



the magazine of the australasian sonographers association

soundeffects news

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from the editor



the magazine of the australasian sonographers association
soundeffects
news

Welcome to the March issue of your *soundeffects news* member magazine.

With ASA2020 Melbourne just around the corner, don't miss your chance for early bird registration that not only provides you a \$200 discount, you also receive preferential workshop selection. Our centrefold details the expanded program and a run through of our international and national keynote speakers and their topics.

This issue includes a *feature* on 'The education landscape' and the education theme is carried through into the *advocacy feature* on the topic of 'Dealing with the Australian workforce shortage through education innovation'.

An interesting snapshot of the sonographer workforce from our recent survey includes valuable data on the splits between public and private practice, full and part time and city and regional workforces.

We take pleasure in announcing the annual *ASA Research Grant recipients* and details on their research projects, along with the *ASA Student Awards* and *ASA Employer Awards* that recognise those that are studying and working at their peak.

In our *fellowship announcement* we introduce Janet Mulholland and Erika Cavanagh as our newest inductees and recognise the generous contribution of time, knowledge and experience ASA Fellows invest in our Association.

In our *person profile* the spotlight is on ASA Board director Erika Cavanagh (FASA). Erika shares with readers her commitment to volunteering and her passion for sonography.

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

wh&s matters looks at 'Managing the high BMI patient' and *research matters* explores 'Navigating ethics in ultrasound research'.

This will be the last of the quarterly issues of *soundeffects news*, as the ASA moves into a more digital space in how we communicate with members. Over the coming issues, you will notice the shift to more feature articles and less daily news as we streamline and refocus *soundeffects news* to a twice-yearly publication.

As always, we would love to hear from you and we're always interested in the journeys or pathways that sonography takes our members.

Happy scanning and reading!

Carol De La Haye,
Editor
communications@sonographers.org

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ASA2020 MELBOURNE



THE 27TH ANNUAL INTERNATIONAL CONFERENCE OF THE AUSTRALASIAN SONOGRAPHERS ASSOCIATION
Melbourne Convention Exhibition Centre, 29-31 May 2020

soundeffects news is the biannual member magazine of the Australasian Sonographers Association (ASA) Ltd.

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It is with great excitement that I write my first *soundeffects news* message as ASA President! Thank you to the ASA Board of Directors for this opportunity and I feel honoured to take on this important role. I look forward to working together with the Board, along with ASA CEO Jodie Long, and our fantastic office team.

Let me start by thanking outgoing president, Dr Jennifer Alphonse, for her great work, leadership, and dedicated service. Throughout the last three years, Jennifer has ensured the ongoing success of our great Association, with a focus on the strategic goals, along with the important areas of governance and financial responsibility. For me, personally, I have gained greatly from Jennifer's mentoring and the Board and the Association have gained with Jennifer continuing as a Director.

In the busy finish of 2019, the ASA achieved an important next step towards sonographer regulation when the Australian Senate passed a motion supporting the proposal to regulate Australian sonographers. The motion passed with unilateral support, but we have some way to go before regulation is a reality. We must thank former Greens Leader, Senator Richard Di Natale, who tabled the motion to the Senate. Thanks also to the ASA CEO Jodie Long, and

Policy and Advocacy Advisor James Brooks-Dowsett, who worked hard to accomplish this step as part of the ASA's ongoing strategic campaign for regulation.

Also, in December 2019, the ASA presented the Australian Government with a 2020–2021 pre-budget submission. Amongst other things, this document outlines the two strategic initiatives of sonographer regulation and workforce shortage, and maps the work and role the Government can provide as part of the solution. Our submission identified and costed appropriate solutions, such as investments by the Australian Government into clinical training models for foundational student training. We look forward to further discussions with the Government over the next few months.

Last February, in conjunction with the regular February Board meeting, the ASA Board took part in our annual key strategy planning day. This day is an important opportunity for the Board to evaluate, reorientate and amend the Association's strategic direction. As a Board Director, I have always looked forward to the diverse discussions and ideas with excitement. In November 2019, we undertook a preparation day with the support of senior managers

from Deloitte Australia, and insights from that meeting will further develop our strategic themes.

Now that we are well into 2020, the preparation for ASA2020 Melbourne, the annual international conference, is well advanced. As you will see in this issue of *soundeffects news*, the conference has an amazing program of world-class international and local speakers. Thank you to our hard-working conference convenors, Carolynne Cormack and Lynne Johnson, for pulling together the program with all the speakers and topics. ASA2020 Melbourne offers an innovative program such as introducing an exceptional three-day echocardiography program and our keynote cardiology speaker Dr Teresa Lopez. Now is the time for all sonographers to ensure you can attend and I encourage you to register for this terrific event.

Ian Schroen
ASA President

Vale – Tom Brown

The ASA was saddened to learn of the passing of ultrasound pioneer, Thomas Graham Brown, aged 86. Tom collaborated with Professor Ian Donald to develop the prototype for the first compound contact scanner. A working version was put to use in 1957, and together with Dr John McVicar, they published their seminal *Lancet* paper. Tom's essential contribution to ultrasound's development was recognised in December 2018 in the Scottish Parliament with a motion raised to mark the 60th anniversary of the ultrasound scanner, invented in Scotland. Our thoughts are with the Brown family and Tom's colleagues.

update from the ceo

The first quarter of 2020 is barely over and we have already achieved so much.

Significant progress has been made on the Association's submission to the Council of Australian Governments (COAG) Health Ministers meeting, calling for regulation of sonographers in Australia. The submission is continuing to be developed with our working party and we are hoping to have this substantial body of work out for industry consultation before the middle of the year.

On the topic of government relations, we met with the Health Minister, The Hon. Greg Hunt MP in February for talks. Minister Hunt was key in backing the Senate motion about sonographer regulation and we took the opportunity to thank him in person for his support. The Minister is clearly across the challenges facing sonography, and our discussions were very productive. We will continue to work with him on sonographer regulation. I encourage you to go to the advocacy section of the ASA website as this will provide you with up-to-date information on regulation, as well as answers to many of your frequently asked questions.

Helpful in any discussions with government and industry is accurate and up-to-date information about the workforce. Late last year we undertook a member salary and employment survey, generating a huge amount of data. I would like to thank the almost 1,200 members who participated to make this a success. Through the late part of 2019, and into this year, the data was turned into a comprehensive workforce report that will be released shortly. This issue of *soundeffects news* provides a snapshot

of the key results of the survey. Some standout points include:

- People who work full-time is down from 52% in 2017 to 46% in 2019.
- In 2017, 67% of workers had entered sonography with a radiography background; in 2019 that has dropped to 61%.
- The number of people paid per scan has dropped to 3%.
- The average hourly rate for sonographers across the industry, regardless of experience, is \$62 per hour.
- Over 7 out of 10 reported that they were satisfied with their time allocation per scan.

Communicating effectively with members is a key component of our work, and over the period of a month, the ASA sends to members: weekly issues of *crosssection*, Facebook and Twitter posts, web updates, the potential release of *Sonography, making waves*, or *soundeffects news*, not to mention emails and sms bursts. With so much information coming out of the ASA, we have decided to streamline and refocus *soundeffects news* and publish it twice a year, in March and September, from this issue. Over the coming issues, you will notice the shift to more feature articles and less daily news.

As members access more and more content online, the ASA has decided to redevelop its member website. We are making it more user friendly and functional, with a particular emphasis on mobile and device compatibility, with an ASA app coming in due course. The



ASA is committing to a sophisticated learning management system that will give members more online CPD options. Your secure profile will also recommend potential CPD events that are based on topics you have shown interest in previously, your local area, and other factors.

For the first time we will also have a dedicated consumer site. The site explains who sonographers are, what we do, and what to expect from various examinations. The site and the sonographer awareness campaign advertising will be closely linked so that there is a consistency of message and brand. The consumer site and member sites will also be linked for convenience.

We are currently undertaking testing of both sites, and we look forward to launching them at ASA2020 in May.

As the President has already mentioned, and I would like to reiterate, the ASA2020 Conference in Melbourne from the 29-31 May is going to be fantastic. The education program is going to be one of the most comprehensive we've ever had. From a dedicated three-day cardiac stream, to an impressive list of international and local speakers, and the fantastic Melbourne backdrop, I encourage you to register now before Early Bird registrations close soon.

I look forward to seeing you at ASA2020 in Melbourne in May.

Jodie Long
CEO@sonographers.org

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Dealing with the Australian workforce shortage through education innovation

What is the problem?

Australia's critical sonographer workforce shortage threatens the ongoing access of all Australians to quality diagnostic medical ultrasound examinations. The profession has been in shortage since 2007, and the ASA estimates that the current shortfall is over 1,600 sonographers.

Over the past 10 years, the profession has grown by 50 per cent, but examinations funded by Medicare have doubled to more than 11 million per annum, putting the profession in a deficit. We should be training a minimum of 30 per cent more sonographers per year to keep up with demand.

The bottleneck

The pathway to becoming a sonographer is through the completion of an accredited postgraduate course, with extensive clinical-based training. In this model, the education is approximately 80 per cent workplace clinical training and 20 per cent academic coursework.

It is at the point of securing clinical placements that the bottleneck arises.

To ensure sonographers' competency, most postgraduate courses require completion of more than 2,200 hours of supervised ultrasound clinical training (equivalent to three days a week for two years). The sonographer course accreditation body recommends this as the minimum amount of clinical training required to develop the medical knowledge and proficiency with ultrasound equipment necessary to be a sonographer.

Due to the intensity of this training, this is typically an employed clinical training placement and something that

students must secure themselves. With a workplace shortage already biting, the demand on practising sonographers is to undertake examinations, rather than assist in training programs.

Employers are doing their best to balance the two, understanding that they need to train the future generations of sonographers, but it is a difficult balancing act.

What is the solution?

There is no silver bullet for this complex issue; however, a first step to addressing the workforce shortage is to introduce a solution that will quickly and efficiently support an increased number of student sonographers to access clinical training placements. The Australasian Sonographers Association (ASA) has developed a pilot project that will do this – *the accelerated student sonographer clinical training pilot*.

As the name suggests, the *accelerated student sonographer clinical training pilot* fast-tracks student sonographers' foundational training, but outside of the workplace.

- The training is likely to take place through a consortium of educational institutions and sonographer employers who would be supported to undertake this work.
- The initiative will provide new sonographer students with an intensive foundational training. This will reduce employer costs by fast-tracking the students' foundational training outside of the workplace.
- The anticipated pilot will add at least 60 additional sonographers to the workforce over three years.

James Brooks-Dowsett
ASA Policy and Advocacy Advisor

The aim of the program is to significantly reduce the resources' cost for workplaces and clinical supervisors. It also aims to support workplaces to provide more sonographer clinical training placements.

An *accelerated student sonographer clinical training pilot* has previously been delivered successfully in New Zealand. The Australian model differs slightly as it prioritises the delivery of student sonographer clinical training in rural and remote areas.

How will it be funded?

As part of the ASA 2020–21 Pre-Budget Submission to the Australian Government, we have outlined a costed proposal to invest \$1.5 million across three years to deliver the accelerated student sonographer clinical training pilot.

To support the participation of rural and remote students we have also asked the Government to continue the Health Workforce Scholarship Program (HWSP) which can provide scholarships of up to \$10,000 per annum for student sonographers to travel and participate in education. We have asked for 20 places per annum.

When will we know?

This pilot cannot be delivered without Australian Government assistance. So far, our discussions with the Government have been very positive. We will continue to seek the Australian Government's support for this work in our regular meetings with members of parliament.

As these discussions progress, we will keep our members and the industry informed through regular e-newsletters and topical alerts.

Attenuation Imaging

Liver Analysis



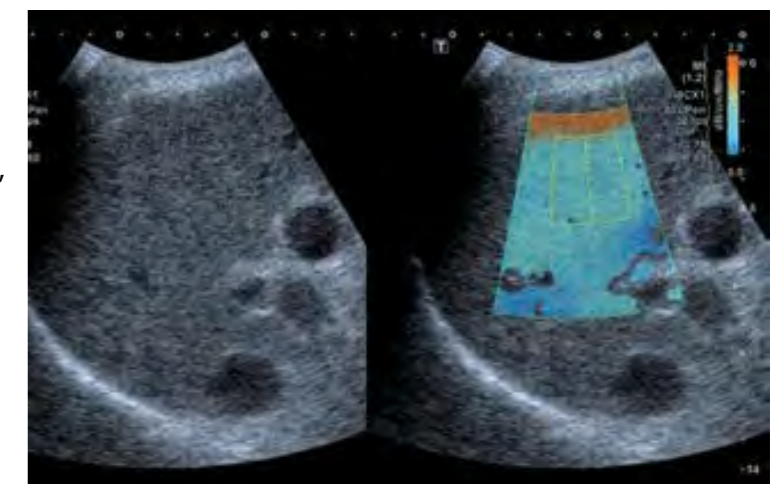
Canon Medical's Attenuation Imaging (ATI)* provides outstanding capability to quantify and colour-code the changes in the attenuation coefficient of the liver for a precise and robust analysis.

- Calculates and visualizes the mapping of ultrasound beam Attenuation Coefficient (AC).
- Quantifies the attenuation of the liver parenchyma, which is indicative of the degree of steatosis.

Our newly developed liver tools will support clinicians to evaluate diffuse liver disease easier and faster, and enable superior diagnostic confidence and clarification.

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The education landscape

Australia

Historically, the majority of sonographers had a radiography background before undertaking postgraduate studies and training in sonography. In recent years however, we are seeing changes to how Australians enter the sonography profession.

The current workforce in Australia sees 67 per cent of practitioners with a radiography background and only five per cent with undergraduate sonography qualifications. The remainder is made up of sonographers who have other undergraduate qualifications.

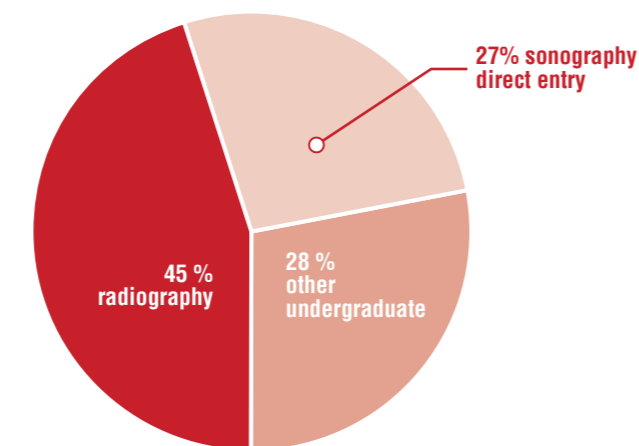
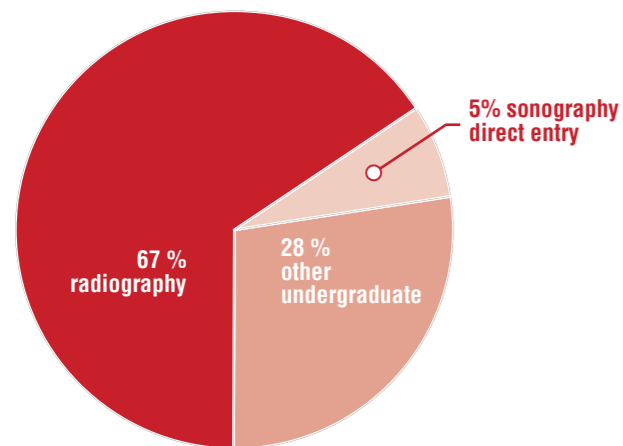
These statistics are changing rapidly however, with one of Australia's largest providers of sonography education, Central

James Brooks-Dowsett,
ASA Policy and Advocacy Advisor

Queensland University, now graduating 27 per cent of students with combined undergraduate and postgraduate qualifications in sonography gained through direct entry. The percentage of students who have an undergraduate radiography background has dropped significantly, to 45 per cent. Remaining students have a different undergraduate qualification.

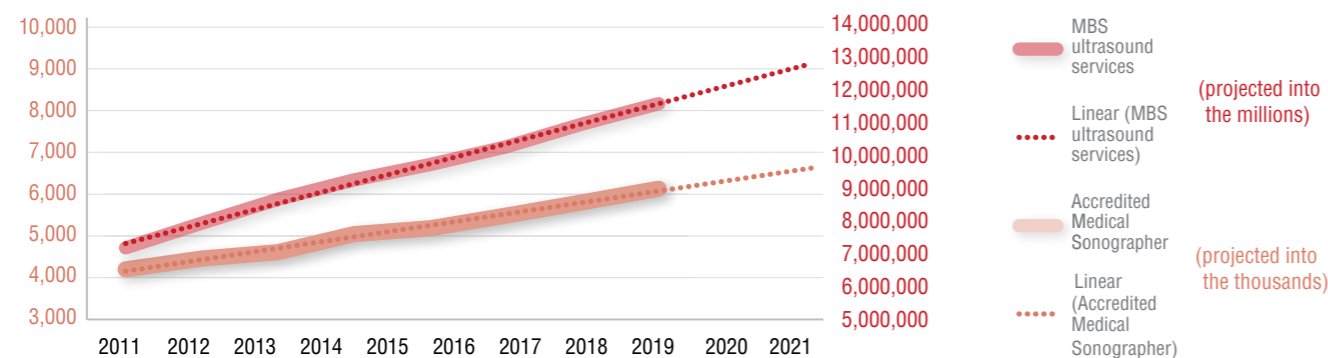
Education growth – but not enough to keep up with demand

While there is substantial growth in the education of sonographers, with numbers actually doubling over the past eight years, it isn't enough to keep up with the rate of ultrasound services, with the gap between the two widening. The ASA estimates we need more than 1,600 extra sonographers in Australia to meet current requirements.



Current sonography workforce in Australia by education background

Current graduates in sonography in Australia by education background

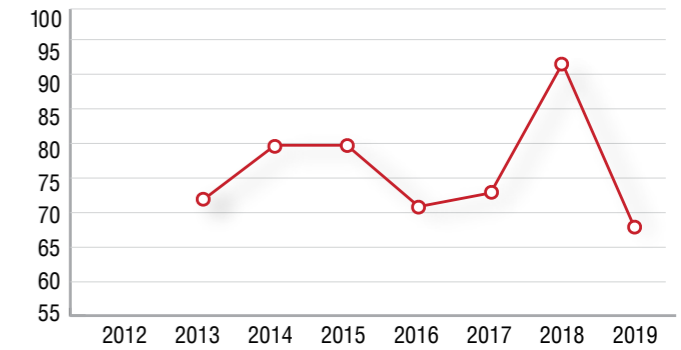


Medicare ultrasound demand and sonographer workforce supply forecast

New Zealand

The education landscape in New Zealand hit a hurdle in 2019 when the ASUM Diploma of Medical Ultrasound went into its final year for accepting students. This left only the University of Auckland with a sonographer education course.

While the course has begun to increase numbers, it isn't producing the numbers as per when both courses operated. This will mean a continued shortage of sonographers in New Zealand for the foreseeable future.



Student sonographers in New Zealand

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asa fellowships



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.



Janet Mulholland
ASA Service

- ASA SIG2018 | Perth Committee

- SIG2018 Perth | Workshop – *Wrist ultrasound*
- ASA Western Australia Branch Meeting 2017 | Case study presentation – *Male chest mass identified*



Erika Cavanagh
ASA Service

- 2017–19 | ASA Board
- 2017–18 | SAWP/SPAC

- 2019 | O&G SIG

Presentations

- asawebinar 2019 | *Doppler in obstetrics*
- ASA2019 Brisbane | Oral presentation – *Congenital infections*
- ASA2019 Brisbane Workshop | *Obstetric Doppler*
- ASA2018 Sydney | Oral presentation – *Teaching sonographers to be critical thinkers*
- ASA2018 Sydney | Oral proffered paper – *The key to the fetal heart: Three pathologies unlocked*

Have you considered joining the ASA Fellowship program?

Becoming a Fellow is recognition of your significant contribution to the sonography profession and the ASA. It is a reflection of your dedication and professionalism.

Rewarding sonographers for achievement and service

Do you present at branch level, on webinars or at conferences? Have you served on an ASA committee? Perhaps you've had a paper published or received an award for your sonography work?

The establishment of the ASA Fellowship program is an important step towards advanced practice for sonographers.

For more information, visit www.sonographers.org/membership/fellowship-program/

asa student awards

2019 Student awards

The ASA is committed to sonographer education and seeks to recognise and encourage the potential in students by providing both an academic and clinical practice award to universities and education and training institution courses that are accredited by ASAR.

Australian Institute of Health Education

Congratulations to Fouzia Nazir and Gretel Testa on receiving an Academic Excellence Award and to Gareth Chow

on receiving his Clinical Best Practice Award.

Western Sydney University

Congratulations to Tanvi Parikh on receiving the Academic Excellence Award and Margot James on her Clinical Best Practice Award.

University of South Australia

Congratulations to Marcie Rose on receiving the Academic Excellence Award and Danielle Harris on her Clinical Best Practice Award. The Academic Excellence Award is provided to the

dux of each class, and along with an award certificate, the recipient receives complimentary ASA membership with insurance for the first year of employment following graduation.

The Clinical Best Practice Award is provided to the student who demonstrates the highest standards in sonography scanning capability and patient care. Along with an award certificate, the recipient receives a complimentary full registration to attend either the ASA annual international conference or SIG Symposium.



Above from left to right: AIHE students Fouzia Nazir, Gretel Testa and Gareth Chow, with Jennifer Alphonse; Macie Rose and Danielle Harris



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asa employer awards

ASA Employer Award – Best Presentation

The ASA Employer Award aims to:

- improve sonography clinical practice through encouraging the review of clinical cases and processes in order to find better ways of doing things
- expand learning across the profession by sharing employers improved clinical practice and processes.

Employers put forward their best presentation: either a case study or evidence-based research relating to a process or practice review and improvement. The prize is a full conference registration to ASA2020 Melbourne. Award recipients are required to either submit their work as an abstract for the ASA's Conference or submit as a manuscript for publication in the ASA *Sonography* journal.

The ASA provides mentoring support to the award recipient in the form of assistance with proffering a presentation at an ASA conference or preparing their work for publication.

Perth Radiology Clinic

ASA Best Presentation Award at Perth Radiology Clinic was won by Emily Veall, for her presentation *Molar pregnancy versus placental mesenchymal dysplasia*.

PRP Diagnostic Imaging

ASA Best Presentation Award at PRP Diagnostic Imaging was won by Siobhan Tranter, for her presentation *Shining a light on intrauterine growth restriction*.

Qscan Radiology Clinics

ASA Best Presentation Award at Qscan was won by Phoebe Long, for her presentation *Plantar vein thrombosis – as a rare differential diagnosis: Two case studies*.

Queensland University of Technology

ASA Best Presentation Award at QUT was won by Kyra Mangelakis, for her presentation *A vascular leiomyosarcoma – A rare and aggressive tumour of the soft tissue*.

SKG Radiology

ASA Best Presentation Award at SKG Radiology was won by Zoe Whittick, for

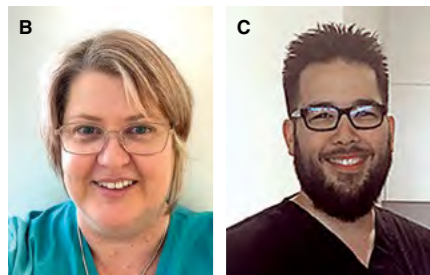
her presentation *Ultrasound of the eye, the title being Eye currumba*.

University of South Australia

ASA Best Presentation Award at UniSA was won by Rebecca Barcham, for her presentation *Optimising the prediction of endometriosis during the routine pelvic scan*.

Western Sydney University

ASA Best Presentation Award at Western Sydney University was won by Callum Roberts, for his presentation *A coronary-cameral fistula from the anastomosed, ectatic diagonal branch of the left anterior descending artery, terminating in the basal posterior left ventricle: a rare adult congenital case*.



A. Sue Lundy with Emily Veall (right), Perth Radiology Clinic; B. Rebecca Barcham, UniSA; C. Callum Roberts, Western Sydney University; D. Siobhan Tranter (right), PRP Diagnostic Imaging; E. Zoe Whittick, SKG Radiology; F. Phoebe Long, QScan; G. Kyra Mangelakis, QUT

ACUSON Family

Introducing the ACUSON Redwood Ultrasound System

The clinical overlay is not that of the individual pictured. It was modified for better visualization.



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Accessibility: Bring precision imaging to more patients – beyond the radiology department – with its lightweight portability, a highly functional, rear-handle system that is easy to move around.

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SIEMENS Healthineers

¹ When compared to the ACUSON S3000 ultrasound system.
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New ASA website under development

As members access more and more content online, the ASA has undertaken a redevelopment of the member website. We are making it more user friendly and functional, with a particular emphasis on mobile and device compatibility, with an ASA app to be developed in the second half of the year.

More learning options

The ASA is committing to a sophisticated learning management system (LMS) that will give members more online CPD options. The LMS will include more webinars, advanced interactive learning modules and online CPD tests, giving you the flexibility to undertake CPD in your own time.

Your secure profile will be responsive and have the capability to recommend potential CPD events that are based on your personal preferences, to highlighting events in your local area, to the times you attend CPD events, and other factors.

Consumer site under development

For the first time, we will also have a dedicated consumer site. The site explains who sonographers are, what we do, and what to expect from various examinations. The site and the *Sonographer Awareness Campaign* advertising will be closely linked so that there is a consistency of message and brand. The consumer site and member site will also be linked for convenience.

At ASA2020 Melbourne, the Association will launch the new member website.

Lunch and Learn sessions will be held at the ASA stand for members to familiarise themselves with the site's new features and functionality.

The answers to a few common member questions are provided below:

1. First and foremost, the simple question is why is the ASA changing its website?

The membership of the ASA has grown 23% over the past 3 years. As we grow, we need to remain timely and relevant in how we communicate with our members. More than 80 percent of our communication with members is electronic, so an easy-to-navigate, device and mobile friendly, informative and interactive site is a strong member benefit.

2. What will happen to my CPD records?

The current ASA site and its records will be hidden but continue to be functional for a period after the new site goes live. Maintaining both sites means member information remains secure. You will be able to access all your information through a dedicated member login on the new site.

3. How will my personal information be handled?

The ASA has a strict privacy policy, which will continue over to the new site. The information that you have shared with us and that needs to be transferred to the new site, will remain with us.

Trusted third parties that are working on the site cannot retain member information after the project is complete.

soundeffects news moves to a bi-annual publication

As the ASA moves further into the digital space for communications, you will see some changes in 2020 in how we deliver information to members. This will include *soundeffects news* changing to a twice-yearly publication in March and September.

Communicating effectively with members is a key component of our work, and over the period of a month, the ASA sends to members: weekly issues of cross section, Facebook and Twitter posts, web updates, emails and SMS bursts, along with publishing *Sonography*, *Making Waves*, and *soundeffects news*. With so much information coming out of the ASA, it was decided to streamline and refocus *soundeffects news* and publish it twice a year, in March and September, from this issue. Over the coming issues, you will notice the shift to more feature articles and less daily news.



ASA2020 MELBOURNE

Supporting cardiac sonographer cpd



Register now for a full three-day Cardiac Stream at ASA2020 Melbourne, 29–31 May 2020

- Earn **16.16 CPD points**
- Attend dedicated **cardiac lectures and workshops**
- **International keynote speaker** Dr Teresa Lopez, Senior Consultant Cardiologist, Lead for Cardio-Oncology Service and Cardiac Imaging Unit at La Paz University Hospital, IdiPAZ Research Institute, Madrid, Spain
- **National keynote speaker** Dr Rebecca Perry, Post-Doctoral Researcher in Echocardiography at Flinders Medical Centre and Lecturer in Medical Sonography at the School of Health Sciences, UniSA
- Hurry, **Early bird registration** closing soon
- Endorsed by:



Register at sonographersconference.com

2019 sonographer employment & salary survey

More members work part-time as largest salary survey results come in

Compiled by Survey Matters

One of the key findings of the ASA's most comprehensive salary survey to date is that more members are working part-time than ever before. In a 6% drop from the 2017 survey, less than 50% of members work full-time. In 2017, 52% of members were employed full-time, but in 2019 that dropped to 46%.

Flexible work arrangements, family commitments in a predominantly female workforce, and life-style choices among older members could be factors contributing to this change.

Average number of scans per day



General sonographers

Public | 12.8
Private | 15.3



Cardiac sonographers

Public | 7.7
Private | 10.3

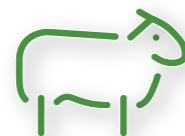
Location



63%
city-based



31%
regional town



6%
rural / remote

Distribution by geography | 63% city/metro, 31% regional town, 6% rural/remote

The survey attracted 1,197 responses from members, up from 793 in 2017, which itself sets a new record.

As with previous surveys, a report synopsis that covers the key statistics around salary, workplace satisfaction, employee benefits and CPD will be available to members, but in the interim, other valuable data on the splits between public and private practice, and general versus cardiac sonographers are below.

Average time allocation per scan (min)



General sonographers ~29.1

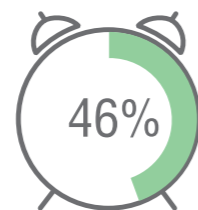
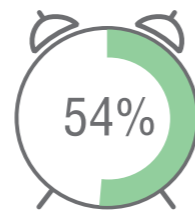
Public | 30.5
Private | 28.7



Cardiac sonographers ~42.9

Public | 49.1
Private | 38.9

Role



People who work full-time | 49% in 2014, 52% in 2017 and down to 46% in 2019

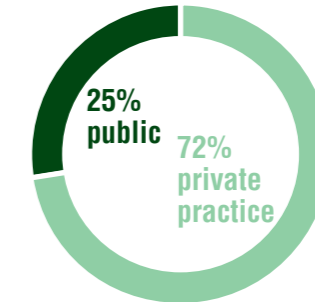
2019 sonographer employment & salary survey

Satisfaction



Time allocation | Over 7 out of 10 reported that they were satisfied with their time allocation per scan

Sector



Split between private and public practice | remains similar to 2017 (69% work in private practice and 28% in public), in 2019 72% worked in private practice and 25% in public. In both years the remainder worked in either education or other.

Gender



79% female | almost no change since last survey

Average salary



The average hourly rate | for sonographers across the industry, regardless of experience, is \$62 per hour.

Work. Life. Purpose.

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We're looking for experienced and recently graduated sonographers to support our **Pacific Radiology Otago and Southland** regions in New Zealand.

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Welcome to ASA2020 Melbourne – the only conference founded as ‘for sonographers by sonographers’

On behalf of the Program Committee we take great pleasure in inviting you to ASA2020, the 27th Annual Conference of the Australasian Sonographers Association (ASA) at the Melbourne Convention and Exhibition Centre. Held between 29 and 31 May, our conference is the largest educational event ‘for sonographers by sonographers’, covering disciplines across all skill levels in Australia, New Zealand and internationally.

International keynote speakers are Prof. Peter Burns (Canada), Dr Jon Jacobson (USA), Dr Teresa Lopez (Spain) sponsored

by Philips, and Pam Parker (UK). They will be joined by national keynote speakers, Peter Coombs (Monash Health), Prof. Jan Dickinson (Uni of WA), Frauke Lever (Monash Health), Dr Rebecca Perry (Flinders Medical Centre), Jacqui Robinson (Liverpool Hospital), Mr Ram Nataraja (Monash University), and Dr Daniel Walkley (Fowler Simmons Radiology).

This year we have introduced a dedicated cardiac stream over three days, with lectures and workshops providing 16.16 CPD points. We will provide women’s and

men’s health streams, current health and professional topics and the latest industry trends. On Friday we will provide a dedicated clinical supervisor session.

The ASA Welcome Reception on Friday evening and the Gala Dinner on Saturday night will give you a chance to relax and have a fantastic time with colleagues and friends.

Below is an outline of the education program taking place at the Melbourne Convention and Exhibition Centre.

We look forward to seeing you there!



Abdominal



Cardiac



Women’s health



Men’s health



MSK



Paediatric



Professional topics







Small parts



Vascular

Please note that this program is correct at the time of printing and is subject to change. For the most up-to-date program, please visit the ASA2020 Melbourne website | www.sonographersconference.com

DAY ONE FRIDAY 29 MAY 2020 REGISTRATION OPEN 8.30 AM										
OPENING PLENARY SESSION ONE										
LUNCH 11.30 AM–12.30 PM										
LECTURES										
SESSION TWO	CARDIAC	ABDOMINAL	WOMEN'S HEALTH OBSTETRICS	VASCULAR	PAEDIATRIC	RESEARCH	WORKSHOP 	WORKSHOP 	WORKSHOP 	WORKSHOP 
	QA in echo <i>Ms Christine Thomson</i>	The future of ultrasound <i>Prof. Peter Burns</i>	What's the matter with dating before 8 weeks? <i>Dr Ying Gu</i>	EVAR and latest devices <i>Ms Jacqui Robinson</i>	Appendicitis in children – surgeon's perspective <i>Mr Ram Nataraja</i>	The impact of research and publication on our profession <i>Ms Glenda McLean</i>	2A WOMEN'S HEALTH	2B MSK	2C SPONSORED	2D MSK
	Student supervision: expert review <i>Mr Tony Forshaw</i>	<i>In development</i>	The importance of ultrasound preceding NIPT for fetal chromosomal abnormalities <i>Ms Imogen Brown</i>	Mesenteric ischemia and median aacute ligament syndrome: new ideas on old topics <i>Mr Ian Schroen</i>	Common presentations in paediatric and adolescent gynaecology <i>Dr Kate Stone</i>	Ethics in research <i>Dr Narelle Kennedy</i>	Incorporating DIE assessment into routine pelvic US <i>Ms Jing Fang</i>	Advanced shoulder: rotator cuff and beyond <i>Prof. Jon Jacobson</i>	<i>In development</i>	Medial ankle <i>Mr Roger Lee</i>
	Picture taker or analyst? <i>Ms Jill Fawcett</i>	Ultrasound of the bowel <i>Dr Rose Vaughan</i>	First trimester diagnosis of spina bifida: what's best practice? <i>Dr Michael Bethune</i>	Vascular US in mesenteric ischaemia before and after endoluminal therapy <i>Prof. Tim Buckenham</i>	Paediatric pancreatitis <i>Ms Jo Johnson</i>	<i>In development</i>	2G WOMEN'S HEALTH	2H SPONSORED	2I HEAD AND NECK	2J MSK
	QA in practice: proper echo measurements and review of ASE guidelines Computer-based cases for measurement workshop <i>Ms Diane Jackson</i>	Proffered papers Advances in ultrasound of lung and diaphragm <i>Carolynne Cormack</i> Spleen: the forgotten organ <i>Dr Jean Lee</i>	Proffered papers Pitfalls in the diagnosis of tubal and interstitial ectopic pregnancy <i>Dr Virginia Saxton</i> Pitfalls in the diagnosis of cervical and scar ectopic pregnancy <i>Dr Virginia Saxton</i>	Proffered papers <i>In development</i> Vascular criteria update <i>Ms Claire O'Reilly</i>	Proffered papers Paediatric bowel Perinatal management of gastrointestinal and abdominal wall abnormalities <i>Mr Ram Nataraja</i>	Proffered papers <i>In development</i> Roads to research <i>Dr Micah Schneider</i>	Pelvic floor <i>Ms Frauke Lever</i>	<i>In development</i>	<i>In development</i>	Forefoot <i>Mr Jerome Boyle</i>
AFTERNOON TEA 2.30–3.00 PM										
SESSION THREE	CARDIAC	MSK	WOMEN'S HEALTH	OBSTETRICS THIRD TRIMESTER	HEAD AND NECK	CLINICAL SUPERVISORS	3A SPONSORED	3B VASCULAR	3C MEN'S HEALTH	3D ABDOMINAL
	Obstetric screening of the fetal heart	What the sports physician wants to know from an ultrasound <i>Dr Peter Brukner</i>	PCO diagnosis and healthcare implications of over-diagnosis <i>Prof. Robin Bell</i>	What is the best chart to predict perinatal outcome? <i>Prof. Sue Walker</i>	Thyroid calcifications: when to be concerned <i>Ms Jenny Parkes</i>	Simulation and creativity in medical education <i>Mr Ram Nataraja</i>	<i>In development</i>	Doppler waveform analysis <i>Mr Jacqui Robinson</i>	Penile ultrasound <i>Mr Steven Abbott</i>	The targeted liver in chronic liver disease <i>Ms Jane Keating</i>
	Paediatric echo in CHD <i>Dr Paul Brooks</i>	Anterior and lateral hip <i>Prof. Jon Jacobson</i>	Current guidelines for ultrasound diagnosis of PCO <i>Dr Kate Stone</i>	T3 surveillance Doppler and CPR <i>Dr Alice Robinson</i>	Strategies for consistent use of sonographic features in thyroid nodules <i>Ms Usmi Chauhan</i>	A focus on feedback in health professional education <i>Dr Fiona Kent</i>	3G MSK	3H VASCULAR	3I SPONSORED	3J ABDOMINAL
	Segmental approach in the adult with CHD <i>Ms Jill Fawcett</i>	Proffered paper Athletic pubalgia <i>Dr Daniel Walkley</i>	Proffered papers Sonographic findings impacting fertility	Proffered papers A pictorial guide to the third trimester <i>Ms Braidy Davies</i>	Proffered papers Assessing the post resection neck <i>Ms Judy Lees</i>	Proffered papers Ultrasound fellowships <i>Mr Peter Coombs</i>	Introduction to hand and wrist <i>Mr Quanson Sirllyn</i>	Lower limb arterial Doppler <i>Mr Peter Russell</i>	<i>In development</i>	Assessing portal hypertension <i>Ms Kristy Thomas</i>
	Live scanning	Hamstring <i>Mr Andrew Grant</i>	IVF update <i>Ms Janessa Baddeley</i>	Gestational diabetes and ultrasound surveillance <i>Dr Sarah Price</i>	Salivary glands	Handicaps and hurdles in health professional education <i>Dr Fiona Kent</i>				
Adult congenital heart disease	We are getting fatter and sicker. What are we going to do about it? <i>Dr Peter Brukner</i>	Follicle tracking 101 <i>Ms Carolyn Garlick</i>	Complications of placentation <i>Prof. Jan Dickinson</i>	Orbits	Teaching on the run					
ASA WELCOME RECEPTION 5.00–7.00 PM										



DAY TWO | SATURDAY 30 MAY 2020

AWARDS OF EXCELLENCE BREAKFAST

SESSION 4	LECTURES						WORKSHOP	WORKSHOP	WORKSHOP	WORKSHOP	WORKSHOP
	CARDIAC LET'S TALK ABOUT LV ASSESSMENT	MSK	WOMEN'S HEALTH GYNAE ONCOLOGY	ABDOMINAL	VASCULAR LOWER LIMB VEINS	SONOGRAPHER EDUCATION PATHWAYS	SPONSORED WORKSHOP	MALE HEALTH	MSK	WOMEN'S HEALTH O&G	PAEDIATRICS
LV systolic function and strain <i>Dr Rebecca Perry</i>	A surgeon's perspective on upper limb and the role of ultrasound <i>Prof. Simon Bell</i>	Ovarian cancer diagnosis, treatment and outcomes update <i>Assoc. Prof. Thomas Jobling</i>	Hepatitis: current treatment and future requirements for ultrasound <i>Dr Marcus Robertson</i>	US guided sclerotherapy <i>Mr Franklin Pond</i>	Undergraduate pathway <i>Dr Ann Quinton</i>	In development	Scrotum: beyond the basics <i>Mr Patrick Nowlan</i>	Hernias and pathology of the abdominal wall <i>Mr Jerome Boyle</i>	The 12-week scan: getting it right <i>Ms Carolyn Garlick</i>	Paediatric renal <i>Ms Chintia Panditaratne</i>	
Clinical utility of LV strain in cardio-oncology <i>Prof. Teresa Lopez</i>	In development	O-RADS versus IOTA: similarities and differences <i>Dr Alexandra Stanislavsky</i>	Understanding elastography <i>Prof. Peter Burns</i>	EVLT versus RFA <i>Dr Claire Campbell</i>	Postgraduate pathway <i>Ms Brooke Osborne</i>	MSK	VASCULAR	MSK	WOMEN'S HEALTH O&G	PAEDIATRICS	
Overview: LV diastolic assessment <i>Prof. Phil Mottram</i>	Proffered paper	Proffered papers	Proffered papers	Ovarian vein assessment in venous incompetence <i>Ms Adriana Miranda</i>	International pathway <i>Ms Pam Parker</i>	In development	Advanced lower limb arterial <i>Ms Michelle Rodeh</i>	Nerve entrapment in the lower limb <i>Dr Daniel Walkley</i>	Techniques to improve 18-20 week fetal heart assessment <i>Ms Rowena Findlay</i>	Ask the experts – paediatric scan tricks and tips	
US enhancing agents (contrast echo) <i>Mr Grant King</i>	Adhesive capsulitis of the shoulder <i>Ms Sumi Shrestha Taylor</i>	How to describe endometrial lesions using IETA terminology <i>Dr Lufee Wong</i>	Ultrasound grading of liver fibrosis <i>Ms Paula King</i>	Iliofemoral vein obstruction <i>Mr Daniel Rae</i>	The student perspective <i>Ms Jessica Woods</i>						
	Ultrasound of the post-operative shoulder <i>Dr Simran Singh</i>	Q&A	Q&A	DVT in pregnancy <i>Dr Claire Campbell</i>	Panel discussion: the changing face of becoming a sonographer – where are we now and where are we heading?						

MORNING TEA | 10.30-11.00 AM

SESSION 5	CARDIAC	WOMEN'S HEALTH O&G – FETAL ECHO	MSK	WOMEN'S HEALTH BREAST	PAEDIATRIC	INDUSTRY TOPICS	VASCULAR	WOMEN'S HEALTH	ABDOMINAL	HEAD AND NECK	MSK
	Qlab workshop 1: LV strain measurements <i>Dr Leah Wright</i>	What's the standard for routine 18-20 week heart assessment? <i>Ms Vicki Ditcham</i>	Hand evaluation <i>Prof. Jon Jacobson</i>	The patient journey <i>Prof. Robin Bell</i>	Cranial ultrasound in the pre-term neonate <i>Ms Glenda McLean</i>	Infection control update AS4187 <i>Dr Jocelyne Basseal</i>	Renal artery Doppler <i>Peter Coombs</i>	What's so important about DIE and dynamic assessment? <i>Ms Alison Deslandes</i>	Liver shearwave <i>Mr Steven Abbott</i>	Orbits	Brachial plexus <i>Mr Andrew Grant</i>
	The importance of the 4-chamber view <i>Ms Narelle Kennedy</i>	Thumb/UCL <i>Mr Aaron Fleming</i>	BiRADS <i>Ms Ramya Williams</i>	In development	Update on Sonographer Competency Project (ASAR, ASA, ASUM)	VASCULAR	SPONSORED	ABDOMINAL	HEAD AND NECK	MSK	
Qlab workshop 2: 3D echo	Proffered paper	Proffered paper	Proffered paper	Proffered paper	ASAR update	Renal transplant Doppler <i>Mr Greg Curry</i>	In development	CEUS: how to <i>Ms Penny Kokkinos</i>	Neck masses and nodes	Combining sonography and physiotherapy: clinical tests to improve upper limb assessment <i>Ms Lisa Howell and Ms Cherie Smith</i>	
	Abnormalities detected on the 3-vessel trachea view <i>Assoc. Prof. Ann Quinton</i>	The deformed finger <i>Ms Martine Chadwick</i>	Scary breast <i>Ms Kristy Thomas</i>	Autistic spectrum disorder: ultrasound considerations <i>Ms Paige Forbes</i>	Sonographer regulation (Aus/NZ) <i>Ms Jodie Long</i>						
	Arrhythmias: tachycardia <i>Prof. Jan Dickinson</i>	Hand therapy in clinical treatment of upper limb pathology <i>Ms Jennifer Mathias</i>	Breast implant associated anaplastic large cell lymphoma <i>Ms Jenny Parkes</i>	In development	Sonographer regulation (UK) <i>Ms Pam Parker</i>						
	Arrhythmias: bradycardia <i>Prof. Jan Dickinson</i>	Wrist evaluation <i>Prof. Jon Jacobson</i>	In development	New guidelines for assessing paediatric renal dilatation <i>Dr Jenny Bracken</i>	GUILD Insurance – Medico-legal Implications						
	Q&A	Q&A	Q&A	Q&A							

LUNCH | 1.00-2.00 PM






SESSION 6	CARDIAC	ABDOMINAL	WOMEN'S HEALTH O&G – FETAL ECHO	MSK	VASCULAR	WORKSHOP	WORKSHOP	WORKSHOP	WORKSHOP	WORKSHOP	WORKSHOP
						ABDOMINAL	PAEDIATRIC	WOMEN'S HEALTH O&G	MSK	WOMEN'S HEALTH BREAST	SPONSORED
RV assessment – overview of techniques <i>Dr Leah Wright</i>	Contrast agents for ultrasound application <i>Prof. Peter Burns</i>	Corpus callosum: what is normal and abnormal? <i>Ms Ilona Lavender</i>	Sonography of muscle, fat and nerve <i>Prof. Jon Jacobson</i>	Endovascular clot retrieval in stroke and the changing role of carotid US <i>Dr Mark Brooks</i>	Bowel and appendix <i>Ms Marilyn Zelesco</i>	ABDOMINAL <td>PAEDIATRIC <td>WOMEN'S HEALTH O&G</td> <td>MSK</td> <td>WOMEN'S HEALTH BREAST</td> <td>SPONSORED</td> </td>	PAEDIATRIC <td>WOMEN'S HEALTH O&G</td> <td>MSK</td> <td>WOMEN'S HEALTH BREAST</td> <td>SPONSORED</td>	WOMEN'S HEALTH O&G	MSK	WOMEN'S HEALTH BREAST	SPONSORED
RV strain and LA strain – when is it useful? <i>Dr Rebecca Perry</i>	Common and unusual cases with CEUS <i>Ms Pamela Parker</i>	Ramifications of US findings in ventriculomegaly <i>Prof. Jeanie Cheong</i>	PRP vs cortisone injections <i>Dr Andres Del Rio</i>	Temporal arteritis <i>Mr Peter Russell</i>	Proffered paper	ABDOMINAL <td>PAEDIATRIC <td>WOMEN'S HEALTH O&G</td> <td>MSK</td> <td>WOMEN'S HEALTH BREAST</td> <td>O&G</td> </td>	PAEDIATRIC <td>WOMEN'S HEALTH O&G</td> <td>MSK</td> <td>WOMEN'S HEALTH BREAST</td> <td>O&G</td>	WOMEN'S HEALTH O&G	MSK	WOMEN'S HEALTH BREAST	O&G
RV in the athlete's heart <i>Dr David Prior</i>	Proffered papers	Proffered papers	Sonography of fractures and correlative imaging <i>Mr Roger Lee</i>	Thoracic outlet <i>Mr Greg Curry</i>	eFAST and RUSH in critical care <i>Ms Carolynne Cormack and Mr Anthony Wald</i>						
Q&A	Malignant liver lesions <i>Ms Jane Keating</i>	Posterior fossa <i>Ms Angel Lee</i>	Elbow evaluation <i>Prof. Jon Jacobson</i>	Arteriovenous fistulas <i>Ms Jacqui Robinson</i>	Paediatric spine <i>Ms Sarah Joy Muirhead</i>						
Proffered papers	Q&A	Q&A			Third trimester growth, wellbeing and Doppler assessment <i>Ms Taryn Gilbertson</i>						

AFTERNOON TEA | 3.30-4.00 PM

SESSION 7	CARDIAC	WOMEN'S HEALTH O&G – FETAL ECHO	WOMEN'S HEALTH	ABDOMINAL	PATIENT CARE AND COMMS	VASCULAR	MSK	PAEDIATRIC	VASCULAR	MSK	MSK
	Avoiding pitfalls in US assessment <i>Ms Diane Jackson</i>	Fetal cystic renal disease <i>Prof. Jan Dickinson</i>	Integrating DJE assessment into routine pelvic ultrasound <i>Ms Jing Fang</i>	Clinical management of the renal lesion <i>A Prof. Daniel Moon</i>	Breaking bad news and perinatal psychology <i>Dr Nicole Hight</i>	Arteriovenous fistulas <i>Ms Jacqui Robinson</i>	VASCULAR	MSK	PAEDIATRIC	VASCULAR	MSK
TAVR – the role of echo in assessment <i>Dr Siobhan Lockwood</i>	Proffered paper	Proffered paper	Proffered paper	Proffered paper	Nerve entrapment in the upper limb <i>Dr Daniel Walkley</i>						
Focus on MR <i>Dr Nick Jones</i>	In development	Congenital uterine anomalies <i>Ms Rebecca Long</i>	CEUS of indeterminate renal masses <i>Dr Paul Simkin</i>	Sonographer communication <i>Mr Ian Schroen</i>	Paediatric abdomen: tips and tricks <i>Ms Carla Bridge</i>	VASCULAR	MSK	PAEDIATRIC	VASCULAR	MSK	SPONSORED
3D echo: answering the challenge of valvular heart disease <i>Prof. Teresa Lopez</i>	Lessons learned in obstetric scanning <i>Ms Marg Condon</i>	Female inguinal canal pathology <i>Ms Louise Worley</i>	Renal transplant: perioperative vascular complications <i>Ms Carla Elliott</i>	Better LGBTQI communication and patient care <i>Ms Natasha Rousel</i>	Upper limb DVT <i>Mr Ignatius Pereira</i>						
		Pelvic floor <i>Ms Frauke Lever</i>	Don't forget about the bladder! <i>Ms Lynne Johnson</i>	In development	Advanced wrist <i>Ms Martine Chadwick</i>						

ASA GALA DINNER + PRU PRATTEN MEMORIAL LIFETIME ACHIEVEMENT AWARD 2019 PRESENTATION & NEW FELLOWS OF THE ASA | 7.00 PM-12.00 AM

DAY THREE | SUNDAY 31 May 2020 | REGISTRATION OPEN 8.00 AM

LECTURES					WORKSHOP 	WORKSHOP 	WORKSHOP 	WORKSHOP 	WORKSHOP 
CARDIAC	MSK	WOMEN'S HEALTH BREAST	VASCULAR	SONO HEALTH AND WELLBEING	ABDOMINAL	MSK	PAEDIATRIC	MSK	WOMEN'S HEALTH OBSTETRIC
Live scanning workshop: strain imaging and 3D echo	Calf: aponeurotic expansions, central tendons and return to sport <i>Dr Daniel Walkley</i>	Tumour angiogenesis and CEUS <i>Prof. Peter Burns</i>	Vascular trauma <i>Ms Jacqui Robinson</i>	Psychologist – self-care and mental health for sonographers	The acute abdomen: beyond the gallbladder <i>Ms Paula King</i>	Elbow <i>Mr Jerome Boyle</i>	Paediatric hips <i>Ms Sara Kernick</i>	Introduction to foot and ankle <i>Mr Quanson Sirllyn</i>	The importance of 3rd trimester cardiac assessment and progressive cardiac lesions <i>Ms Erika Cavanagh</i>
Presentation: Strain imaging overview	Medial tarsal tunnel syndrome <i>Ms Lisa Howell</i>	Breast ultrasound and MRI correlation <i>Dr Manish Jain</i>	Post EVAR endoleaks and ultrasound-guided intervention <i>Prof. Tim Buckenham</i>	Sonographer work-related injuries: existing evidence and knowledge gaps <i>Ms Celia Tinetti</i>					
Live scanning	Plantar metatarsalgia <i>Mr Steve Zakic</i>	Mastitis <i>Ms Frauke Lever</i>	Complex EVAS: what the sonographer needs to know <i>Prof. Tim Buckenham</i>	<i>In development</i>					
Presentation: 3D imaging overview	Pes planus in adults and children <i>Ms Sumi Shrestha Taylor</i>	<i>In development</i>	<i>In development</i>	<i>In development</i>					
Live scanning	Achilles in familial hypercholesterolaemia <i>Mr Peter Coombs</i>	AI in breast ultrasound <i>Ms Frauke Lever</i>	Non-invasive testing for diabetic patients (research) <i>Ms Jacqui Robinson</i>	Sonographer reporting in the UK <i>Ms Pamela Parker</i>		Advanced foot/ankle joints and ligaments <i>Mr Aaron Fleming</i>	<i>In development</i>	Knee <i>Mr Roger Lee</i>	Third trimester obstetrics and Doppler assessment <i>Ms Georgina Ashby</i>
BRUNCH 11.00-12.00 AM					MUSCULOSKELETAL	WOMEN'S HEALTH BREAST	MUSCULOSKELETAL	HEAD & NECK	VASCULAR
CARDIAC	ABDOMINAL	WOMEN'S HEALTH OBSTETRIC	PAEDIATRIC	MEN'S HEALTH	Advanced lateral ankle and midfoot <i>Dr Daniel Walkley</i>	The difficult breast: techniques and interesting cases <i>Ms Louise Worley</i>	Finger <i>Ms Martine Chadwick</i>	Thyroid and parathyroids	Advanced venous incompetence and variations <i>Ms Adriana Miranda</i>
RHD – screening in Australian remote communities <i>Ms Jacqui Williamson</i>	<i>In development</i>	Skeletal dysplasia <i>Prof. Jan Dickinson</i>	Septic arthritis in children <i>Ms Natasha Rousset</i>	Urologist – prostate cancer diagnosis, treatment and outcomes update <i>Prof. Damien Bolton</i>					
Experience of paediatric screening in the Third World <i>Dr Ari Horton</i>	<i>In development</i>	Fetal chest update <i>Ms Rowena Findlay</i>	Paediatric infectious bone disease <i>Dr Tom Connell</i>	Scrotal ultrasound: what's new? <i>Mr Steven Abbott</i>					
QA session follow-up – assessment of measurement variation <i>Ms Diane Jackson</i>	New assessment tools in the measurement of hepatic steatosis <i>Ms Marilyn Zelsco</i>	Fetal bowel <i>Ms Alison Deslandes</i>	Paediatric hip assessment for DDH: a tertiary referral centre experience and future directions <i>Ms Sara Kernick</i>	Penile Doppler <i>Mr Peter Russell</i>					
Current work practices in the echo lab – panel discussion	Pathways of PHT <i>Dr Adam O'Brien</i>	Correlating the pre and post natal spine <i>Mr Peter Coombs</i>	Ultrasound-guided paediatric fracture reduction <i>Dr Adam O'Brien</i>	Male breast <i>Ms Frauke Lever</i>					
	Q&A	Q&A	Q&A	Q&A	Hamstrings <i>Mr Andrew Grant</i>	Acute pelvis: what am I looking for?	Wrist assessment <i>Ms Lisa Howell</i>	<i>In development</i>	Thoracic outlet <i>Mr Greg Curry</i>

CLOSING PLENARY | 1.30-2.00 PM | SCIENTIFIC QUIZ PRIZE DRAWS, PASSPORT PRIZE DRAW, AWARD PRESENTATIONS, ASA2021 BRISBANE LAUNCH, CONFERENCE CLOSE

PROGRAM CORRECT AT TIME OF PRINTING, BUT CAN CHANGE AT ANY TIME. FOR THE LATEST PROGRAM, PLEASE VISIT www.sonographersconference.com/program/interactive-program/

International keynote speakers



Prof. Peter Burns (Canada)
Professor of Medical Biophysics and Radiology, University of Toronto

- The future of ultrasound
- Contrast agents for ultrasound application
- Tumour angiogenesis and CEUS



Dr Teresa Lopez – Sponsored by Philips (Spain)
Senior Consultant Cardiologist, Hospital Universitario La Pa

- 3D echo: answering the challenge of valvular heart disease
- Clinical utility of LV strain in cardio-oncology



Prof. Jon Jacobson (USA)
Professor of Radiology, University of Michigan

- Advanced shoulder: rotator cuff and beyond
- Anterior and lateral hip
- Hand evaluation
- Wrist evaluation
- Sonography of muscle, fat and nerve
- Focus on MR



Pam Parker (UK)
Consultant Sonographer – Hull University Teaching Hospitals NHS Trust

- International pathway
- Sonographer regulation, UK
- Common and unusual cases with CEUS
- Sonographer reporting in the UK

National Keynote Speakers



Peter Coombs
Sonographer in Charge, Monash Health

- Ultrasound fellowships
- Renal artery doppler
- Pre and post-natal spine



Prof. Jan Dickinson
Professor of Maternal Fetal Medicine, University of Western Australia

- Complications of placentation
- Arrhythmias: tachycardia
- Arrhythmias: bradycardia
- Fetal cystic renal disease
- Skeletal dysplasia



Frauke Lever
Deputy Sonographer in Charge – Monash Health

- Pelvic floor
- Breast



Dr Ram Nataraja
Paediatric Surgical Consultant and Director of Paediatric Surgical Simulation & Innovation, Monash Children's Hospital

- Surgeon's perspective: Appendicitis in children
- Surgeon's perspective: Perinatal management of gastrointestinal and abdominal wall abnormalities
- Simulation and creativity in medical education



Dr Rebecca Perry
Post-doctoral Researcher in Echocardiography, Flinders Medical Centre

- LV systolic function and strain



Jacqui Robinson
Chief Vascular Sonographer, Liverpool Hospital

- EVAR and latest devices
- Doppler waveform analysis
- Arteriovenous fistulas
- Vascular trauma
- Non-invasive testing for diabetic patients (research)



Dr Daniel Walkley
Sonographer – Fowler Simmons Radiology

- Athletic pubalgia
- Nerve entrapment in the lower limb
- Nerve entrapment in the upper limb
- Calf: aponeurotic expansions, central tendons and return to sport
- Advanced lateral ankle and midfoot

Please note that this program was correct at time of printing and is subject to change.

For the most up-to-date program, please visit www.sonographersconference.com/program/interactive-program/

Erika Cavanagh

Short bio

Erika started her career as a radiographer, qualifying in 1999, then went on to complete her postgraduate ultrasound studies in 2003. She is currently working part-time as a staff sonographer at the Mater Centre for Maternal Fetal Medicine, and also completing a PhD, conducting her research as part of the Mater Queensland Family Cohort Study. She previously held a position as an advanced sonographer, Gold Coast University Hospital Maternal Fetal Medicine, and before that was the chief sonographer at the Royal Prince Alfred Hospital in Sydney for many years. Erika has a special interest in obstetric ultrasound, and is actively involved in sonographer education. In 2016, she completed a Master of Sonography.

Erika has been a member of the ASA Board of Directors since 2014 and was the vice president in 2018. She is a member of the O&G SIG and was awarded Fellowship of the ASA in 2019.

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

The ASA provides a space for sonographers from all around Australia and New Zealand to work together on all sorts of projects. I started out volunteering with the ASA as the Chair of the ASA NSW Branch when I was working at the RPA Hospital. I then went on to join the Sonographer Policy and Advisory Committee and became a very vocal advocate for professional recognition for sonographers. I think the ASA plays an integral part in our professional recognition, being the peak body and leading voice for sonographers, and the ASA is an organisation built around the work of its sonographer

volunteers. I think I find volunteering so rewarding because I can actually see the results of the hard work we do, such as providing high quality sonographer education, or helping the general public to recognise and value our profession.

What does your current job involve?

I work clinically two days a week at the Mater Centre for Maternal Fetal Medicine performing tertiary obstetric ultrasound. I am involved in a large research project at the Mater, which is also assisting me to work towards my PhD.

What aspect of sonography has been most rewarding?

I love the patient interaction side of my job – we often find ourselves sitting with a complete stranger at a very stressful time in their life, performing their ultrasound and diagnosing their baby's condition, whilst carrying on a sometimes unrelated conversation. It is really important to be able to make a connection with this very vulnerable person at the other end of the transducer, whilst at the same time giving them every confidence in your professional ability to perform their ultrasound examination.

Have you done other volunteer work?

I'd love to say I've done something very worthy like volunteering for an NGO in a Third World country, or working in a soup kitchen, but sadly no. To be honest, I prefer to volunteer within the skill set I already have, so working with the ASA suits me very well.

What do you enjoy doing outside work?

It sounds very cliché, but I love travelling, and find myself always daydreaming about my next holiday. I am a keen Pilates attendee and I love chilling with my fur-children.



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

Barack Obama, Olivia Coleman, and Richard Fidler. How is that for eclectic?

Favourite place you have travelled to?

My favourite place to travel to is Japan, and I have been there twice now. My husband and I love food, so all of our travels tend to revolve around food, and of course Japan is fantastic for this!

Your favourite holiday spot?

My favourite holiday spot in Australia is in remote Tasmania. We went to Lake St Clair for Christmas a few years ago, and it was just divine. I am an avid wildlife watcher. There is something very lovely about watching a wombat trot across your front lawn while you're having breakfast!

How do you relax?

When I have time, I like to knit and get into some crafty projects. Admittedly, knitting is not an ideal pastime living in Queensland where I barely need a cardigan in the dead of winter! I don't get much of an opportunity for a creative outlet right now, but I'm looking forward to starting up again once I have knocked over my PhD.

Do you have any musical talent?

I used to, but sadly those days are gone! Amongst other things, I played baritone saxophone (like Lisa Simpson) in a jazz band in high school. I haven't lost my appreciation for all kinds of music, but I haven't picked up an instrument since 1994.

Take advantage of these 2020 ULTRASOUND TRAINING COURSES



GE Healthcare together with MSK Australia and the Australasian Sonographers Association are excited to bring these leading ultrasound training courses to a location near you.

Australasian Sonographers Association:

Throughout 2020, GE Healthcare and ASA are hosting a series of specialty scanning days and state branch meetings. These one day courses are designed to walk you through the latest scanning techniques from industry experts. To learn more about these courses, scan the QR code below or visit the ASA website at: www.sonographers.org/education/events-calendar.

MSK Australia:

March 21st: Brisbane 2020 - Lower Limb Masterclass

The Lower Limb Masterclass is a single day event where presenters will provide a clinically guided rationale to the sonographic imaging and assessment of these structures.

July 26-31st: Bali 2020 - Comprehensive MSK Program

MSK Australia are hosting their Comprehensive MSK Program conference will focus on high-end musculoskeletal ultrasound of the upper and lower limbs and is open to all healthcare professionals.

October 17th: Sydney 2020 - Upper Limb Masterclass

The Upper Limb Masterclass is the combination of lectures and didactic live scanning workshops that will guide delegates on where and how to look, what to find and how to make the correct diagnosis.

To learn more about these courses, scan the QR code below or visit the MSK Australia website at: <https://mskaustralia.com.au/>

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Managing the high BMI patient

**Michele Dowling AMS,
ASA Sonographer Health
and Wellbeing SIG**

Prevention and management of work-related musculoskeletal disorders

Work-related musculoskeletal injuries to sonographers are well known to be associated with ultrasound practice in general, with up to 90% of sonographers reporting some degree of work-related musculoskeletal disorders.¹

The scanning of obese patients further compounds this risk.^{1,2}

In addition to the increasing body mass index (BMI) of patients, there are several other causative factors to MSK injury in sonographers, including higher workloads, poor equipment, poor room design, and poor posture when scanning.

It is important that sonographers take care of themselves and their working environment while scanning.

Employers in the diagnostic imaging workplace have a primary duty of care to their employees and should be guided in ways to avoid potential work-related injuries by supplying equipment fit for purpose and being realistic about time management when booking caseloads.³

Departmental guidelines should approve and implement strategies, in consultation with their sonographers, to minimise the risk of sonographer injury. This includes appropriate management of the daily workload, with adequate breaks scheduled in order to minimise MSK injury and mental and physical burnout of sonographers.⁴

Scanning times for big patients are dependent on multiple factors

It is difficult to have a one-size-fits-all policy in this area, and it is impossible to put a finite time on how long to scan before conceding defeat.

Booked scan times for larger patients should probably not exceed the time usually allocated to other patients for the same study, **if there is unlikely to be any real gain of information by extending the time.**⁵

Having said that, the allocated scan time in general needs to be realistic.

In the private setting, we usually don't know beforehand the body composition of the patients on our list, so it is not practical to allow a longer time to scan these patients and scanning for a longer time puts more musculoskeletal stress on the sonographer.

These patients can usually be accommodated in the daily case mix times, provided the initial appointment times for all scans are reasonable. If necessary, a second appointment may be needed in some cases.⁵

For example, cardiac images for a morphology scan may need to be scheduled closer to 24 weeks' gestation.⁶

As we know, ultrasound images are produced by the analysis of echo information, so the further the wave has to travel to the target and return, the less information will be available to convert into a useful image. This basic principle is often not appreciated by the patient.

Obese obstetric patients can often be particularly disappointed in the images they see, not realising how much their own body habitus is contributing to the poor quality of the result.

There are many other factors that can influence the diagnostic quality of the images obtained in the high BMI patient.

- Quality of the ultrasound equipment used: keep ultrasound machines serviced and software updated regularly and use the high BMI presets that are available on the machine. Know how to optimise the settings to get the best possible penetration.⁵
- Mobility of the patient: bedridden patients in hospital can be challenging. Often a targeted scan is the best that can be achieved, depending on bedside access to the patient and their mobility limitations.
- Experience of the sonographer: with experience comes knowledge of how best to optimise the equipment, the patient position, the height of the examination couch and the chair. Try all available scanning windows and know when you have done the best you can.

Strategies to get the best out of the situation

- Ergonomics of the room design – including the machine position, chair or stool, examination table, etc. Consider overhead cable support systems.
- Setting and monitoring of the workload.¹
- Use manual handling aids when necessary – scan inpatients in their beds rather than transferring to an examination couch.⁴
- Know when to stand and when to sit – reduce reaching too far and pushing too hard for too long.
- Use of aids, such as a cable support on the forearm, or a foam block to rest the abducted scanning arm on.¹
- Use an assistant, or ask the patient, to support tissue/fatty aprons where possible.⁵
- Take minibreaks while scanning to rest muscles under tension.
- Optimise the setup before starting and be prepared to adjust as you go.
- Sonographers should be aware of the best positions to use for the patient and for themselves to preserve their own good posture and MSK health.¹
- There is absolutely no shame in asking a colleague for a second opinion if the sonographer is struggling with seeing something well enough, especially if not as experienced.
- When scanning a high BMI obstetric patient, if you can't see the detail required, such as cardiac views at the 20-week scan because of patient body habitus, then it is unlikely that another sonographer will do any better. (It wastes everybody's time to refer the patient the next day to a tertiary centre due to inadequate imaging.) In such a case, it can be recommended in the report that the patient return at 23 weeks for further imaging.⁶
- Other scans can be split or shared between two sonographers if this is acceptable in the practice.¹
- This can be helpful if a bilateral DVT, leg arteries, or CVI is required on a very large patient. Arterial leg studies and CVIs can also be split over two visits, with the patient required to attend the practice on two different days. This can spread the load; however, bilateral DVT studies should be done together as this can be a life-threatening scenario.

- Be sensitive to the patient's feelings. Avoid pressing unnecessarily hard or for too long. This may be uncomfortable for the patient and increases the risk of injury to the sonographer.
- Note on the report how the examination has been compromised by the patient's BMI.⁵

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Navigating ethics in ultrasound research

Publishing research and making new discoveries is crucial to the development of ultrasound science and sonography-based practice. Obtaining an ethics board approval can enhance the legitimacy of your research and is often mandatory.¹ It is a key element to any sonographer wanting their work published by peer review and recognised in the industry and beyond.

Navigating through an ethics application and the requirements to perform a research investigation can be overwhelming and scary. This often has a negative impact on the willingness of sonographers to engage in research activities and dissuades potential researchers. Traditionally it is thought to be a tedious and time-consuming process² that can be frustrating; however, by following basic guidelines and going through the application process, ethics has the potential to not only develop your methodology³, but also help refine it. Below is a generalised overview of ethics and the process involved with research in health sciences, including sonography.

What are ethics in research?

Since the Declaration of Helsinki in 1964, ethics has become an essential component of research involving humans or animals.⁴

The idea is that a researcher should conduct their investigation by two main principles:

a) Do no harm

and

b) Do good or advance knowledge in a beneficial way.⁴



Fig 1. Criteria and considerations commonly used in ethics applications

While these two concepts appear simple or black and white, there are many fundamentals that make up the foundation of these two key ideas.

Obtain informed consent

Informed consent means that the participant or their parent/guardian knows what the research is about, why it is being done, and has full disclosure of their involvement/requirements pertaining to the research.^{5,1} Participants need to be made aware of the risks and possible outcomes as a result of the investigation and any negative effects that may arise from their data being used.

Examples of this in ultrasound include the participant being aware and informed of the risks involved with cavitation, mechanical and thermal effects of ultrasound, especially with obstetrics.⁶

Participants need to be aware that pathology or unexpected findings may be discovered but not reported on and understand that referral may be necessary for clinical follow-up by a medical officer.

In some situations, informed consent must be withheld, as in the case where informing the participant of the potential outcome may alter their

Helen Beets, ASA Research Special Interest Group

response.⁷ An example of this may be when investigating the ability to empty the bladder. If the participant knows they are being examined for how well they empty, then their effort might increase or they may make multiple attempts in the bathroom before returning to be measured. In these situations, a detailed explanation in the body of the ethics application detailing why informed consent was not provided is often sufficient.⁶

Minimising the risk to participants

This does not always mean actual harm, but also includes the risks of harm, such as physiological, psychological, social and financial.¹ Additional planning and discussion in the ethics document should provide a description of how these risks are minimised and how they will be managed.

As already mentioned, cavitation, thermal and mechanical effects of ultrasound are a risk⁶, and the researcher needs to detail how they will consider indexes when prescribing ultrasound power and frequencies. Positioning and ergonomics may be considered, depending on how the researcher asks the participant to place themselves or the environment they are placed in. In addition to this, medical consultation should be readily available to the participant if they feel that their physical wellbeing has been or is at risk of being compromised.¹ Young children can be quite stressed in the environment of an ultrasound room⁸ and researchers need to aim at reducing psychological harm. Participants may need debriefing after the research investigation is completed and the opportunity for counselling should be available to them.

Protect anonymity and confidentiality

When participants are giving sensitive information or personal details, it is important that the researcher removes the risk of exposure and maintains confidentiality.¹

In ultrasound, this may simply mean that removal of details from ultrasound images, such as the participant's name and date of birth, may be enough. In some situations where age groups from a workplace are broken down, a researcher must consider a scenario where the groups may be small enough that the identity of an individual may be deduced⁷, for example, if there is only one 60-year-old in an age group of 60–70 year olds.

Similarly, a case study of a rare condition published and available in an open access journal may result in the individual being easily identifiable.

In both these cases, often seeking prior permission from the participant can reduce harm.¹ Alternatively, aggregating data into tables or larger groups can eliminate a reader from identifying individuals.²

Avoid bias and deceptive practices

Deceptive practices include dishonesty, plagiarism, fabrication/falsification and honouring previous authors/copyrights.^{2,7,1} Respect for intellectual property is important and avoid using unpublished information written by other authors.²

Sometimes deceptive practices are essential to research, and as discussed in informed consent, hiding the purpose of the study can avoid bias and altered outcomes or participant responses.⁷ This is considered covert research.⁷ A detailed explanation of why information is being withheld is often sufficient, along with providing rationale for any harm or risk of harm.¹

Give participants the right to withdraw

There must always be an option for participants to withdraw at any stage of the research.¹ They need to be aware of the right to withdraw and must not be bullied or coerced into participating. A consent form with a detailed section explaining the right to withdraw is usually required.¹

Which studies need ethics board approval?

Research investigation involving animal or human participants requires ethics approval.⁴

International standards vary across countries; however, in general this includes:

- direct participation of a person/s
- tissue samples
- survey or questionnaires
- data collection or measurements pertaining to a participant, including administering tests
- clinical trials
- research or study involving illegal activities
- observations, video or audio recording.^{1,4}

There are some instances where research ethics approval is not needed³, however, a researcher should always take the time to investigate and determine if this is essential.

Ethics guidelines are not created equal across countries and when submitting a manuscript for publishing, one needs to consider the ethics guidelines of that country or province.

Many editorial discussions are written discussing research that is significantly

beneficial to medical breakthroughs or advancements in health sciences; however, these journals regretfully could not publish them due to a lack of ethics board approval.³ A successful manuscript needs to clearly state in the document that ethics board approval was sought, and if not, then justification and reasoning explained.¹

In Australia, the government has devised the *Australian Research Council (ARC)*⁵ that oversees regulations and guidelines pertaining to research in Australia.¹

They have published a statement that is readily available to the public online and suitably named the *National statement on ethical conduct in human research*.¹ This is a lengthy document by which all national institutes and government research bodies are bound; however, there are committees in place to offer guidance and, ultimately, approval of research.

I have a research design. What happens next?

The ARC has over 200 Health Research Ethics Committees (HRECs) across Australia that convene on average once a month to read, discuss and assess ethics applications.¹

A potential researcher will need to find out which ethics board they need to apply to depending on how and where they are conducting their research. Universities, research institutes, hospitals and government-funded research groups have their own ethics committees.

Often the committee will have an application template readily available with questions or subheadings for you to fill in, removing the need to attempt to freehand a document and navigate the needed answers.

By providing the description and a detailed step-by-step process of an investigation, often shortcomings or new ideas can become apparent. This conversely gives a researcher the opportunity to fine tune and improve a research design rather than hinder it. Taking the time to consider details thoroughly and to describe the method in detail, shows thought and care for the safety of the participants.

After submitting an application, the board will consider the ethical considerations; however, it may in some instances be a single committee member providing the feedback based on the level of risk.² Traditionally research designs that offer negligible or low risk to the participants will be reviewed by the chairperson or a single committee member, and in the instances of high risk, the full committee panel will convene.²

An ethics application may be returned to the researcher asking for more detail, changes or with raised questions about the methodology. This is not a rejection but rather an opportunity to debate and discuss further and is generally encouraged by the panel.¹

Conclusion

Research can be a fulfilling and rewarding task when hurdles are overcome, such as navigating an ethics application. Considering ethics in your research work demonstrates integrity and good professional conduct. I hope this brief outline has made the process appear less intimidating and helped encourage sonographers to stop thinking of ethics as a roadblock but rather a steppingstone to a successful research design.

Useful links

www.nhmrc.gov.au/about-us/publications/national-statement-ethical-conduct-human-research-2007-updated-2018

www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human

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ASA Research Grants



Introduction

The 2019 funding round for the ASA Research Grant Scheme has increased to an annual funding pool of A\$20,000 to support and facilitate new ultrasound research by ASA members.

The ASA is delighted to announce this round of funding will support the following two research projects in 2020:

Online ergonomics training, with and without individual feedback on adherence, effective in reducing musculoskeletal upper limb pain and work performance in sonographers

Research team – Kristie Sweeney, Prof. Karen Ginn, Assoc. Prof. Martin Mackey, Dr Jillian Clarke, Dr Jacqueline Spurway
Host organisation: Western NSW LHD Medical Imaging

Ergonomics and education are considered primary means of preventing or reducing work-related musculoskeletal disorders (WMSD). Despite the development of detailed ergonomic guidelines by national peak bodies proposing recommendations regarding environmental, organisational and individual factors to reduce WMSD in sonographers, they continue to be unacceptably high. The aim of this study is to design an interactive, engaging, online education program with specific ultrasound scanning scenario examples to simplify selected

ergonomic recommendations and investigate the effect on musculoskeletal injury rates in sonographers. In addition, the effect of feedback on adherence to the principles outlined in the education package will be explored.

Cardiac sonographer and cardiologist levels of agreement in echo screening for rheumatic heart disease

Research team – Jacqui Williamson, Dr Toakase Fakakovikaetau and Dr Boglarka Remenyi.
Host organisation: Ministry of Health, Tonga

Research Proposal: Rheumatic heart disease (RHD) is a significant health issue in many low- and middle-income communities, including Indigenous Australians. Echo screening is vital in the detection of early (latent) stages of the disease, allowing children to be treated with antibiotic injections before the disease has progressed to a clinically significant stage. The proposed research aims to answer the question of agreement between sonographer-classified and paediatric cardiologist-classified RHD. If sonographers' classification is in agreement with paediatric cardiologist classification, the model of screening can be recommended in other communities, assisting the implementation of large-scale screening programs. The target population will be approximately 200 primary school children attending schools in Tonga.

reference collection

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Top row from left to right: Ergonomics research team members – Assoc. Prof. Martin Mackey, Dr Jillian Clarke, Dr Jacqueline Spurway, Kristie Sweeney, Prof. Karen Ginn
Bottom row from left to right: Echo screening research team members – Dr Boglarka Remenyi, Jacqui Williamson, Dr Toakase Fakakovikaetau

Auckland-Waikato

Many eager sonographers were on the waiting list to attend our eagerly anticipated, fully subscribed September evening, with 25 of the 30 registrants attending. Non attendee registrants prevent others on the waiting list from benefitting. Our committee and affected sonographers implore those who have registered and are then unable to attend to please contact the ASA before the event so others may attend in your place.

Three presenters held the audience entranced, with Paula Edwards guiding us with *Hernias, the ins and outs*; Olwen Clarke's amazing *Advanced ankle*; and Scott Allen on *Muscle injury classification in grading: using ultrasound to aid clinical decision-making*. We benefitted with some live scanning that was projected onto the white board, so easily seen without crowding around the ultrasound machine.

From Paula's guidance, spigelian hernias lie between the rectus and the oblique muscles, with more occurring on the right side, and can just arise through one or two layers of the

obliques. For incision hernias, search wider than the scar, as the actual incision can be remote to the scar. A pantaloon hernia is where there are both indirect and direct hernias present. In cases where no hernia is identified, then consider other pathology, including the anterior hip and proceed to where the patient is point tender.

Olwen's amazing tips included: peroneal brevis – always check the lateral band of the plantar fascia for an avulsion, and consider the likelihood of ganglion or a # 5th metatarsal. ATFL – move up the calf then squeeze the tib and fib together to check the interosseous membrane for movement like a hernia. Accessory muscle information was divulged – peroneal quadratus – a vertical, often chunky muscle that sits posteriorly and inserts onto the calcaneus; accessory soleal – lies deep to the soleal and extends to the calcaneus. Muscle herniation may be postsurgical; however, nonsurgical occurs where subcutaneously perforating veins pierce the fascia. Regarding metal ware, X-rays are required and fluid under screw heads imply infection, and screw

heads can impinge and sever tendons. Olwen had fantastic examples of her discoveries, of which many of us had no prior experience. Thank you for your gems, Olwen.

Scott explained that the grading of muscle tears is simple to incorporate, with the percentage of the tendon torn determining when the patient is able to return to their sport. Injuries with tendon involvement have increased risk of re-injury and a further resumption delaying effect.

Our committee express their profound gratitude to Philips for their continuing sponsorship, including the abundant and exciting catering provided and to Auckland Radiology Group for the venue for this professionally stimulating event. Thank you to our wonderful presenters who, without pre-warning, admirably coped with their presentations being videoed, and provided us with valuable tips to incorporate into our work lives.

Julie Heaney
Auckland-Waikato Branch Committee

New South Wales

The year 2019 has been another great year for learning. In September, Royal Prince Alfred Hospital hosted our non-clinical educational with three very different but complementary topics.

AI in ultrasound by Ann Quinton; Ann works in conjunction with Nepean Hospital and has gone through over four million ultrasound images looking into artificial intelligence. The second part of Ann's presentation was *How sonographers can get involved in research*. This looked at how to inspire others to get involved in the rollercoaster of research and how to improve and formalise research. The top tips from

through the collection and sorting of many buckets of used transvaginal probe covers (a job not many would be willing to undertake). Outcomes of Jocelyne's research demonstrate that ultrasound probes are reusable devices that need to be sterilised correctly. Probe covers provide a single use effective method to avoid contamination; however, they are not without pitfalls. You would be surprised by the most effective and least effective ones used throughout ultrasound practices. We look forward to reading her published paper in the very near future.

November 12 saw delegates braving the extreme heat and the start of the bushfire season to hear Lisa Hackett present on *Shoulder ultrasounds – Pre- and post-surgery*. Sponsored by Siemens, who provided us with the latest Sequoia machine for live scanning

during the evening, this was a great night of learning how to scan a normal shoulder in 12 images. Lisa's patient, Barbara, was the perfect example of a postoperative shoulder repair post traumatic full thickness tear. As always, Lisa's presentation was informative, educational and the smaller group allowed more hands-on for those willing to have a go.

A huge thanks to everyone who has attended events this year; also, to those who have presented, your efforts are greatly appreciated. Thank you to the amazing committee and sponsors for all the effort in planning, hosting and sponsoring our events.

The year 2020 starts with our amazing case study night and a great opportunity to earn 11 CPD points. We look forward to a great educational year

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in 2020; as always, if you have any suggestions for topics or venues to host, please let us know.

Sarah Skillen
NSW Branch Committee

Queensland

The ASA Queensland Branch held a *Test your ultrasound knowledge* evening on Friday 13 September at the Ship Inn, South Brisbane, kindly sponsored by Philips. Delegates gathered to socialise, demonstrate their knowledge and learn something new. A buffet dinner and dessert were provided and a wide variety of topics were covered, including paediatrics, breast, musculoskeletal, abdominal, gynaecological, obstetrics, physics and vascular. Attendees worked in teams to play 'pathology bingo' and a Kahoot quiz with points for correct answers and fastest fingers. As with previous years, the evening was filled with learning, laughter and prizes.

On Thursday 7 November, veterinarians and sonographers gathered together for the ASA Queensland Branch final event for 2019: *Ultrasound – the veterinary perspective*. This was sponsored by Canon and held at the Lord Stanley Hotel, East Brisbane. Danielle Bowles' passion for ultrasound shone through as she discussed her interesting career path from veterinarian and veterinary ultrasound to (human) sonographer. She presented a pop quiz of images and invited delegates to guess whether the images were human or animal – a challenging exercise! We learned about



Speaker Danielle Bowles at the Vet Perspective education night, Queensland

the similarities and differences between scanning animal and human patients, and several interesting facts. Did you know that horses walk around on their middle fingers, Chihuahuas are prone to congenital hydrocephalus or that Labradors often present with acute pancreatitis after overindulging during the holiday season?

Terry King, a veterinarian with a wealth of experience and over 45 years in practice presented next, with an overview of how imaging has evolved in veterinary medicine since the 1970s. He talked us through the advantages and limitations of the different imaging modalities available in veterinary medicine. He spoke about FAST scanning for animals and the different terminology used. In veterinary medicine, a four-point scoring system is common, with one point allocated for each site that is positive for fluid. Terry gave several examples of common sonographic appearances, including the ingestion of foreign bodies and the exquisite images that ultrasound can provide in this area.

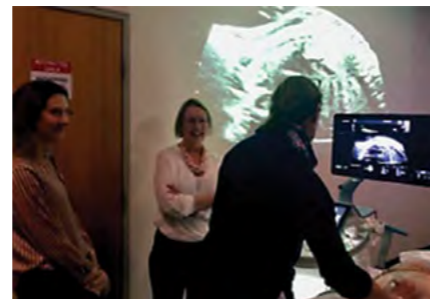
Claire Morrissey was the final speaker of the evening and gave an entertaining presentation on her work as an educator at the AZWH (Australia Zoo Wildlife Hospital). She discussed several interesting case studies, for example, the role that ultrasound plays assessing the patency of vessels in a turtle's flipper. She went on to explain that turtles have a very slow heart rate and scanning animals like this teaches the importance of patience. A major focus of Claire's talk was on koalas and the conservation work done at AZWH, highlighting the range of issues koalas face and how these present sonographically. We learned that koalas have 35-day gestations and some surprising anatomical features of koalas and other animals.

Heather Allen
Queensland Branch Committee

South Australia

The year 2019 has been a very fruitful year for South Australia, with a high number of members engaging with the presentations offered via the SA Branch and travelling workshops. More than 120 members attended the *Fetal echocardiography travelling workshop* by Dr Ann Quinton, held in University of South Australia campus in September 2019. Team effort and collaboration made this event seamless. Special thanks to UniSA for providing the venue and IT facilities. Thanks to Holly and Leah from GE for the Voluson equipment and their personal touch.

In November 2019, the Women's and Children's Hospital, under the leadership of Lino Piotto, hosted the much anticipated annual SA Branch Christmas Case Study Night. The evening was well attended by over 40 sonographers who were treated to ten very informative talks. The SA Branch has established a traditional 'People's Choice Award' as a prize for the most informative presentation, as voted by the delegates. This coveted \$90 bottle of wine, sponsored by Mr



Ann Quinton's travelling workshop at UNISA, South Australia

Roger Gent, was awarded to Gary McCulloch from Benson Radiology for his presentation on *Ultrasound guided intervention of stellate ganglion*. The Best Case Award, which is sponsored by the ASA and includes a 30% reduction in registration fees for next year's ASA annual conference, was awarded to Emma Godrik from Benson Radiology for her presentation on *Papillary carcinoma of the thyroid*. We would like to thank Michelle Perkovic from Philips Medical for again sponsoring the evening, which included very lovely food and drinks for the attendees. The evening was a real success and we look forward to even bigger ones next year.

Thanks to all the branch committee members for their involvement and help.

Sandhya Maranna
South Australia Branch Committee

Victoria

The Victoria Branch Committee got off to a great start in March 2019 with a vascular presentation with three enchanting speakers. Greg Curry showed us AAA EVAR cases incorporating treatments, size criteria and contrast benefits. Peter Coombes updated us on current vascular ultrasound criteria and Professor Ronil Chandra informed us about the fabulous work done at Monash Health with *Endovascular clot retrieval for acute stroke*.

Our May meeting focused on the thyroid and neck, with Amanda Chan educating us on the sonographic anatomy and segments of the neck. Robyn Archard spoke on implementation of a TIRADS reporting system, and Judy Lees made sure we were fully covering the scanning of the post-resection neck with ultrasound surveillance.

The Victoria Branch ran another extremely popular Saturday MSK workshop in July with a plethora of experts sharing their expertise. The focus was on ultrasound of the shoulder, elbow, wrist and hand, and it was great to get a perspective from Jennifer Mathias, a hand therapist, and Cherie Smith, an upper limb physiotherapist, especially on clinical evaluation of patients. Four workshops were undertaken with live scanning. Greg Lammers focused on the finger and hand, whilst Quanson Sirllyn demonstrated his wrist expertise. Jerome Boyle ably covered the elbow and Andrew Grant enlightened us on every aspect of shoulder ultrasound.

October saw the topic switching to obstetrics with Bowen Salvias sharing his extensive knowledge of fetal heart pathology, with lots of interesting cases, to a packed house. We were then



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Bowen Salvias speaking to the full house Victorian Branch meeting on *The fetal heart*

privileged to have Dr Paul Brooks, a paediatric and fetal cardiologist, also demonstrating interesting pathologies and how they are managed.

The case study evening in December provided us with some fascinating cases. Jessica Hall's *When flank pain isn't renal colic* was judged the winner as a first-time presenter, and she receives a discount to an ASA educational event. Patrick Gallagher put together a Kahoot quiz that was both challenging and fun.

Our committee also had some comings and goings. We were lucky to have Ankitha Ramesh, Joyce Chen, Rigel Pandit and Braidy Davies join us, and welcomed back with open arms, Ramya Williams. Janessa Baddeley stepped off to concentrate on her exciting ASA CPD Content Advisor ASA role and Amanda Chan is taking maternity leave, and we wish her well.

Carolynne Cormack has stepped away after many years of invaluable service as chair of the committee, and we thank her for everything she has achieved.

Once again, we would not be able to provide such high quality educational opportunities without our great presenters, and we thank them for volunteering their valuable time. Also, kudos to our fabulous sponsors and supporters – Philips, Canon, GE and Siemens – and we look forward to an exciting 2020.

Lynne Johnson
Victoria Branch Committee

Wellington

Hello from Wellington! Well, where did 2019 go? It will be remembered as the year of missed opportunities for us as a committee, with several events we were trying to organise just not getting off the ground because of speakers not being available for various reasons. We will be pursuing some of these ideas with more gusto in 2020.

We held a very successful travelling workshop, everyone enjoyed the day, and lots of great information was given in *All about the liver*.

And we rounded off the year with a quiz night – a big thank you to Sarah who took my idea and finally got it off the ground! Well done, and I have to say our ultrasound knowledge far exceeded our general knowledge on the night.

On a big note, from our incumbent committee, which presently comprises mostly Pacific Radiology staff, we would dearly welcome members to become part of the committee, especially sonographers from the region's hospitals and smaller private practices. Anyone who would like to be involved, in even a small way, please put your hand up and you will be welcomed on board.

We would like to provide educational opportunities for all sonographers in our region but without your voice, we are not sure we are providing the education that you are interested in.

Lastly, as a New Zealander, safe in NZ, I would like to extend my heartfelt sympathy to all affected by the Australian fires. We see them in our skies and on our news feeds and cannot imagine how terrible this season is for you all.

Kia kaha, kia maia, kia manawanui (Be strong, be brave, be steadfast).

Lynn McSweeney
Wellington Branch Committee

Western Australia

The ASA WA Branch again held their interesting cases evening on Tuesday 10 December 2019 at Fiona Stanley Hospital. This is a great way to end the year, with fantastic attendance and a great line-up of speakers and interesting topics:

1. Molly Grieves – *Stomach leiomyoma/ DDx gastrointestinal stromal tumour*
2. Mona Savani – *CT vs vascular ultrasound*
3. Tasma Scott – *Anterior abdominal wall mass – Mesothelioma*
4. Kaitlyn Spowart – *Abdominal contrast case*
5. Jan Mulholland – *Is this just an osteochondroma?*
6. Duncan Hardy – *Obstetric hemivertebrae*
7. Natasha Kapkanova – *Breis mole*
8. Bianca Carlsson – *Angiosarcoma in the breast*
9. Louise Deshon – *Total occlusion of the ICA post radiation therapy on the parotid*
10. Michael Rock – *Unusual ED case: general*
11. Elaine NG – our winner of the best presentation. She presented a case of unusual LIF pain in a male, which resulted in situs inversus and left-sided appendicitis.

We are looking forward to 2020.

Kirstin MacLennan
Western Australia Branch Committee



From left: Jan Mulholland, Elaine NG and Duncan Hardy. Elaine was the winner of the Best Case Presentation

interesting cases

The first Virtual Issue of the *Sonography* journal was published in 2019. Publishing case reports has been an important manuscript category of the journal and the Virtual Issue includes selected case reports from the first five years of the journal.

Two of the case reports from the Virtual Issue are featured here. The full case reports can be found on the homepage of the *Sonography* journal at www.online.library.wiley.com/journal/20546750

Case 1

Cardiac amyloidosis: the value of myocardial strain echocardiography in diagnosis and treatment by Paul Stoodley and David Richards (Figs 1–2).

This case report illustrates how myocardial strain echocardiography, by displaying significantly reduced global longitudinal strain and unique regional systolic strain patterns, can be used clinically to identify cardiac amyloidosis and distinguish it from other diseases.

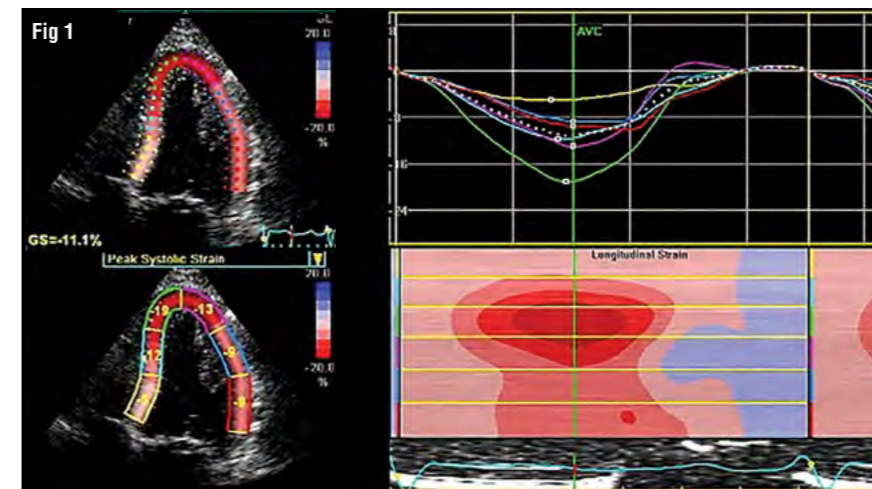


Fig 1. Case 1 – 'Quad' view of longitudinal strain measurements (from the apical four-chamber view). The upper left box displays colour-coded values. The lower left box displays numerical regional values. The upper right box displays a graph of regional strain values throughout one cardiac cycle. The lower right box is a colour M-mode of regional strain values throughout one cardiac cycle. Note the significantly reduced basal (yellow and red) and mid (light and dark blue) LV longitudinal strain, with relative apical (purple and green) sparing in all four boxes

Case 2

Ductal carcinoma in situ in breastfeeding breasts – role of sonography by Sumi Shrestha Taylor (Figs 3–4)

This case report is a good example of how ultrasound can play an important role in the diagnosis of DCIS in a breastfeeding woman.

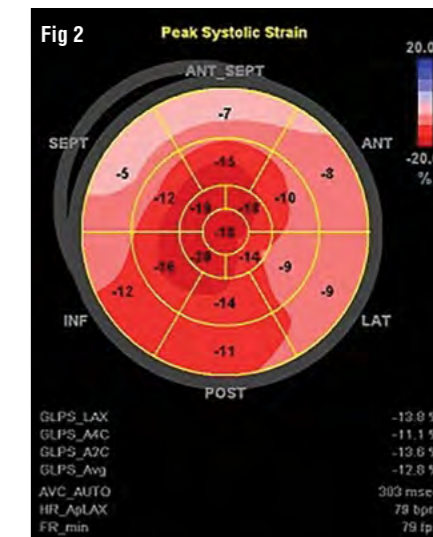


Fig 2. Case 1 – 'Bullseye' display of regional LV longitudinal strain (with basal regions outermost, mid regions in the middle and apical regions innermost)

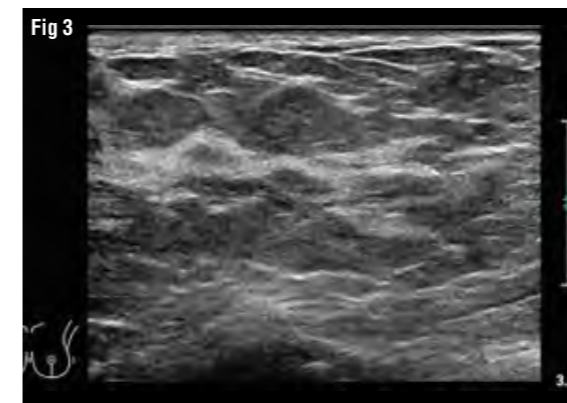


Fig 3. Case 2 – Normal appearance of lower breast at 6 o'clock

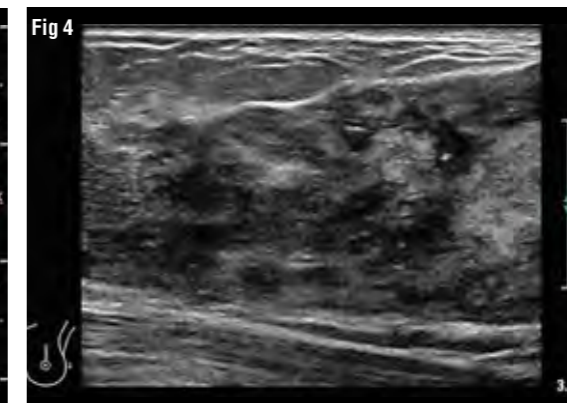


Fig 4. Case 2 – Hypoechoic region with calcifications within the ducts at 12 o'clock

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