, Android and iOS Apps are available for *Sonography* so that people can read anywhere on their mobile devices. Both *Sonography* and *soundeffects news* are also available online via the Wiley Online Library and the ASA website.

Twenty-five years of the ASA and our publications and the sonography profession have proven that sonographers are great print and online communicators. Back in the early days, we were reaching out with early computer technology to get the association’s messages across to the growing membership. Today, we reach out globally, through the journal, to the ultrasound world through print publications to members and have an online presence through the Wiley Online Library *Sonography* webpage. The global readership has grown year to year and more detail of this can be found in the *Sonography* 2017 Annual Report, and in this issue of *soundeffects news*.

Past Presidents of the ASA – Honour Roll

Andrew Martin: 1992–1996

- 1992**
- ASA incorporated under Victorian law as a not-for-profit association
  - Sound Effects* begins as a newsletter
  - Agenda preserving and improving the sonographer role in the medical imaging equation

- 1993**
- ‘The ASA will work for recognition, registration of its practitioners, education and continuing education for sonographers at all levels, and to maintain standards of practice in the provision of high quality ultrasound diagnosis and community value for the ultrasound healthcare dollar’

- ASA membership at 300
- 1994**
- First annual conference 300 delegates
  - Australian Sonographers Accreditation Board meets for the first time. Accreditation is voluntary
  - Following pressure by the ASA, ordinary members of ASUM vote to ‘permit’ sonographers to become full members of ASUM

- 1995**
- Awards of Excellence introduced for presentations of note at the national conference
  - Special resolution at the AGM to formally acknowledge ASA branches

Rob McGregor: 1996–1998

- 1996**
- Professional indemnity and malpractice insurance made available to all ordinary members

- The first issue of *Sound Effects*, ASA’s quarterly news and education publication
- First studies on 4D ultrasound released

- 1997**
- Inaugural Sonographer of the Year Awards
  - Sound Effects* has a makeover and now has an editor
  - First flash echo imaging contrast introduced

Jenny Parkes: 1998–2000

- 1998**
- The Australian Sonographer Accreditation Board changes its name to the Australian Sonographer Accreditation Registry (ASAR)
  - ASA employs its first paid secretariat (Elaine Trevaskis)
  - World’s first intracardiac ultrasound catheters

- 1999**
- First formal strategic plan developed
  - Sonographer representative is added for the first time to the Commonwealth Government Ultrasound Advisory Group
  - Membership over 800
  - ASAR receives funding from the Australian Government to aid its establishment

- 2000**
- ASA welcomes its 1000th member

Greg Lammers: 2000–2001

- 2001**
- New logo
  - Sonographer accreditation through ASAR introduced as a requirement to provide Medicare-funded services November 2001



### Rowan Lambert: 2001–2002

#### 2002

- ASA membership reaches 1000
- Introduction of the ASA Rural and Remote Sonographer Scholarship

### Cara Kirsten: 2002–2003

#### 2003

- The ASA becomes a company with a board of directors and CEO
- Travelling Workshops commence
- soundeffects** gets a makeover

### Robyn Tantau: 2003–2006

#### 2004

- The association appoints first CEO
- Formal office structure

#### 2005

- Inaugural Special Interest Group (SIG) Symposium held in Hobart
- Launched first web-streamed presentation
- First instructional poster produced

#### 2006

- The ASA begins offering **soundeffects** subscriptions for people living overseas
- soundeffects** publishes ASA's first peer reviewed article
- The ASA welcomes its 2000th financial member

### Andrew Wilmot: 2006–2009

#### 2007

- ASAR introduces a *Return to Clinical Practice* policy
- Collaboration with the Australian Government and industry in the development of Medicare Radiology Site Accreditation – the precursor to the Diagnostic Imaging Accreditation Scheme (DIAS)

#### 2008

- New branding and logo 'the peak body and leading voice for sonographers'
- 2008–2012 *Strategic Plan* launched
- PD-**asa** launched
- ASA and seven other bodies establish the National Alliance of Self Regulating Health Professions (NASRHP)

### Faye Temple: 2009–2012

#### 2009

- Scoping study *Role evolution of sonographers* looks at extended and advanced scope of practice
- SIG Symposium tours the country
- New look for **soundeffects**

#### 2010

- New ASA *Code of Professional Conduct*
- First New Zealand Travelling Workshops
- Australian Government implements the National Regulation and Accreditation Scheme (NRAS) to regulate 12 health professions
- First External Director appointed

#### 2011

- Launch of ASA Awards of Excellence
- ASA *Competency Standards for entry level sonographers* used by the ASAR for accrediting sonographer courses
- Free ASA membership for trainee sonographers
- ASA, in partnership with ASUM, make formal submission to establish a sonographer board under NRAS, which was unsuccessful
- Live **asawebinars** launched

### Cain Brockley: 2012–2014

#### 2012

- NASRHP releases a blueprint for a framework to recognise self regulating health professions
- Release of infection control guideline for sonographers
- World's first wireless transducer

#### 2013

- First New Zealand branches established
- Record number for corporate membership
- The ASA with ASUM lobby the NSW Government to reverse its award that sees sonographers with different undergraduate degrees paid differently

#### 2014

- ASA becomes 'Australasian Sonographers Association'
- The ASA becomes a registered charitable organisation
- Launch of the ASA peer reviewed scientific journal *Sonography*
- Second External Director appointed

### Ann Quinton: 2014–2015

#### 2015

- soundeffects** changes its name to **soundeffects news**
- Webinars and workshops included as part of membership
- The Australian Government implements the *National Code of Conduct for healthcare workers* to apply to all health professions not regulated by NRAS
- New *Strategic Intent* 2015–2020

### Tony Forshaw: 2015–2017

#### 2016

- ASA runs sonographer-led MSK Injection Course
- New Zealand hosts the SIG Symposium in Queenstown
- Over 1400 delegates attend the ASA2016 Melbourne Conference

### Jennifer Alphonse: 2017 to current time

#### 2017

- Over 5000 members
- New website and database implemented
- ASAR increases the minimum CPD requirement for sonographers, aligning to other allied health professionals

#### 2018

- A vision for ASA – *A sonographer is recognised as the expert in ultrasound*
- New Strategic Intent
- The ASA Board now has three External Directors
- What's next?

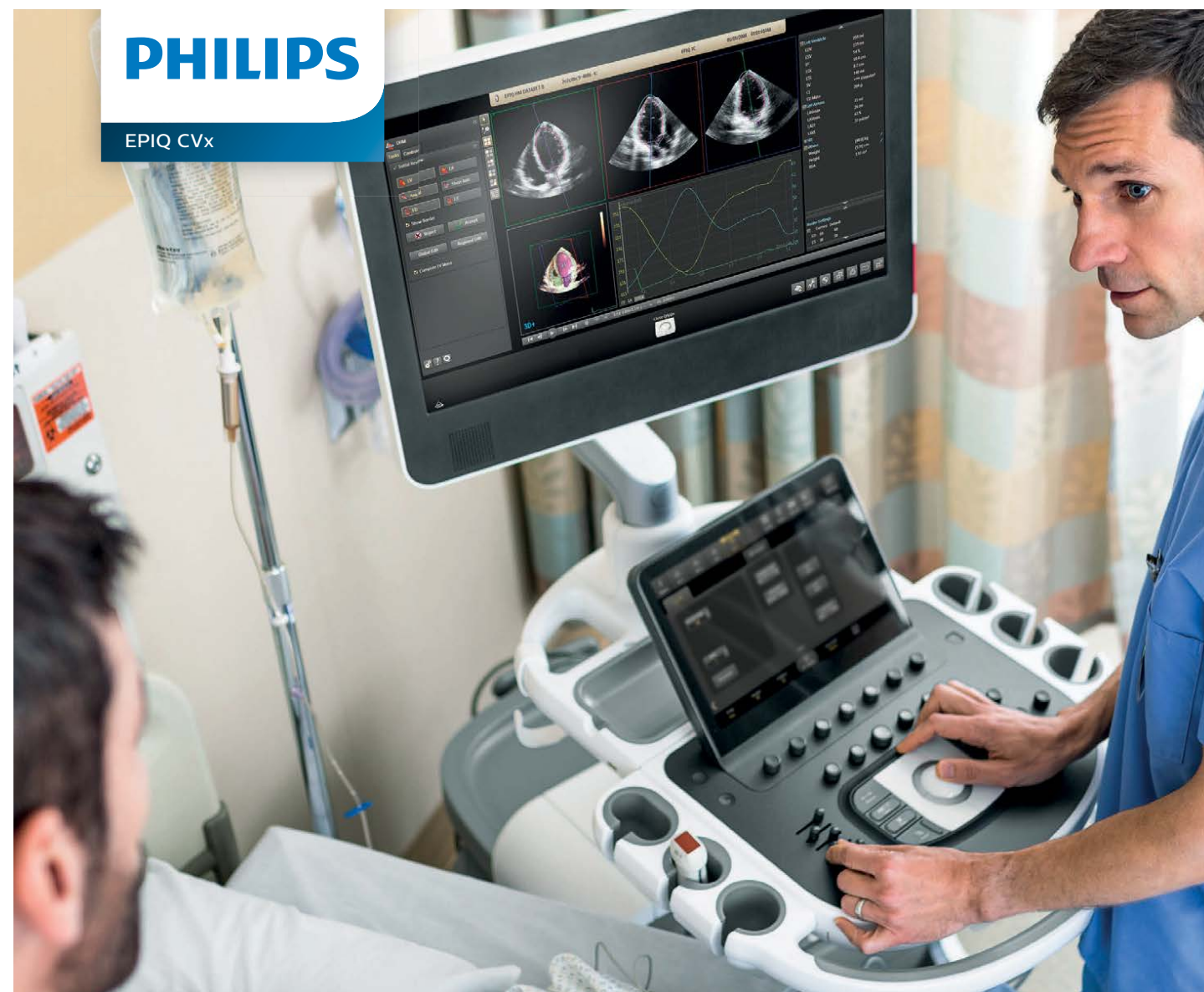
### soundbite

**Q.** Member FAQ – I just completed an on-demand **asawebinar**. When will my CPD certificate be issued and CPD points logged?

**A.** Please allow up to one month for points to be added to your ASA CPD profile and for your CPD certificate to be issued.

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In 2017 the ASA published volume four of the *Sonography* journal. A major development during this time was that *Sonography* was included in 3305 libraries worldwide through Wiley Licence or a traditional title subscription. Wiley's philanthropic initiatives also provide the journal, at low cost or free access, to 5800 institutions in the developing world.

Figure 1 shows the number of institutions, by region, who have access to the latest content of the journal, via either a Wiley Licence or a traditional (title-by-title) subscription.

## Article downloads

Increases in the number of article downloads from the journal highlight that *Sonography* is an international journal being read by people all over the world. This includes downloads from the Wiley Online Library, EBSCO and other third party databases. Downloads via Wiley Online Library increased by 43% in 2017. The graph (Fig 2) shows the trend over time since the journal was launched in 2014 through to 2017.

Article downloads by country are shown in Figure 3. Australia and New Zealand made up 33% of readership in 2017 and this highlights the growth in readership from the rest of the world from 2016 (2016 ANZ 48%).

It's interesting to look at the journal Top 10 downloaded papers in 2017 (Table 1). Articles published in the early years of the journal continue to be read and the group of ten articles has a wide range of themes covered.

## Sonography website

The Wiley Online Library *Sonography* website has been migrated to a new flexible publishing platform. This should enhance the technology used and make it easier for users to access the most relevant content. The new website should make searching easier so that readers can find the content they need. The *Sonography* website is found at [www.onlinelibrary.wiley.com/journal/20546750](http://www.onlinelibrary.wiley.com/journal/20546750). To gain full access to all articles as an ASA member, log in via the ASA website and click through the gateway to the journal.

## Online support for authors, reviewers and editors

Wiley provides exceptional online support through *Author Services*, [www.authorservices.wiley.com/home.html](http://www.authorservices.wiley.com/home.html)

Despite the name, this website provides support not only for authors but also for reviewers and editors.

If you are looking to publish an article, then first have a look at the Author Guidelines specifically for *Sonography* on the *Sonography* website [www.onlinelibrary.wiley.com/page/journal/20546750/homepage/forauthors.html](http://www.onlinelibrary.wiley.com/page/journal/20546750/homepage/forauthors.html)

There you will find an outline of the types of manuscripts the journal accepts and how your manuscript should be formatted, referenced and submitted.

If you have been reviewing for the journal then you are one of the people who really make publication of the journal possible. We are constantly looking for reviewers to peer review the manuscripts submitted. If this is something you are interested

Table 1. *Sonography's* Top 10 downloaded articles from the Online Library

Rank	Author/s	Article title	Volume	Issue	No. of accesses	Cover year
1	Childs J et al.	Ultrasound in the assessment of hepatomegaly ...	3	2	6912	2016
2	Pallota O and Roberts A	Musculoskeletal pain and injury in sonographers ...	4	1	998	2017
3	Stoodley P and Richards D	Cardiac amyloidosis: the value of myocardial strain ...	2	2	701	2015
4	Borg M	The detection of spina bifida at 11–13+6 weeks gestation	4	1	637	2017
5	O'Hara S et al.	The maternal cervix: Why, when and how?	2	4	514	2015
6	Milanese S and Grimmer K	Evidence-based practice in sonography ...	2	3	484	2015
7	Baird S et al.	Detection of the growth-restricted fetus: which centile charts?	3	3	464	2016
8	Allcorn T	Pelvic insufficiency: a deeper look at female and male gonadal vein incompetence	1	1	432	2014
9	Gordon J	Undiagnosed case of right ventricular dilatation in a teenager	4	1	423	2017
10	Taylor S	Ductal carcinoma in situ in breastfeeding breasts ...	3	3	415	2016

in, then have a look at the reviewer section in Wiley Author Services and then make yourself known by emailing the editor.

## Content alerts

Content alerts are available and some readers have opted to receive automatic alerts from the journal when new content is available on Wiley Online Library. If you have registered, you will be sent an email when articles are published to Early View or an issue is published. This can be set up on the journal website.

## Sonography App

Android and iOS *Sonography* Apps are available to download and provide easy reading when on the go. Members will initially need to log in using their ASA login to gain access to all articles.

## Submissions

Authors are encouraged to submit their work for publication in *Sonography*. Manuscripts on all aspects of sonography

and medical ultrasound are encouraged and may take the form of original articles, review articles, case reports and series, resource reviews, commentary, letters to the editor and education articles outlining new techniques and equipment. All manuscripts are to be submitted and processed online. To submit your manuscript to *Sonography* you will need to create an account on the ScholarOne manuscript website and follow the instructions to upload the article and images. [www.mc.manuscriptcentral.com/sono](http://www.mc.manuscriptcentral.com/sono)

## Call for papers: Special issue in 2019 on safety and wellbeing of sonographers

A special issue of the journal will be published in 2019. Articles for this issue can be on all aspects of sonographer safety and wellbeing, not just restricted to articles about musculoskeletal injuries. For all enquiries, please email or call the Editor-in-Chief, Glenda McLean [glenda.mclean@sonographers.org](mailto:glenda.mclean@sonographers.org) or 9552 0000.

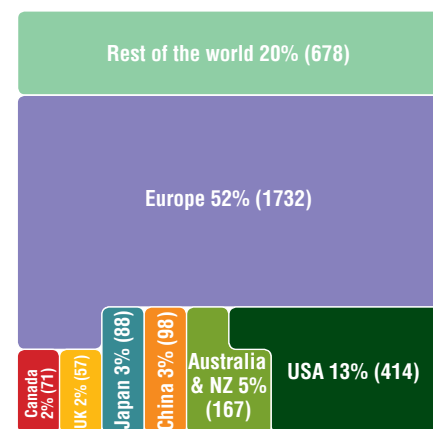


Fig 1. Institutional reach by region

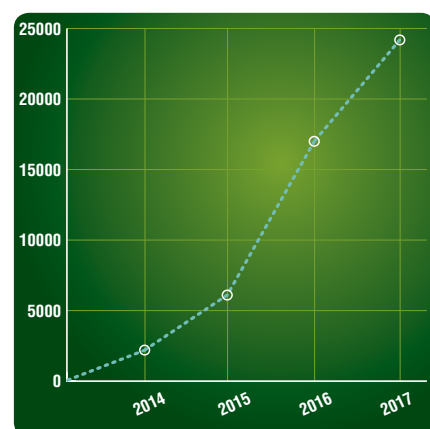


Fig 2. Article downloads trend over last 4 years

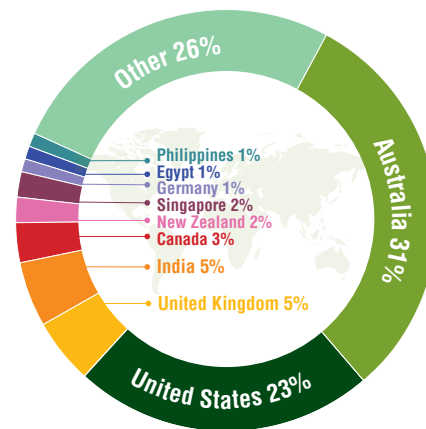


Fig 3. Article downloads by location

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# person profile

## Kelly Griffiths

The ASA is pleased to welcome our new External Director – Kelly Griffiths. By way of introduction, Kelly was invited to feature in our *person profile* for this issue.

### Short bio

Kelly is a registered Australian legal practitioner and was previously the Head of Legal for GlaxoSmithKline Australia and New Zealand. She is currently the Head of Government Affairs and Policy at GlaxoSmithKline, responsible for government relations and policy advocacy strategy, managing engagement with state and federal governments, the media, patient advocacy groups and public policy think tanks. Kelly has served previously on a number of GlaxoSmithKline governance boards (including finance, medical, risk and compliance) and also as a non-executive director on two not-for-profit boards – Youth Empowerment against HIV/Aids Ltd (YEAH Ltd) and Ranters Theatre Inc.

### Why is being a volunteer at the ASA important to you?

I have always had a strong commitment to volunteering and public service. I believe that it is important to volunteer your time and skills where you can have a positive impact on your community. I look forward to meeting with our members and hearing more about the important and rewarding work that you do for our patients.

### What does your current job involve?

I am currently Head of Government Affairs and Policy at GlaxoSmithKline, one of the world's leading science-led global healthcare companies. I am extremely proud to work for GSK and of the work we do to research and develop innovative medicines and vaccines that improve patients' lives. My role is to represent GSK in discussions with external stakeholders

and to prepare submissions on proposed reforms that may impact the delivery of healthcare services to patients and the growth of a strong and sustainable medical research and innovation industry in Australia. If I am doing my job well, patients in Australia may benefit by getting access to the latest medicines and vaccines that they need, when they need them.

### Have you done other volunteer work?

Yes, a great deal. When I finished university, I undertook a volunteer project in Bijagual, Costa Rica, through Australian Volunteers International. Our team of volunteers worked to improve access to clean water and healthcare information. I have also done an extensive amount of pro bono legal work. This includes as Team Leader of the Homeless Persons' Legal Clinic at my old law firm, establishing the refugee pro bono working group at my old law firm and also undertaking volunteer legal work for the Arts Law Centre, Refugee Legal, the Mental Health Legal Centre, the Southport Community Legal Centre, the Fitzroy Legal Service and Justice Connect. I have also sat on two not-for-profit boards – Youth Empowerment against HIV/Aids Ltd and Ranters Theatre Inc.

### What do you enjoy doing outside work?

I enjoy spending time with my friends and family, travelling, skiing, yoga and running.

### What is your greatest achievement?

Before joining GSK, I was privileged to enjoy a successful legal career and I remain committed to pro bono legal work. The highlight of my career remains successfully representing two refugees in court proceedings to obtain protection visas – a case that many other lawyers had said couldn't be won. I was privileged to work with a team of highly



motivated and intelligent solicitors and barristers that were determined to leave no stone unturned. I am always delighted to receive updates from my former clients about their new lives in Australia and the enormous contribution they have made, already, to their local communities and the broader Australian economy.

### Do you have a philosophy for life?

Say yes to every opportunity. You never know where that opportunity may take you and you will only ever regret the chances you didn't take.

### What are you passionate about?

Human rights and civil liberties. I firmly believe that every single individual should have the same rights and opportunities as any other person, regardless of their gender, race, religion, sexual orientation, ethnicity, or where they were born. I have no tolerance for any infringement of those rights or any proposals to curtail equality or individual rights.

### What is the last meal you cooked?

Beef bourguignon.

### Favourite place you have travelled to?

Central America.

### Place you would like to travel to?

Germany.

### Your favourite holiday spot?

Anywhere with ski fields – I love the Nagano region in Japan and Queenstown New Zealand.

### Do you have any musical talent?

Yes, but sadly rusty now. I play the tenor saxophone, flute, piano and guitar.

# The New ACUSON Sequoia

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Healthineers

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### The return of an icon.

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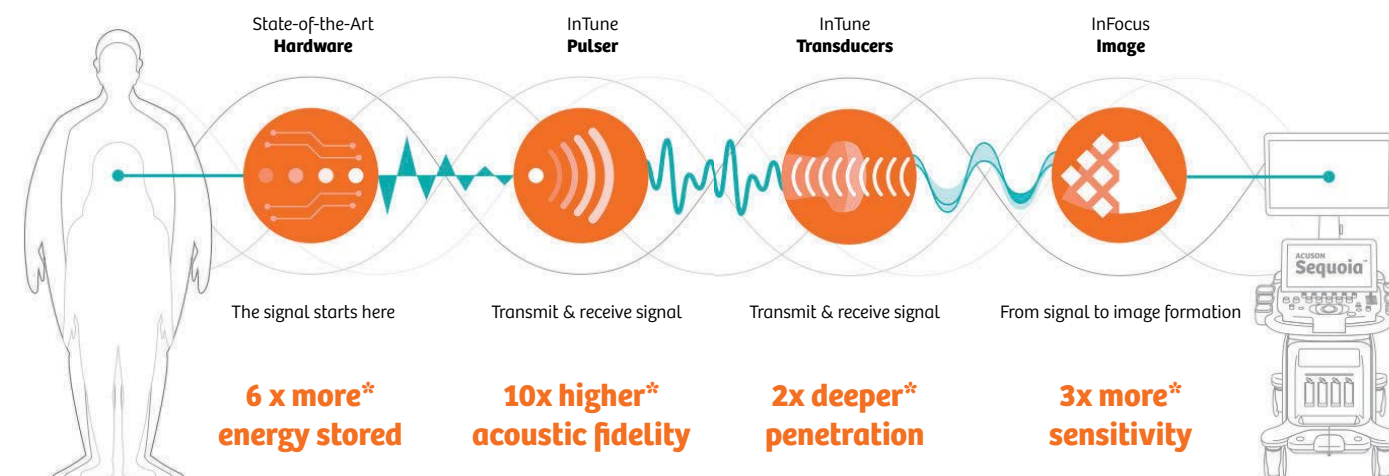
### Read more:

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## BioAcoustic Imaging Technology



\* compared to ACUSON S3000 ultrasound system



## Big data and ultrasound imaging: What should the sonographer be aware of in relation to big data and their work

Machine learning and big data are two factors of artificial intelligence (AI) that are widely applied in First World technology. AI is used for face recognition algorithms and tagging in Facebook. Netflix and Spotify use K-means clustering to find other movies and music you may enjoy [1,2,3]. In the medical field, AI made a rudimentary appearance in the 1990s with decision support systems in the emergency department. The computer would advise patient differential diagnosis and treatment. The most successful of these was based in Houston America called Phoenix [4]. Whilst it has not been widely adopted by hospital emergency departments, it did herald the emergence of AI in health and medicine. So how could everyday ultrasound benefit from this new era of AI? What should the sonographer be aware of in relation to big data and their work?

Big data is defined as 'a large body of data which requires the development of new technologies to process, evaluate, and store information'. Big data is required to display the qualities of the three Vs. They are the velocity of generation, veracity of information, and volume of data size [5]. In radiology imaging, the 3Vs of big data are fulfilled with functional magnetic resonance imaging, positron emission tomography, computer tomography, and 3D ultrasound.

Improved understanding of big data in the context of 3D ultrasound would be beneficial to sonographers. The advent of social scanning clinics has raised the

expectation from parents of what images they expect to see of their unborn child. In my experience, 30% of pregnant patients will request a 3D souvenir image without provocation during an obstetric scan. These extra scans are not without consequence. Firstly, there is an increase in ultrasound energy exposure to the fetus – the bioeffect. Secondly, the radiology department will be required to arrange adequate data storage for a significant length of time – the financial consequence.

Sonographers performing 3D volume ultrasound must first select the optimal 2D image, taking care to reduce artefacts. The size of the volume box should be minimised to include the angle of sweep for only the volume of interest. Minimising the volume box improves data quality and reduces the ultrasound exposure for the fetus. Sonographers should aim to store the highest quality volume data which will then be available for productive future information mining.

Therefore, with 3D imaging sonographers are required to have knowledge of

Caterina Watson,  
ASA Research Special Interest Group



**3D volume surface rendered image of baby (Image Courtesy J Paton 2018)**  
ultrasound physics, 3D imaging, its associated 'big' data and ultrasound exposure consequences. Pre-and post-qualification sonographer education relating to big data and ultrasound volume imaging will lead to improved quality use and assessment of big data in sonographic practice.

The quantity of generated data in 3D volume sets can be reduced by using mechanical transducers and reducing the angle sweep. This is demonstrated in Table 1, which uses data provided by Philips Healthcare for the Philips Epiq system. Assuming all external imaging factors are identical for the same image, the mechanical transducer appears to give the 'best value for data'.

**Table 1. Data files sizes using different methods of image acquisition**

Acquired image	Transducer	File size (kb)	Multiple of 2D data
Standard 2D image	Curvi-linear or mechanical	771	X 1
3D volume set	Mechanical	2307	X 3
4D live video	Mechanical	16777	X 22
3D volume – 55 degree angle	Electronic	10176	X 13
3D volume – 90 degree angle	Electronic	12290	X 16
4D live video	Electronic	16777	X 22

Three-dimensional ultrasound will increasingly be used for diagnosis, for example, through an extended obstetric structural survey. It is a tool that can help to visualise and evaluate the cleft lip and spina bifida, as well as more elusive structures, such as complete or partial agenesis of the corpus callosum [6]. As the breadth of the anatomical survey continues to increase, it seems impossible to suppose that 3D ultrasound would not be integral to this ongoing change in obstetric practice. Sonographers have been steadily contributing to this growing field of knowledge [7,8].

What could be future applications beyond extended anatomic surveys in obstetric scanning of big data in ultrasound?

AI could be used to mine high volumes of data and search for patterns that could potentially be used in decision-making. However, physicians may not trust a machine-led answer where this pathway of logic is hidden from view [4,5]. Potential applications of big data require extensive research.

Australian sonographers are currently assisting in research projects in this area. For example, in Western Australia obstetric sonographers are involved with the Telethon Kids Institute TALK (Testosterone and Language in Kids) study [9]. In a normal population, at 20 and 24 weeks' gestation, specific brain measurements along with biometry and 3D volume brain sweeps are collected and stored in DICOM format. All data are passed over to the research institute for analysis.

On the east coast, sonographers are contributing to a multicentre project for ultrasound assessment of the paediatric hips at 3 and 6 months. Images are uploaded for analysis by researchers

at Alberta hospital, Canada. This study aims to quantify the acetabular alpha-angle variability due to different probe orientations using 3D ultrasound data and a computer algorithm to calculate the variation [10]. AI is being used to collect and process global data from 2D ultrasound of the infant hip to facilitate a large sample population. The study currently has 4,000 prospective cases, ideally aiming for 10,000. Perhaps your department could help increase this sample population? Information is available at [www.niduscanada.com](http://www.niduscanada.com)

There may be more projects involving sonographers but protection of intellectual property limits our knowledge of these research projects. The emergence of this research further attests for the need for sonographer education in this area. Sonographers contributing to such projects will require the skills and knowledge to collate, anonymise, evaluate and store digital data from multiple centres. It is also now within reach for sonographers to conceive and lead projects in collaboration with artificial intelligence experts that have direct relevance to their practice.

A pertinent quote from D'Alvolio [11] sums up the crossroads of the sonographer and big data in the era of artificial intelligence.

*'This is where we need to be:*

*A group of people who understand the problem and the data (sonographers) can now use the tools (artificial intelligence) as you would use your cell phone to identify the people that need their help, so that they (the physicians) can provide better care.'*

*(D'Alvolio, 2016).*

And we are here, now.

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## Scanning the breast

### Safe scanning practice

Thank you to those who have been contacting the committee for help to minimise pain whilst scanning the breast. This topic has many variables, as many as the patients we are asked to assess.

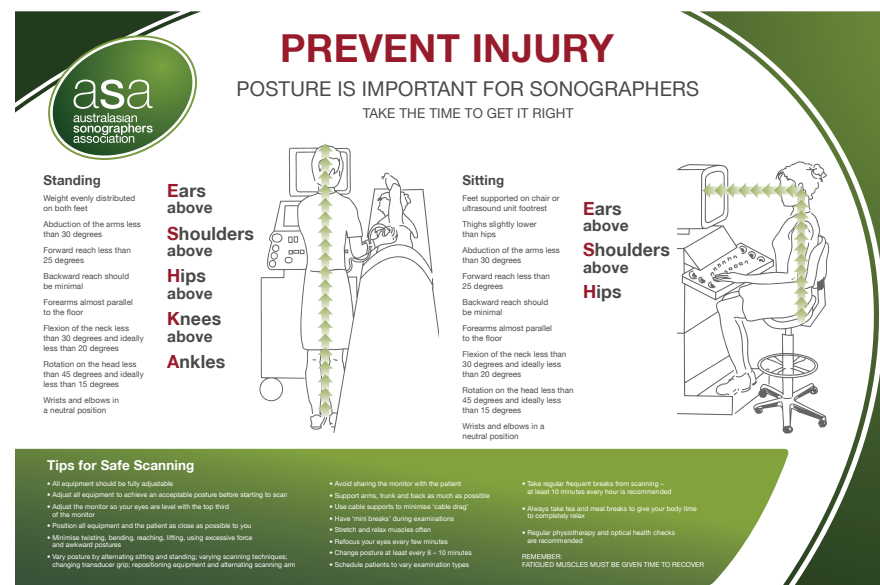
As always, practising safe scanning will be foremost in your minds. Preparation before commencing your scanning is important. Take time to have everything you may need with you in the room cleaned and within easy reach. Have supports at hand, warmed gel, and a sheet or blanket to cover the patient.

Whilst you are speaking with the patient and setting up for your study, you will be assessing the size and shape of the breast. Ask yourself relevant questions, such as 'What is the age of the patient? Has the patient recently been pregnant or is she lactating?' If the patient is elderly, have they noticed anything unusual about the 'feel' of their breast?

When you have the patient comfortable, with the arm of the side to be scanned either above their head or down beside them, you can ask permission to palpate the breast, and decide what it is you are feeling, and does that match with what the patient is concerned about?

Position the machine so that you can easily access the keyboard and annotation buttons without marked, sustained forward reach of your left arm. Have the patient as close to you as possible. If scanning the right breast, have the patient in the LPO position, with

**Bernadette Mason,**  
**ASA Sonographer Health and**  
**Wellbeing Special Interest Group**



**Ears above Shoulders above Hips above Knees above Ankles whilst standing. These posters are available through the ASA for purchase.**

a support behind their back. This serves two purposes: having them comfortably resting on the support, and to stop them rolling back to look at what you are doing. Similarly for the left breast. I, personally, stand to scan the left breast and sit to scan the right side. Mixing this up gives your back a rest.

Remember ESHKA at all times: **E**ars above **S**houlders above **H**ips above **K**nees above **A**nkles whilst standing.

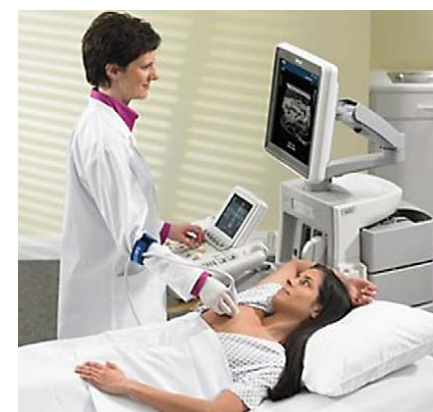
Remember also not to have a twisted trunk whilst scanning and to be aware of the position of your scanning arm at all times. Do not maintain scanning in a stagnant position with your elbow past your hip. Or forward reach with an unsupported arm.

Adjust the height of the screen so that your forehead is in alignment with the

top of the screen, or if you wear glasses whilst scanning, at your focal line of sight.

The bed should be at the level of your hip to limit the strain on your scanning arm and shoulder.

Your scan technique should be systematic, comprehensive, and above



**Ensure correct height adjustment of bed and screen**

all, reproducible. This ensures that other sonographers, who may scan this patient after you, are able to readily interpret your images for follow-up.

Use of a cable band will help take the weight of the cable off your shoulder and arm.

### Transducer grip

Avoid the 'pinch' grip. Good coupling of transducer and skin is essential. A relaxed grip with the fingers used to guide your transducer will take the strain off the tendons of your hand. It is more of a 'paint' movement.

Use a wide linear probe, if possible, to cover as much breast tissue in a single sweep as possible.

You will need to have a degree of sight compression on the breast tissue when you are scanning. Vary your technique so that the edge of the breast is not being pushed away when you scan out to the edge, and slightly lifting the transducer at the edge, and letting the breast tissue slide under your transducer will help maintain your line of sight, parallel to the chest wall. This will also let you maintain a soft touch approach to your scanning, letting the sound waves do all the work.

Remember: stay safe and enjoy your career.



**Use of a cable band will help take the weight of the cable off your shoulder and arm**



**Use a relaxed grip with the fingers**

## interesting cases

This man presented with a history of trauma to the testis. Fig 1 demonstrates an intratesticular haematoma.

Fig 2 was of the same patient 6 months later – the region had completely resolved. Intratesticular haematoma: ultrasound features include:



**Fig 1. Right testis following trauma**

- isoechoic/hyperechoic region in the testis which becomes more hypoechoic over time as the haematoma resolves
- no colour Doppler flow within the region.

If you have an interesting case please submit to [editor@sonographers.org](mailto:editor@sonographers.org)



**Fig 2. Right testis 6 months later**

### soundbite

**Q.** Ending your Triennium this December?

**A.** If your triennium is ending on the 31 December 2018, take advantage of the full range of ASA CPD opportunities available on the ASA events calendar, or visit the **asa** **webinar** library to enjoy the benefit of quality sonography education in the comfort of your home. For self-directed learning opportunities your ASA membership provides free access to *Sonography* journal and the EBSCO online reference collection. Don't forget to log your non-ASA CPD activities to your PD-**asa** record. The ASA will log your ASA CPD activities to your PD-**asa** record for you. Should you have further questions please contact ASA Member Services via email [memberservices@sonographers.org](mailto:memberservices@sonographers.org) or telephone +613 9552 0000.



## Australian Capital Territory

The first half of 2018 has flown by, with two education events held in the ACT for our members, in addition to the annual conference in Sydney.

The first event was a case study evening on 13 March at the Fetal Medicine Unit of The Canberra Hospital. Deb Paoletti presented a number of interesting cases, many of which were follow-up patients who had initially presented to the various practices across the Territory. Some of the interesting pathology demonstrated and discussed included congenital pulmonary airway malformation, cervical funnelling, diaphragmatic hernia, mesocardia, Tetralogy of Fallot and Chorangioma. Many thanks to Deb for the informative presentation of real cases and for your lively discussions.

We also held an obstetrics and gynaecology themed half-day seminar on Saturday 16 June at the Canberra Hospital, sponsored by Canon Medical Systems. Local ASA members were treated to a variety of topics from a team of experienced obstetricians,



**From left to right: Tegan Ingold, Dr Roberto Orefice, Rowena Gibson, Dr Karen Mizia, Teri Carmody (Chairperson)**

gynaecologists, fetal medicine specialists and specialist sonographers. The speakers and their topics featured:

Deb Paoletti – *A no-nonsense approach to the fetal anatomy scan*

Dr Roberto Orefice – *What's wrong with my pregnancy – a case study*

Dr Meiri Robertson – *Back to basics: Rules to live by*

Dr Karen Mizia – *Assessing ovarian masses, incorporating IOTA*

Rowena Gibson – *Endometriosis: extending the basic pelvic scan*

A huge thank you to the speakers who all provided us with a wealth of information which most of us will endeavour to incorporate into our daily

practice. We are very fortunate that you have all kindly shared your passion for your work with our local community.

All of these events would not be possible without the tireless and significant efforts of our incredible Branch Chairperson, Teri Carmody. Your dedication and hard work does not go unnoticed by the committee and the local ASA members. Thank you for renewing our interest in high quality educational events in the ACT.

Stephanie Konza  
Australian Capital Territory Branch Committee

## Auckland-Waikato

An evening in May had full registration for our branch meeting on *Ultrasound of the neck – identifying neck levels and scanning the thyroid*, presented along with live scanning by consultant radiologist Dr Hament Pandya, followed by some interesting sonographer case presentations.

A totally engrossed audience learnt best how to identify the neck levels with a parallel live scanning and whiteboard presentation, which helped in the understanding and cementing of the experience and knowledge. Guidelines included: it is important to have a pillow under the patient's shoulders for best access; to have the patient over to the sonographer side of the table; to use a linear 12-5 transducer, and that the level 1B nodes are always chunky, with a short axis up to 9 mm being normal.

Dr Pandya introduced us to the *Thyroid Imaging Reporting and Data System (TIRADS)*, which has been or is about to be introduced to various hospitals and private practices for risk stratification of thyroid nodules. There are five ultrasound

features observed, of up to four nodules, which are: Composition, Echogenicity, Shape, Margin, and Echogenic Foci, with points being allocated to the different findings within the five features e.g. under Shape, wider than tall is allocated 0 points and taller than wide is 3 points. The points are totalled from the 5 features providing a TIRADS score which then provides the recommendations for nodule management on the basis of ultrasound appearance. The URL for this is: [tiradscalculator.com](http://tiradscalculator.com)

The case presentations included a 24-day-old baby with a firm neck lump, which was diagnosed as fibromatosis colli, a rare benign tumour of fibrous tissue in the lower third of the sternocleidomastoid (SCM), causing torticollis. On ultrasound it is seen within the SCM, enlarging the muscle. This usually resolves with time and physiotherapy. The other two were a parathyroid adenoma and an incidental finding of an abnormal neck node which contained papillary thyroid cancer. Thank you to Abby and Marion for sharing these with us.

Our committee expresses their appreciation to Philips Healthcare for the delivered generous and varied sustenance, including beverages, and to Auckland Radiology Group for the venue for this informative event. We would like to thank Abby for her generosity in providing her elegant neck for live scanning demonstration purposes, and to our skilful presenters. We aim to provide further valuable meetings during 2018.

Julie Heaney  
Auckland-Waikato Branch Committee

## New South Wales

Our first meeting for 2018 was our annual case study night that was held in May, hosted by AIHE at St Leonards. A huge thanks to CEO Luke Fay and to

Lucy Taylor for use of their facilities and catering for the evening. The *5 slides in 5 minutes* format allowed for a range of cases to be presented in a friendly environment. We had 9 cases, presented by sonographers at various levels, with a range of ultrasound topics, including vascular, abdominal pathology, small parts, MSK, gynaecology and paediatrics. Thank you to all our presenters, including: Christina Farr (*Renal transplant*), Mary McPhail (*The daily frustration*), Sophie Humphries (*Abdominal wall collections*), Anna White (*Neonatal heads*), Keely Barakat (*Juggling balls*), Bhavikkumar Patel, Andy Yang (*Iliac artery endofibrosis*), Michelle Scott (*Ultrasound ablation*) and Nikki White (*Caesarean scar ectopic*). It was a great night and a fantastic opportunity to see the weird and wonderful that we see on a daily basis.

The end of May saw the ASA Annual Conference held in Sydney. A huge thanks to Christina Farr, the NSW Chairperson, for all her hard work and hours spent planning. Thank you also to all our NSW Education Committee members who assisted. Looking forward, we are planning a *Fetal ultrasound* meeting to be held in August and *Vascular ultrasound* in September.

Sarah Skillen  
NSW Branch Committee

## Northern Territory

On Tuesday 27 February, local sonographer Sheree Armstrong presented *Practical obstetric ultrasound physics* and *Testicular torsion* presentations. The presentations explained and demonstrated the basic practical physics of ultrasound that sonographers apply in obstetric B-mode, colour and pulsed-wave Doppler imaging to achieve the most accurate umbilical artery and middle cerebral arteries Pls,

RIs and PSVs; and outlined the pitfalls and the spectrum of testicular torsion appearances seen regarding the degree of torsion of the spermatic cord.

On Tuesday 15 May, local sonographer Peter Thiel presented *Pete's Variety Night* where he delivered a variety of interesting educational sonography clips on: *intussusception*, *normal wrist anatomy*, *paediatric spine imaging*, *trisomy 21 – causes, symptoms, diagnosis and pathology*; *ankle normal and abnormal anatomy*; *renal arteries and testicular ultrasound for a varicocele*. The attendees enjoyed a light-hearted but engaging discussion on each subject. Thanks, Pete!

In July, Barbara Vanini and I resigned from our positions as co-chairs and committee members of the ASA NT Branch. It's been a pleasure being part of the ASA Northern Territory Branch Committee; we are very proud of what we have accomplished over the years. We would like to thank you all for your support. In saying that, Barb and I are very glad to announce the new co-chairs of the NT ASA Branch: Emily Lovell and Chloe Lipp. We wish you both all the best and we have no doubt that we have left the positions in very good and capable hands. The branch is looking forward to attending and supporting your upcoming plans in meetings and events!

Lastly, a big welcome to Alexandra Ponder onto the committee! Thank you, Alexandra, for stepping up and joining the local crew!

A big thank you to all the organisers who have contributed to our meetings – we appreciate your time and efforts. Thank you to ASA for all your help in the preparation and funding provided to us.

Sheree Armstrong and Barbara Vanini  
Northern Territory Branch Committee





## South Australia

In 2018 the South Australia Branch has streamlined its events to combine and balance both **asawebinars** and the traditional face-to-face meetings.

The year began with a tour of the brand-new Royal Adelaide Hospital, hosted by the sonography team of Julie Bakutis, Melissa Farnham and Kosta Hellmanns. The hosts shared their experience with the big move, challenges that they were faced with, and how they have come to resolve those to maintain and provide an effective work flow and exceptional patient care.

After they shared their experiences, the members made use of the time to catch up with each other. They were then split into three groups for a walk-in tour of the entire sonography department, spread mainly over three levels of the hospital.

The SA Branch also had Emma Godrik, the training coordinator of Benson's Radiology, host an **asawebinar** on *The systematic scanning of the fetal heart*, with over 70 attendees online.

Lino Piotto's **asawebinar** on *Paediatric eye ultrasound* occurred on 6 August.

Sandhya Maranna  
South Australia Branch Committee

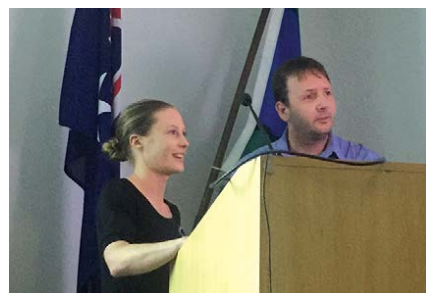


Members attending the virtual tour before the walk-in tour of the new RAH

## Queensland

The Queensland Branch's first event of the year was held on February 24 at the Russell Strong Auditorium, Princess Alexandra Hospital. One hundred and sixty attendees gathered for this half-day event, kindly sponsored by I-Med and Canon. Canon supplied their new i-800 for the live scanning demonstrations and there were a number of speakers from different disciplines who shared their expertise throughout the day. Dr Colin Chong, an i-Med radiologist specialising in MSK, presented a talk entitled *Snap, crackle and pop – why ultrasound is best*. This talk featured several case studies and demonstrated the unique dynamic capabilities of ultrasound in musculoskeletal imaging. Dr Roy Saunders, a sports medicine and exercise physician, covered several topics in musculoskeletal imaging and spoke about using ultrasound effectively in his daily practice at Tennis Queensland. He also performed live scanning on dynamic assessment of subtalar instability. Michael Foster, an i-Med sonographer with a special interest in MSK, discussed the *Future of musculoskeletal ultrasound*, including nerve tracking and dynamic scanning. Dr Mark Young, a sports medicine physician and co-medical director of Qsports Medicine, presented a fascinating lecture on *Neuropathy of the lower limb*.

The next event of the year was a case study evening held at the Education Centre in Prince Charles Hospital on the 17 April. A wide variety of topics were covered. Attendees enjoyed the relaxed atmosphere, pizza and the abundance of information on offer. Presenters included Glenn Naggs (*Rare cause for abdominal pain*), Annie Chen (*Holoprosencephaly*), Kate Wardrope (*Superficial temporal arteritis*), Kalnisha Appavoo-Juhasz (*Ultrasound of atypical bowel*), Danielle Bowles (*A tail of two horns*), Laura



Laura Heitmann and Chris Gilmore

Heitmann (*Split biceps tendon*), Belle Keyes (*ICT and NT defect*), Craig Collins (*Krukenberg tumours*), Robert Bell (*Sesamoid bones*) and Chris Gilmore (*A haemodynamics case study*). Thank you to all the presenters for sharing their interesting cases and knowledge. Thank you, Philips, for generously sponsoring this event.

Heather Allen  
Queensland Branch Committee

## Victoria

The Victoria Branch started the year off with a bang, beginning with an obstetrics evening. The speakers included Margaret Condon, Braidy Davies, Silvana Mandarano and Janessa Baddeley. Together, they enlightened us with their combined 80–90 years' worth of obstetric ultrasound experience. Margaret Condon went through some interesting cases she has come across, Braidy Davies spoke about vasa previa and how best to scan them, and Silvana Mandarano with Janessa Baddeley filled us in on some of their tips and tricks.

Thank you to our sponsor, Siemens Healthineers, for making the night possible.

In July the Victoria Branch held a Saturday morning *Lower limb musculoskeletal* workshop. A big thank you to Lisa Hackett for enlightening us on the *Biomechanics of the lower limb* and to Jeremy Lefort for giving us a *Clinical perspective on foot and*



From right: Braidy Davies, Margaret Condon, Janessa Baddeley, Silvana Mandarano



From left: Andrew Grant, Steven Zakic, Greg Lammers, Lisa Hackett, Quanson Sirlyn

*ankle scanning*. Also, thank you to our workshop presenters: Greg Lammers for his *Knee* workshop, Steven Zakic for his *Forefoot* workshop, Andrew Grant for his *Hamstring* workshop and Quanson Sirlyn for his *Hip* workshop. Again, the presenters have decades of combined musculoskeletal experience, and demonstrated their tips and tricks with a combination of presentations and live scanning.

Thanks to all the speakers for your dedication. Without you we would not be able to hold such informative and successful events. We would also like to thank our sponsors Canon Medical Systems, GE Healthcare, Philips Healthcare and Siemens Healthineers for making these events possible.

Keep an eye on *cross section*, the ASA website events calendar, or the Victoria Facebook page, for upcoming Victoria Branch events.

Ramya Gunjur  
Victoria Branch Committee

## Wellington

The Wellington Branch kicked off this year with an interesting cases evening. Sumi Taylor, Jannine Parker and Sarah Owen presented on topics ranging from *Ectopic pregnancy* to *Diverticula with fistula extending to the bladder* and *Interesting peripheral nerve pathology*.

For those of us fortunate to attend ASA2018 Sydney in May, we were treated to an excellent conference. The Gala Dinner really was an exceptional event – compliments to the organising committee.

On a personal branch note, we were delighted that our very own Lynn McSweeney was awarded the New Zealand Sonographer of the Year.

Lynn has been a leader in our local ultrasound community over the years, as an experienced sonographer, tutor and enthusiastic chairman of our local Wellington Branch. A well deserved accolade for Lynn.

In June we welcomed Dr Chloe Frei, obstetrician and gynaecologist presenting *Ovarian masses: The good, the bad, the ugly* (from ultrasound diagnosis to surgery, the techniques used for removal of ovarian masses – from haemorrhagic cysts to dermoid masses).

In July we had the *Paediatric ASA Travelling Workshop* in Wellington with Cain Brockley. This was an excellent program and included presentations of paediatric hip, spine and neonatal cranial ultrasound.

On a local note, as we enjoyed Matariki (mid-winter) celebrations, we welcomed a southern right whale into our harbour in Wellington: a common occurrence for our Aussie counterparts but a rare sighting

indeed in our local harbour. For over a week it has put on quite a show, much to the delight of the locals, young and old alike.

Karina Burns  
Wellington Branch Committee

## Western Australia

The Western Australia Branch Committee has kicked off what is set to be a busy year of CPD events with our first meeting at Agnes Walsh lounge, King Edward Memorial Hospital on 21 February 2018. We were lucky enough to have Dr Scott White, consultant obstetrician and maternal fetal medicine specialist, present an extremely informative talk on *Complex multiple pregnancies with special attention to twin-to-twin transfusion syndrome (TTTS)*. With such an extensive topic to cover, Dr White stressed the importance of determining chronicity in early pregnancy and the complications this has throughout pregnancy if this is not done correctly. Attention was paid to the Rueben Quintero staging of TTTS and the ultrasound appearances at each of these five stages.

Dr White also alerted us to pitfalls/helpful tips with screening for TTTS and the importance of locating the membrane during ultrasound scans. The talk concluded with an overview of endoscopic laser surgery techniques and the different approaches used in arterial-venous (AV), arterial-arterial (AA) and venous-arterial anastomosis (VA). The night was a huge success with over 60 members attending. We kindly thank ASA for sponsoring the evening and giving us the opportunity to catch up professionally with our colleagues and friends.

Kirstin MacLennan  
Western Australia Branch Committee



# committee members

## Board of Directors

President: Jennifer Alphonse  
**president@sonographers.org**  
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*soundeffects news* – Julie Heaney  
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### Far North Queensland

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Secretary – Saheeda Zotter  
Committee – Simon Otis

### Mackay

Co-chairs – Ainslie Heinke, Claire Whitaker  
Committee – Amy Leigh, Sherida Williams

### MidCentral NZ

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Treasurer – Solange Obeid  
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Treasurer – Madonna Burnett  
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Trade liaison – Natalie Colley  
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## Special Interest Group Committees

Joining an ASA Special Interest Group (SIG) Committee is a great way to advance your professional development and share your expertise and experience. It is also an excellent way to expand your skills and knowledge and exchange ideas with other highly experienced sonographers from diverse backgrounds who are working in the same discipline or who have the same special interest.

### SIG Abdominal/Chest

Faye Temple, Jane Keating, Marilyn Zelesco

### SIG Breast

Alison Arnison, Jing Fang, Frauke Lever

### SIG Cardiac

Richard Allwood, Judith Baxter, Luke Cartwright, Julie-Ann Craig, Diane Jackson, Anthony Wald, Alison White

### SIG Musculoskeletal

Michelle Fenech, Deborah Fox, Sharmaine McKiernan, Luke Robinson, Daniel Walkley

### SIG Obstetric and Gynaecological

Erika Cavanagh, Deanne Chester, Lynda Fletcher, Ling Lee, Ann Quinton, Nayana Parange, Tracey Taylor

### SIG Paediatric

Cain Brockley, Madonna Burnett, Vanessa Galloway, Allison Holley, Leanne Lamborn, Iona Lavender, Glenda McLean, Emma Rawlings

### SIG Research

Anna Graves, Natalie Edwards, Ling Lee, Afrooz Najafzadeh, Tristan Reddan, Kerry Thoirs, Caterina Watson, Gillian Whalley

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### SIG Sonographer Health and Wellbeing

Samantha Brinsmead, Michele Dowling, Peter Esselbach, Lynette Hassall, Bernadette Mason, Elizabeth Naseby, Catherine Robinson, Kristie Sweeney, Robin Valentine

## Other committees

### Education Advisory Committee

Chairperson – Sharmaine McKiernan  
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# committee members

Alphonse, Samantha Brinsmead, Julie-Ann Craig, Jin Fang, Toni Halligan, Allison Holley, Jane Keating, Jodie Long, Bernadette Mason, Afrooz Najafzadeh, Jacqui Robinson

### Sonographer Policy and Advisory Committee

Chairperson – Ian Schroen  
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### ASA Fellowship Panel

Bonita Anderson, Jessie Childs, Tony Parmiter

### SIGS2018 Perth Program Committee

Cardiac – Scott O'Connor  
MSK – Natalie Colley, Janet Mulholland  
O&G – Kathryn Adams, Miranda Kho, Kirsten MacLennan

To contact any of the ASA committees, please email [admin@sonographers.org](mailto:admin@sonographers.org)

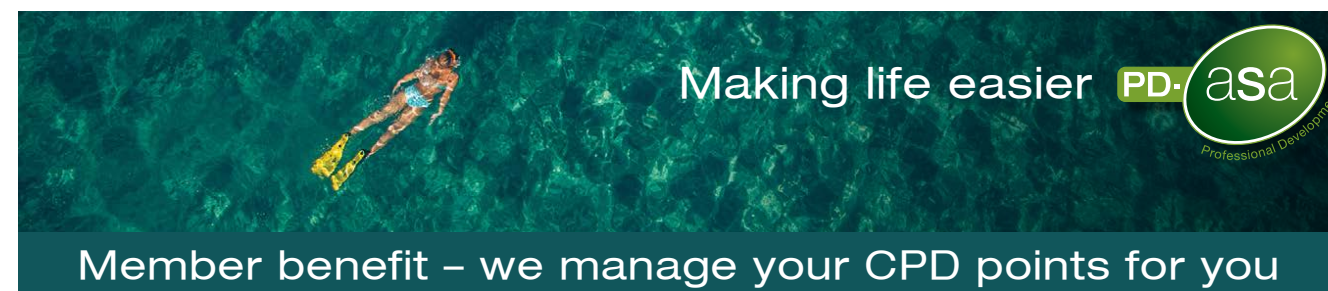
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As the peak body and leading voice for sonographers, the ASA leads the sonography profession in delivering excellence in ultrasound for the community.

Our purpose is to:

- promote and advance the sonography profession
- enhance the quality and standards of ultrasound
- provide and support the highest quality professional development and research
- deliver exceptional member value and organisational excellence.

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memberservices@sonographers.org

## call for papers: Safety and wellbeing for sonographers



We are now seeking papers on safety and wellbeing for a special issue of the *Sonography* journal in 2019

As medical imaging professionals, we work in an environment that is physically and mentally challenging. MSK injury has been an alarming feature for sonographers for many years, and pressure of increasing workloads adds to not only the physical demands, but also puts mental health stresses upon us.

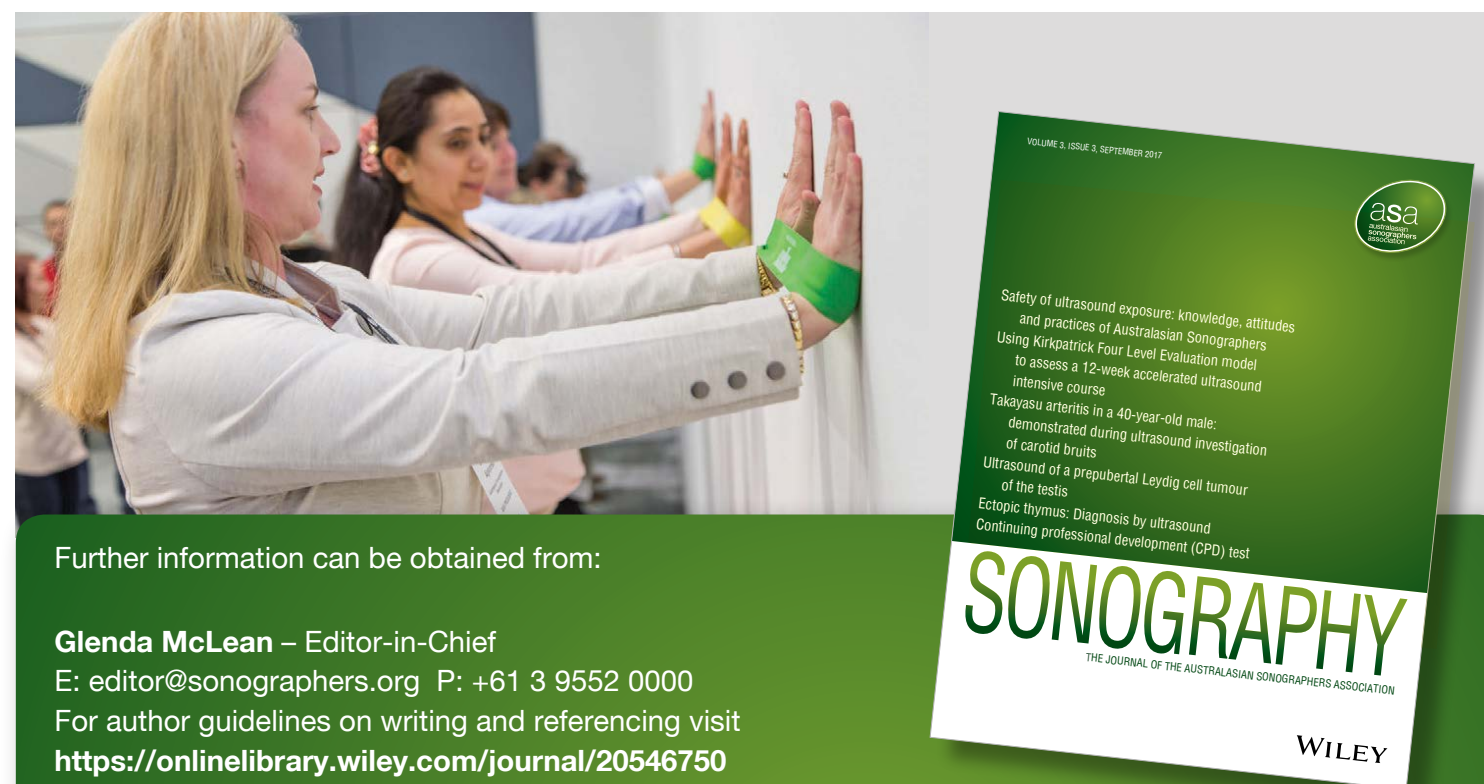
Articles could address (but should not be restricted to):

- original research articles to determine causes for sonographer injury
- workplace initiatives to improve sonographer health
- review articles on health professionals mental and physical health
- case reports where sonographer health and wellbeing were a feature
- protocols which include specific criteria addressing sonographer health and wellbeing
- the impact of new technology on sonographer health and wellbeing (e.g. imaging software, equipment features).

This special issue will assist all sonographers to stay healthy and productive for hopefully long careers in the profession. Don't miss the opportunity to publish your research and experiences in an edition focused on this important subject.

Submissions should be made following the author guidelines and submitted via the ScholarOne online manuscript submission system by 4 June 2019. Any queries can be directed to the Editor-in-Chief at editor@sonographers.org

The ASA publishes the *Sonography* journal as part of our commitment to facilitate and promote research to support evidence-based practice. It is an international peer reviewed journal that publishes articles on all aspects of sonography and medical ultrasound from authors around the world. Author guidelines are available on the Wiley Online Library.



Further information can be obtained from:

**Glenda McLean** – Editor-in-Chief

E: editor@sonographers.org P: +61 3 9552 0000

For author guidelines on writing and referencing visit

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