

the newsletter of the australasian sonographers association

soundeffects news



Awards of Excellence 2015



Honouring outstanding
achievement
in sonography

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

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

NOMINATIONS OPEN OCTOBER 2014



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Welcome to the first issue of the Australasian Sonographers Association (ASA)'s new look *soundeffects news*. It is exciting to have a change to ASA publications and I am sure you will agree that Tamsin Wilson, our ASA Publication Officer, has done a stunning job designing the cover. I am sure you recognise the colour bar on the left side. Inside, you will be kept entertained with some familiar articles whilst we have added some fresh new articles to keep you informed about ASA and sonography news.

Looking back, there have been a number of looks since we started with the first 'Sound Effects' newsletter: a couple of yellow pages stapled together back in 1992. There was no education content but there was an enthusiastic group with big plans. The pages outlined the activity of those committed sonographers and their engagement in promoting their profession. It quickly became an important means of communication with news of meetings, advocacy and some education articles added over time, along with some book reviews and competitions. The first publication was put together by keen volunteers and, in 1995, included the first education supplement.

Perhaps the biggest change came in 1997 when Peter Coombs took on the position of editor and developed 'Sound Effects' into a professional journal style. With increased education content, news,

Branch and Sub-branch committee reports, and a smart black-and-yellow cover, the ASA members now had a publication that was much more than a newsletter. Although the cover and contents changed a couple of times: blue (Julie Wheatley, 2003 ed) and green (Sue Anfruns/Tracey Harrington, 2008 eds), '*soundeffects*' has continued along as a wonderful mix of news, education, meeting dates, conference programs and reports, and lots of photos and history of the 20 years of ASA in print. Covers, logos and fonts have changed over the years and I have loved looking back through the archives and reading articles which, even today, seem relevant to my sonography practice.

The new *soundeffects news* you see before you today still welcomes non-clinical articles to be submitted. The article by Marcus Gyles in this issue on page 10 has me wanting to pack up and travel around Australia. Being a locum is a great way to travel and to learn many new skills, and also to see how other hospitals and practices work.

With your *soundeffects news* you have also received the first issue of *Sonography*. I hope you enjoy the first issue and those that follow. I encourage you to publish in the journal and welcome any new ideas for our newsletter which you may have.

Glenda McLean
Editor

the newsletter of the australasian sonographers association

soundeffects news

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From 'Sound Effects' to 'soundeffects': (left to right) covers from 1992, 1997, 2004 and 2008

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president's message



Cain Brockley

As I write to you for the last time as President of the ASA, I feel it is an appropriate time for me to reflect fondly about my time on the Board of Directors, serving members of the ASA.

Being a director is a very rewarding experience. I cannot say the role does not require a fair amount of a person's time and commitment; however, I have learnt so much through the experience that has not only helped me to serve the ASA, but has also helped me in both my paid work and my personal life. I would highly recommend being a director to anyone who wants to challenge themselves, learn new things, and to ensure and advance the high standards of the sonography profession.

I have been honoured to work with so many members who volunteered their knowledge and time and are so passionate about the ASA and the sonography profession. It makes the time with the ASA very enjoyable to work with you all and I am proud to be part of both the association and our profession.

I have also been very privileged during my term as President to work very closely with the team at the ASA Office. The staff there are incredible people who share our passion for the strategic direction of the association and the profession and we would not be able to continue to work towards achieving our goals and objectives for the association without their support.

Wrapping up my official duties, my last few months have been busy ones and I am pleased to announce that at the recent ASA Annual General Meeting (AGM) in July, the ASA's new Board of

Directors 2014–16 was announced. Congratulations to Dr Ann Quinton who has been appointed as ASA's new President and to Sarah Colley as ASA's new Vice-President. Both Ann and Sarah bring a multitude of experience and capabilities to the ASA Board of Directors and I am thoroughly delighted to have handed over the ASA to very capable hands indeed. Turn to page 30 to find out further information about Ann and Sarah, and the new ASA Board of Directors 2014–16.

An important change was voted in by members at the AGM to accept a new *Code of Conduct for Sonographers, Standards of Practice and By Law: Complaints about Members*. The ASA has spent a significant period of time establishing these three documents that promote best practice in diagnostic medical sonography through demonstrable standards against which the professional behaviour of sonographers can be evaluated. Thank you to everyone who volunteered their time and expertise throughout this process. These documents complete a very significant step towards securing the transition of the profession to a robust regulatory regime and I urge all members to take the time to read them thoroughly. Turn to page 6 for further information about these documents in the ASA's latest *Advocacy Alert*.

As one of my last duties as President, I thoroughly enjoyed engaging, collaborating and having fun with many of you at SIG2014 Brisbane in July. Our 10th Annual Special Interest Group (SIG) Seminar of the ASA was proudly held in collaboration with the International Society for Prenatal Diagnosis (ISPD) at the Brisbane Convention and Exhibition

Centre for the first time. The feedback received from the event was highly positive from well over 400 attendees. This sell-out event was a fantastic high note on which to end my time on the Board of Directors. See page 5 for a snapshot of the seminar and the December issue of *soundeffects news* for a full round up of SIG2014 Brisbane.

It was great to see the ASA's new Chief Executive Officer (CEO) Dr Stephen Duns commence his position at the ASA Office when he joined us at SIG2014 Brisbane. Stephen brings over 30 years' experience as a health and human services executive, consulting advisor, bioethicist and coach in the public, private and not-for-profit sectors, including several CEO and general management roles in teaching hospitals, primary health care and social and community services in Australia and the UK. To read more about Stephen, turn to page 20 in this issue.

The ASA Board of Directors warmly welcomes Stephen to the ASA and has the utmost confidence in Stephen's ability to work with the new incumbents of the ASA Board 2014–16 to further the long-term aims of the ASA. Stephen will be instrumental in driving the development of the next Strategic Plan with the Board of Directors next year, as well as continuing to deliver high quality services to our members and building our new brand – the Australasian Sonographers Association Ltd – that was voted in by members at the recent Special General Meeting in May.

This change to our name recognises our increasing New Zealand membership, branches and volunteers, yet allows us to retain our strong brand – the ASA.

president's message

The ASA branding changes will be minimal and you will have already started to see this change being implemented by the ASA Office.

This announcement is perhaps the single largest change that we have made in the association's recent history since we transitioned to a company limited by guarantee in 2003. It is one that we are excited about and committed to.

The ASA has been shaping and representing the sonography profession sector for over 20 years and I have been proud to have contributed to the ASA in many different capacities over this time and will continue to do so in the future. This name change represents a new and progressive chapter in our rich and proud history that we believe will benefit our profession, you, and all of our members.

Finally, I hope you enjoy the first issue of the new peer-reviewed journal *Sonography* and the new look *soundeffects* newsletter. Thank you to our Editor, Glenda McLean, who has worked tirelessly to enlist the assistance of many well-known and respected sonographers from all over the world to our new editorial board and peer-review panel. Our publisher, Wiley, has the tools, expertise and experience to help the ASA's new peer-reviewed journal to be a successful world class, international journal. I look forward to watching from behind the scenes to see how *Sonography* evolves in the future as the ASA continues its commitment to support and promote research that contributes to the sonography profession's body of knowledge.

Cain Brockley, Outgoing President, ASA

Dr Ann Quinton

Welcome to my first report as President of the ASA Board of Directors 2014–16. I am humbled and honoured to have been appointed by my peers to represent our young, vibrant association as President. Exciting times lie ahead for the Australasian Sonographers Association as we strive to guide the advancement of the profession to ensure the community

has access to quality sonographic services.

During my time as President, in conjunction with the other Board of Directors, I hope to be able to build upon the previous work done by ASA members who have volunteered their expertise, knowledge and time to the association. This includes furthering the ASA's aim in achieving regulation that meets patients' expectations and is enforceable across the entire profession, and continuing along the path towards a greater understanding of the role and recognition of sonographers by all. Valuable groundwork has been done by the former Board of Directors and immediate Past President, Cain Brockley, through development of the new *Code of Conduct for Sonographers, Standards of Practice and By Law: Complaints about Members* that Cain has advised was accepted by members.

I would also like to see the ASA increase our support and awareness of sonographers' contribution to research that could be presented at our Annual Conference. Evidence-based practice is vitally important and needs to be more broadly accepted by the profession if we want to be positioned as the experts in medical sonography. Informing, collaborating and influencing our wide range of other ultrasound, imaging and regulatory associations will also contribute towards achieving this goal.

I would like to take the time to congratulate and introduce the ASA Board of Directors 2014–16 who will work with me over the next few years: Sarah Colley (Vice President), Erika Cavanagh, Tony Forshaw, Steve Mackintosh, Tony Parmiter, Simon Stanton and Lars Schiphorst.

Together, we have the responsibility for developing and monitoring the implementation of the Strategic Plan in 2015. This is being done on behalf of all members, in collaboration with ASA staff, led by the new CEO Dr Stephen Duns. As you may be aware, Stephen commenced his role in July 2014 at the ASA Office and brings a wealth of experience,



knowledge and infectious enthusiasm to the ASA which will assist us to continue to guide the advancement of our profession to ensure the community has access to quality sonographic services.

The ASA is currently searching to fill the vacant external director position. The reason for another external director is to increase the scope, experience and knowledge of the Board of Directors.

Don't forget to save the date for next year's Annual Conference – ASA2015 Perth, 29–31 May 2015 at the Perth Convention and Exhibition Centre. Our 22nd Annual Conference promises to provide a significant and valued program based on a theme close to our hearts: *Celebrating the Sonographer*. A special thank you to Gail Crawford and Anna Graves (Co Convenors), and the ASA2015 Perth Committee for volunteering their time to ensure we can deliver this quality education program to you next year.

As President of the ASA, I am here to represent you and the sonography profession and guide the association as we work towards achieving our strategic goals. I warmly welcome and actively encourage any opportunity to discuss any matter of relevance with you, so please feel free to contact me at president@a-s-a.com.au at any time.

Keep your eye out for our monthly e-newsletter *e-mode* and my regular report in *soundeffects news* where we will keep you updated about the ASA's governance activities along the way.

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

sig2014 brisbane snapshot

SIG2014 Brisbane, the ASA's 10th Special Interest Group Seminar, was proudly held for the first time in collaboration with the International Society for Prenatal Diagnosis (ISPD) at the Brisbane Convention and Exhibition Centre.



Delegates attending a session at SIG2014 Brisbane

With over 430 delegates in attendance over the two days, everyone enjoyed a packed program that included the popular *Imaging the fetal heart* presentations presented by Prof. Lindsey Allan and Dr Andrew Cook. A full wrap up of the seminar will be included in December 2014 issue of *soundeffects news*.

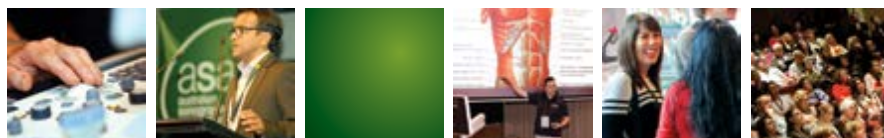


ASA staff at the SIG2014 Brisbane registration desk

Contribute to the newsletter of the australasian sonographers association

soundeffects news

- *soundeffects news*— a quarterly news and information newsletter circulated to ASA members
- Contribute by sharing any information which may be of interest to members
- Share a story about a day in the life of your sonography practice or simply let us know more about someone from the sonography community
- Have any non-clinical information that you would like to share? We are interested in articles that think outside the box as well
- Implemented a new protocol recently or feel like refreshing memories about basic procedures? We are interested in it all!
- For further information, please contact the editor at editor@a-s-a.com.au or refer to the author guidelines at the ASA website: www.a-s-a.com.au



James Brooks-Dowsett
ASA Policy Officer

Code of Conduct, Standards of Practice and Complaints Handling for Sonographers

The ASA is dedicated to guiding the advancement of the sonography profession to ensure the community has access to quality sonographic services. A key strategic objective of the ASA is to promote and advocate for best practice in medical sonography through the development of ASA standards and appropriate benchmarks for the sonography profession.

In July 2014, at the ASA Annual General Meeting, members voted to accept the *Code of Conduct for Sonographers*, the *Standards of Practice* and *By Law: Complaints About Members*. These three documents also respond to our recent expansion to include New Zealand in our membership, whilst continuing to promote best practice in diagnostic medical sonography through demonstrable standards against which professional behaviour of sonographers can be evaluated.

1. Code of Conduct for Sonographers

The *Code of Conduct for Sonographers* underpins the work and sets out the required standards of conduct and ethics, as well as other principles for safe and effective practice by sonographers. It also provides a framework for assessing the conduct and ethics of sonographers for the purposes of membership of the ASA.

2. Standards of Practice

The *Standards of Practice* is to be read in conjunction with the *Code of Conduct for Sonographers*, and the two documents together set the standards expected of sonographers who work in diagnostic practice or who undertake research.

3. By Law: Complaints About Members

The purpose of the *By Law: Complaints About Members* is to establish a fair process by which the ASA can determine whether a member of the ASA has engaged in conduct that falls short of the standards expected of members.

It is a timely reminder that sonographers need to be aware of the complaints entities that apply in each state or territory of their country. A list of New Zealand and Australian State and Territory Health Complaints Entities against location is included below for your reference.

New Zealand

Health and Disability Commissioner
<http://www.hdc.org.nz>

Australian Capital Territory

ACT Human Rights Commission
www.hrc.act.gov.au/health

New South Wales

Health Care Complaints Commission
www.hccc.nsw.gov.au

Northern Territory

Health and Community Services
Complaints Commission
www.hcsc.nt.gov.au

Queensland

Office of the Health Ombudsman
www.oho.qld.gov.au

South Australia

Health and Community Services
Complaints Commissioner
www.hcsc.sa.gov.au

Tasmania

Health Complaints Commissioner
www.healthcomplaints.tas.gov.au

Victoria

Office of the Health Services
Commissioner
www.health.vic.gov.au/hsc

Western Australia

Health and Disability Services
Complaints Office
www.hadsco.wa.gov.au

ASA Clinical Training Project (Victoria)

With funding from the Victorian Department of Health, the ASA continues to progress the Clinical Training Project. This project aims to support sonographer supervisors and trainee sonographers through the development of a *Sonographers Guide to Clinical Supervision* and a series of workshops for supervisors and trainee sonographers.

Workshops for both sonographer supervisors and trainee sonographers have been well received to date. Overwhelmingly positive feedback has been received from participants, both in terms of educational outcomes and as forums for supervisors and trainees to meet with their peers and share personal professional experiences.

So far this year we have held two workshops for sonographer supervisors. The six trainee sonographer workshops have covered a range of topics, including sonography foundations, abdominal scanning, vascular scanning, obstetric and paediatric scanning.

The next workshop will be for sonographer supervisors and will be held in November 2014. Additional workshops for both sonographer supervisors and trainee sonographers will be held in Victoria from early 2015. For further information on these or other ASA events, check our ASA website calendar of events at www.a-s-a.com.au

Diagnostic imaging and the proposed changes to Medicare

In the Australian Federal Budget earlier this year, the government announced its intended changes to Medicare. Since then there has been significant interest in the media and from patients on the potential impact of the Medicare co-payment. The ASA has kept you up to date through our *Advocacy Alert* e-newsletters on our work advocating against these changes, but what does it all mean?

The government's message is that from 1 July 2015 (next year) concession patients and children under 16 will contribute \$7 towards the cost of the first ten general practitioner (GP), pathology, or diagnostic imaging services. What is not clearly stated is that this \$7 co-payment would be applied for each service item, which quickly adds up in the context of the healthcare pathway and disease diagnosis, even for one occasion of accessing healthcare.

Additionally, it is likely the cost of the Medicare cuts for imaging will be much higher than \$7 for many patients. The proposed changes remove the current bulk billing incentive, with no equivalent replacement for general patients. Although the consequences of these changes are hypothetical, our concern is the government has tried to apply a GP design change to the Medicare system to diagnostic imaging, where the complexity of current billing arrangements and multiple service items per service occasion have not been fully considered.

The ASA believes people, in particular those general patients currently accessing bulk billed services, will simply be unable to afford diagnostic imaging under the measures announced in this budget (especially if they have to pay the full cost up front). This has the potential to result in many conditions going undiagnosed as people will delay or even avoid these services altogether. These measures, as currently proposed, will not only have significant short-term effects,

but the implications for Australia's healthcare system in the long term could be devastating.

What is the detail? What does this mean?

The table on the next page considers the current Medicare arrangements for GP, pathology and diagnostic imaging services against those proposed from 1 July 2015, and their potential impact on patients. Please note these statements are generic and do not describe every variable.

Industry pressure

For most health services the Medicare rebates are indexed annually to reflect the increasing costs of providing the service. Notably this has not been the case for diagnostic imaging rebates, that have not been indexed since 1998.

In this budget, indexation has been paused for other Medicare service rebates for two years, from 1 July 2014. Currently the government has indicated its intention to restore indexation for these services from mid-2016. As part of our conversations with the government, we are seeking to have indexation restored to diagnostic imaging at this time as well.

Is there anything else I need to know from the budget?

- Department of Veterans' Affairs (DVA) Gold and White treatment card holders are not impacted by the co-payment measure.
- Capital sensitivity provisions have been extended to all angiography and CT services and the period for which the full MBS fee applies for MRI services will be extended.

- Amendments will be introduced from 1 January 2015 to restrict MBS benefits for autologous blood injection services. The department recommends that providers do not claim MBS rebates for these services ahead of the regulation change as they have been advised that these services may not be clinically appropriate.

Although implementation of these changes, partially or in full, is dependent on ratification through parliament, it is likely that there will be some change to the current Medicare provisions. It is important that all Australians can access diagnostic imaging services when their GP or specialist makes a referral. The ASA with our colleagues and partners (such as ASUM, AIR, ASAR and RANZCR, AHPA) will continue to communicate with government about the burden of high out-of-pocket costs and private billing on patients and their families. The benefits of early diagnosis are well-known and should be enjoyed by everyone. Diagnostic imaging is too important to be too expensive!

Disclaimer: With this information we have attempted to summarise the measures as we understand them arising from the recently announced Federal Budget. Importantly the changes to Medicare policy settings are complex, and the full implications of the measures are not yet known. Sonographers, health professionals and diagnostic imaging providers should therefore seek independent advice prior to making any business decisions as a consequence of the policy changes.

James Dowsett-Brooks, Policy Officer
policy@a-s-a.com.au

soundbite

Q. I am a Student Member. Is membership still free?

A. Yes. The ASA still offers free student membership to support sonography students. Students will have access to all ASA member benefits, including online access to both quarterly publications:

- *soundeffects news* – source of asa/sonography news and information
- *Sonography* – the ASA's new peer reviewed journal.

However, if you would like to 'opt in' to receive the printed version of these publications, you will need to pay a \$50 fee to cover the cost of the publications.

| | Current Medicare funding arrangements | Proposed Medicare funding arrangements from 1 July 2015 for each item of service | Potential impact |
|--|--|--|---|
| Concession patients and children under 16 | <p>If the health service provider bulk bills they claim from Medicare:</p> <ul style="list-style-type: none"> the rebate for each item of service the bulk billing incentive amount <p>OR</p> <ul style="list-style-type: none"> they claim just the rebate from Medicare and charge the patient a fee for service | <p>If the health service provider charges the patient the \$7 co-payment, for the first ten service items, for each service the health service provider:</p> <ul style="list-style-type: none"> collects the \$7 co-payment from the patient claims the rebate, reduced by \$5, from Medicare claims the low gap incentive (which replaces the bulk billing incentive) from Medicare after ten service items the billing and claiming returns to the current bulk billing arrangement. <p>If the health service provider does not charge the \$7 co-payment, the practice:</p> <ul style="list-style-type: none"> can claim the rebate, reduced by \$5 cannot claim the low gap incentive. This acts as a disincentive to not charge the \$7 co-payment for this group | <ul style="list-style-type: none"> For the first ten services the patient will need to pay the \$7 co-payment for each item of service, noting multiple items of service may be provided in a single visit |
| General patients, currently bulk billed | <p>The health service provider claims from Medicare:</p> <ul style="list-style-type: none"> the rebate for each item of service the bulk billing incentive | <p>For general patients, the health service provider now:</p> <ul style="list-style-type: none"> claims from Medicare the rebate, reduced by \$5, for each service item charges the patient an additional amount for each service item to address the shortfall between the rebate and cost of providing the service <p>Notably:</p> <ul style="list-style-type: none"> there is no incentive payment (as above) for health service providers to charge the \$7 co-payment only to be remunerated at the same levels currently in-place, health service providers would need to charge the patient the \$7 co-payment PLUS the lost incentive amount for each item of service | <ul style="list-style-type: none"> It is likely this group will be most affected They may have sought bulk billed services as they are from economically disadvantaged groups who do not qualify for a benefit It is likely these general patients will need to pay a patient contribution significantly higher than the \$7 plus the lost incentive amount, to make-up for other costs being imposed on health service providers through these measures Health services may choose to charge all general patients the full cost of the service (Medicare rebate plus patient contribution), with the patient claiming reimbursement from Medicare for the rebate amount This upfront cost might prevent people from being able to access diagnostic services that they require, especially where there is more than one service item per consultation |
| General patients currently paying a gap or service fee | <p>The health service provider either:</p> <ul style="list-style-type: none"> claims the rebate from Medicare charges the patient a fee for each service <p>OR</p> <ul style="list-style-type: none"> charges the whole service amount from the patient who then seeks reimbursement from Medicare for the rebate amount | <p>The health service provider:</p> <ul style="list-style-type: none"> claims from Medicare the rebate, reduced by \$5, for each service item charges the patient an additional amount to address the shortfall between the rebate and cost of providing the service. <p>Currently the average additional cost to this group of patients is \$94 per ultrasound service</p> | <ul style="list-style-type: none"> The government expects this to translate to an increase of \$5 to the current patient contribution for this group In the context of the revenue impact these proposed changes would have on services, it is unlikely this would be the limit of the increase to patient costs If there is a significant reduction in patients accessing services due to the cost barrier, this would likely see further increases in patient contributions for general patients to access these services |



ruralandremote sonographer scholarship 2015

applications close
Friday 3 October 2014

www.a-s-a.com.au

Are you a rural and remote sonographer who wants to attend ASA2015 Perth?

The ASA recognises the challenges rural and remote sonographers face, especially the limited opportunities to undertake professional development activities such as attending conferences and educational events, and we want to help out!

The ASA offers three (3) Rural and Remote Sonographer Scholarships – each worth up to \$1,000 assistance towards attendance at the ASA Annual Conference – ASA2015 Perth.

With a showcase of cutting-edge scientific presentations and live scanning workshops, ASA2015 Perth will be an insightful educational and networking experience for sonographers in Australia and New Zealand.

What does the ASA Rural and Remote Sonographer Scholarship cover?

The ASA will offer up to three (3) scholarships to provide financial support for our rural and remote sonographers to attend ASA2015 Perth, *Celebrating the Sonographer* on the 29–31 May 2015.

The recipients of the scholarship are encouraged to maximise the benefits from attending the conference by submitting an oral/poster presentation for ASA2015 Perth.

All recipients of our Rural and Remote Sonographer Scholarship will be required to write a short account for publication in *soundeffects news* about the benefits gained from attending the conference. The \$1,000 scholarship will be paid following attendance at the conference and the completion of this task.

Who should apply?

Applicants must be financial Ordinary or Student Members of the ASA and live more than 100 km from a major capital city in Australia or New Zealand.

To apply, you will need to:

- complete the application form
- submit a letter stating how you and your workplace would benefit from attending ASA2015 Perth
- provide your current CV
- provide the abstract to support your presentation or poster (if applicable).

'I work part time and the financial support from the ASA allowed me to fund the trip from Busselton, in the southwest of WA. Presenting at ASA2014 Adelaide was a first-time experience for me and receiving the scholarship motivated me to continue my research and to present'

*Jane Bennett
(2014 scholarship recipient)*

'Coming from a small private practice with only myself and another sonographer, the experience has been career-changing. Without the Rural and Remote Sonographer Scholarship, the opportunity to attend ASA2014 Adelaide would have been impossible. Having the opportunity to not only listen to the amazing knowledge of some very talented and passionate sonographers, radiologists and specialist surgeons, but to be able to have conversations and ask questions of these professionals was both inspiring and educational – something as a rural sonographer we sadly do not get the opportunity to experience too often.'

*Tamara Allcorn
(2014 scholarship recipient)*

'It was my honour and pleasure to attend the 21st Annual National Conference of the ASA as one of the Rural and Remote Sonographer Scholarship holders. It was certainly inspiring.'

*Kim Kuhnemann
(2014 scholarship recipient)*

Apply now – Applications close Friday 3 October 2014
Visit www.a-s-a.com.au or contact the ASA Office for more information.

Sonography locums – the right way

Marcus Gyles

Sonographers are a fortunate bunch and one of the most potent yet underrated advantages is that you can freely work your way around Australia without jeopardising your career. Mention this fact to an accountant and they will blink incredulously and say, 'Don't employers care about their past tenures?' The answer is no, not really. The reality is that your resume strengthens when you have worked in a broad range of communities.

So, without the negative stigma of having many short-term jobs on your resume, why wouldn't you work your way around some of Australia's best locations? Before packing your bags and jumping on a flight to your nearest vacancy, let's walk through the ins and outs of locuming, so that you find it a rewarding experience.

Before deciding to locum, you need to ask yourself why you are doing it. Living out of a suitcase and having the 'month to month' uncertainty is unavoidable, and if you are doing it exclusively for the money, you could find yourself homesick, demotivated and socially isolated.

On the other hand, if you approach locuming as an opportunity to explore Australia's diverse and culturally rich communities, then you are much more likely to be embraced by the locals, leading to all kinds of amazing experiences. Over the course of time, locuming will help you to establish a national network and you will be amazed at how valuable your network will be throughout your career.

Statistically speaking you will be from a capital city and with substantial clinical experience, and hopefully, this will lead to you being invited to share your knowledge in your new locum capacity. However, don't make the mistake of assuming that your host employer isn't on the cutting edge of medical imaging and that you know best. Geographic and resource isolation



GUALBERT 107

have an amazing ability to foster innovation and protocol excellence and hopefully some of your new experience will travel home with you. However, leaving your clinical judgement at home is also a mistake.

Locuming is particularly appropriate for people who want a change but don't really know what it would be like. Spending a month living in a community will allow you to see what it's truly like and whether you will fit in long term. Likewise, radiology practices are excellent at selling the best parts of their vacancies while skimming over the challenges. Locuming allows you to clearly see the day-to-day challenges and rewards on offer, affording you the ability to make great long-term choices.

The other great thing about locum roles is the total flexibility they afford: Perhaps you want to spend the winter in the tropics? Want six weeks off over Christmas? Dislike your current workplace and want to leave? Then just do it. Provided you leave on good terms with a reasonable notice period you are completely free to determine when, where and how often you work. Say goodbye to feeling stuck.



TAM SIN WILSON

Adelaide Convention Center on the River Torrens



CARLY McDOUGALL



LENNY, FLICKR



ANDREW BRAITHWAITE, FLICKR



HARSHIT SEKHON, FLICKR



CARLY McDOUGALL



DANIEL JAMES, FLICKR

Locuming can open up a range of experiences across the country: (from top left) Outback adventures in the top end, Story Bridge over the Brisbane River, the historical heart of Hobart, limestone stacks off western Victoria's famous coastline, the enigmatic Uluru in the red centre and Sydney's iconic Opera House

So you have decided to locum. What do you do next?

Firstly, be really clear on where and when you want to locum. It's completely fine to say that you will work anywhere, but if that's the case you need to be prepared to work anywhere! Get specific with your start and finish dates so that potential managers can roster around your availability.

Next, you need to get your resume up to date and looking brilliant. Having excellent experience is only excellent if people notice it! You also need to collate your credentials: speak to your referees and get permission to use them in

your application as a referee. Look up your ASAR registration number and update your ASA membership, checking that you have personal indemnity and public liability (PI and PL) insurances.

When you first start out as a locum, it's wise to approach a respected locum agency, as they will help you find appropriate roles and negotiate the best possible working conditions. (As a starting point, there are plenty of locum agency adverts on the ASA website employment page.) Over time, you will develop your own networks, allowing you to find your own jobs, but in the meantime, find a recruitment

consultant who you feel understands you and your requirements perfectly.

Don't be afraid of getting your recruiter to prove that they are the right choice for you and that they have the right contacts, as you are going to need to rely on them and their insight to help you choose the best roles. You also need to enquire about their payroll and timesheet system, as getting paid regularly is important. Most modern companies will have online systems that will save you time getting your timesheets signed, approved and submitted.

In terms of working conditions, accommodation is almost always provided and can range from amazing to squalid, so it is always a good idea to enquire specifically about this.

Additionally, most locum roles offer relocation reimbursement (normally return flights or petrol reimbursement 'to and from' the role). Most companies will allow you to bring your partner along if you wish. Negotiating these conditions is where your recruitment consultant can really add value to the process.

In summary, locuming isn't for everyone. For the vast majority of people, taking a locum job does result in fulfilling professional development and a well-paid adventure. Make sure though that everything is set up properly before leaving home.

Marcus Gyles is the Managing Director of Cruitier, a medical imaging recruitment company based in Queensland. You can contact Marcus via email at marcus@cruitier.com or by phone on 0404 880 550.



BREWBOOKS, FLICKR



CARLY McDUGALL

Above: Blue water and beach, Whitsunday Islands Queensland. Below: Camel riding on Cable Beach, Western Australia

PD-asa report



Auditing sonographers at the ASA

Did you know all accredited sonographers may be randomly selected for audit every year and your continuing professional development (CPD) activities record must be up to date and in a safe place?

Audits are a vital part of a sonographer's professional development, compliance and accreditation.

Vanessa Mumford, our PD-asa Administrator, assists members throughout the year who have selected our CPD program PD-asa, to ensure each individual's activities are recorded accurately, should you be randomly selected for audit.

Three groups of sonographers will be randomly audited per year to include:

- 10% of PD-asa participants ending their Triennium
- 10% of PD-asa participants on the Endeavour pathway
- 10% of PD-asa participants on the Extension pathway.

If you are randomly selected for audit, you will be advised within 20 working days of the end of the year via email and post. Vanessa will work with you to facilitate the process in accordance with your triennium and PD-asa pathway of participation. You will be required to provide evidence of your non-ASA activities logged within your triennium period or yearly cycle and any other documents as requested.

Vanessa will also provide support and guidance throughout the process by:

- acknowledging all correspondence from you

- evidencing all ASA activities as logged in your PD-asa record
- submitting evidence to the appropriate committee for review
- notifying participants of their audit outcome.

2013 PD-asa audit results

At the ASA, 69 PD-asa participants were selected for End of Triennium and *End of Yearly Cycle* 2013 audit.

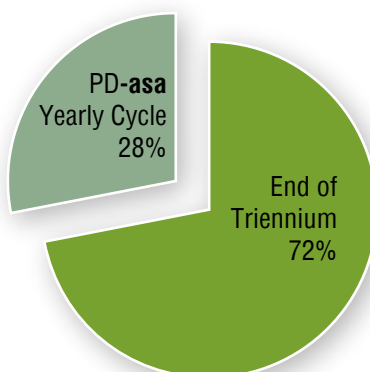


Fig 1. PD-asa participants audit type completed in 2013

All audited participants received 100% compliance. Congratulations to all participants involved in the process.

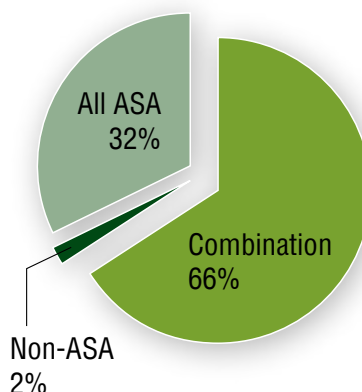


Fig 2. End of Triennium 2013 PD-asa participants - ASA and non ASA CPD activities logged

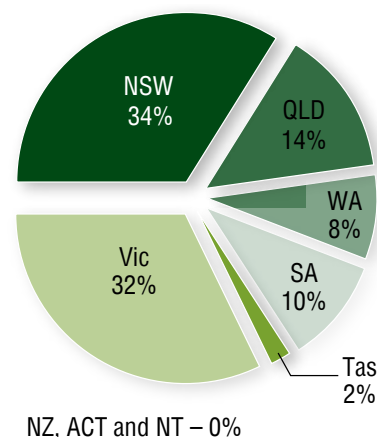


Fig 3. End of Triennium 2013 participant location

If you are an ASA member who has joined the PD-asa program, rest assured Vanessa will be there to guide you should you be randomly selected for audit at the end of the year.

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

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



Meet Vanessa Mumford, your PD-asa administrator at the ASA

Victorian clinical supervision workshops

As part of our commitment to provide and influence quality academic education, the ASA has provided support to clinical supervisors by delivering two clinical training workshops in Victoria in 2014.

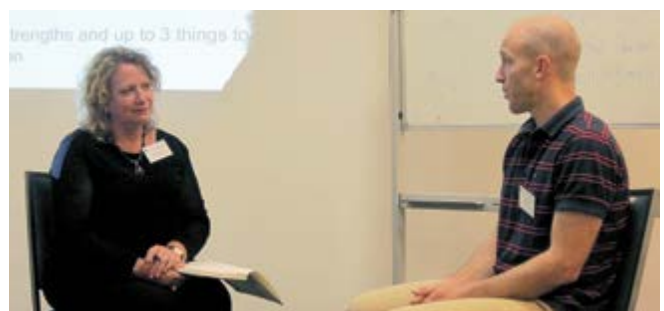
These workshops are part of the Clinical Training Project, which aims to support sonographer supervisors and trainee sonographers with funding from the Victorian Department of Health.

The first workshop was held at Monash University in Melbourne and was attended by 24 people. The full-day workshop focused on providing clinical educators with the principles and practical strategies needed to effectively supervise health professionals and trainees. The workshop introduced the core components of planning a clinical supervisory relationship and organising effective teaching and learning experiences in the workplace. The key learning areas included: an overview of clinical supervision, principles of clinical teaching strategies, effective performance feedback and working with the underperforming learner.

The workshop was presented by Associate Professor Elizabeth Molloy, Director of the HealthPEER team in the Faculty of Medicine, Nursing and Health Sciences at Monash University. Charlotte Denniston of Monash University also presented. There was a mixture of presentation, lively discussion, and some role-playing and practical teaching of skills. The areas covered were:

Principles of clinical supervision

- Defining clinical supervision
- Models of clinical supervision
- Roles and responsibilities of the clinical supervisor
- Skills of the effective clinical supervisor
- Teaching for active learning
- The five principles of an effective learning environment



A/Prof Elizabeth Molloy (left). Role-playing session participants (upper right). Sessions included participant input (bottom right)



Participants were encouraged to work on strategies in small group discussions

Giving effective performance feedback

- What is feedback?
- What are the purposes of feedback?
- Principles of effective verbal feedback
- Applying a model of giving feedback (and receiving feedback on these feedback skills)

Working with the poorly performing learner

- What are the drivers of poor performance?
- How can we recognise and prevent poor performance?
- What strategies can be used to manage the poorly performing learner?
- Overarching frameworks that may help learners change their behaviours
- Solution-focused practice. Motivational interviewing and advocacy inquiry.

Feedback received has shown that participants have found the workshops to be extremely worthwhile, with some of the following comments:

'Very engaging, useful strategies, lots of evidence based information presented.'

'Activities were relevant.'

'Liz presents well and covers a vast topic succinctly and clearly. Recommended to improve the role of clinical supervisors.'

'Practical models for feedback and group sessions encouraged our participation.'

'Participants shared experiences with the group, recognising good and bad education styles.'

'Lots of group discussions to relate the info to our workplace and we were able to hear that everyone has the same difficulties.'

Further workshops will be held in late 2014 and early 2015 in Victoria so keep your eye out for *What's on*, the ASA events e-newsletter.

The next workshop for clinical supervisors will be held in November 2014. For more information on clinical supervision workshops, please contact learning@a-s-a.com.au.

Glenda McLean

soundbite

Q. I am a Student Member. Do I need to renew?

A. Yes, you do. You will need to renew online and choose the category that applies to you. If you are undertaking training in a workplace, it is recommended that you purchase Professional Indemnity insurance as part of your membership.

images



Chris Lewis
I-Med, Qld

Ying and Yang

These images show two extremely contrasting pieces of fortune for this patient.

The misfortune of being shot in the back of the head through the side

window of a motor vehicle is contrasted against the good fortune of not being fatally wounded by either the bullet or the glass fragment that was stopped within 6 mm of ripping a hole through

the IJV and/or the carotid artery by the Sternocleidomastoid muscle.

Do you have any interesting images?
Send them in with a short description to
editor@a-s-a.com.au.

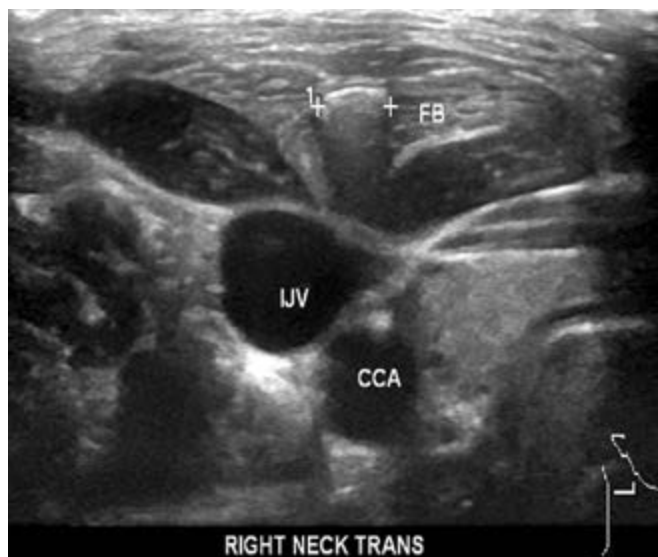


Fig 1. Transverse image of the right side of the neck with foreign body (calipers)

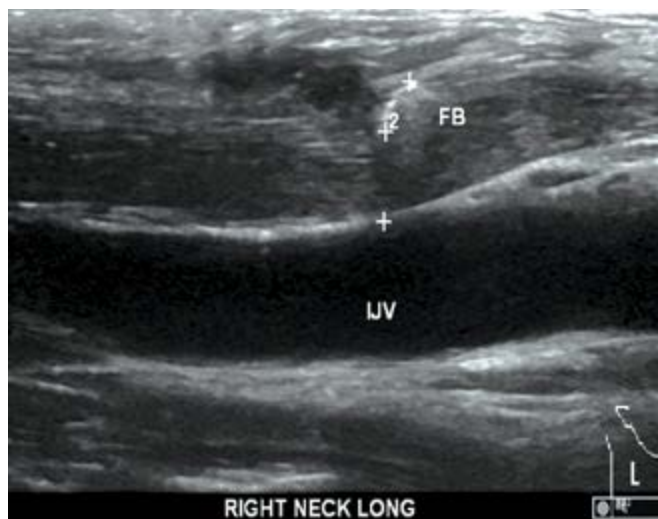


Fig 3. Longitudinal image of the right neck showing the relationship between the foreign body and the internal jugular vein



Fig 2. Lateral X-ray of the skull demonstrates the location of foreign bodies in the posterior head

soundbite

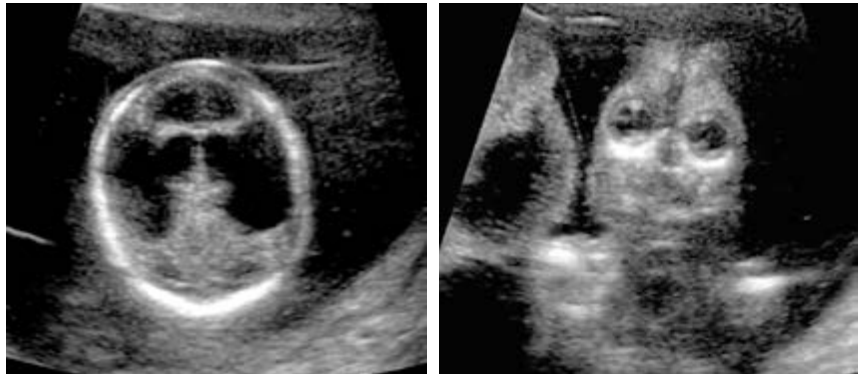
Q. I work a few days for a hospital and a few days as a self-employed contractor. Which insurance cover will best suit me?

A. If you are working any amount of time as a self-employed contractor or locum you will need to choose either *Ordinary Type B* or *Ordinary Type C*. When you log in to renew, you will see the explanation of different types of insurance categories before you renew. If you require further information, please contact the Membership Officer via members@a-s-a.com.au.

reader competition

Last issue

Last issue's case of a 14 week fetus had the following features: An abnormal fetal face with severe hypotelorism and a single anterior ventricle. The falx is present posteriorly with both lateral ventricles markedly dilated. The karyotyping revealed triploidy. Congratulations to Nicola Weedon, of Michelton, Queensland, who supplied the best answer. A \$50 voucher is on its way to you.



Above: Images from last issue's reader competition

This issue

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

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

This issue's case comes from Allison Holley. A female child of 9 months presented with distended abdomen, poor feeding and was unsettled. A mass was palpable. What is the most likely differential diagnosis.

Please submit your response by email to editor@a-s-a.com.au.

Good luck!



Fig 1. Longitudinal ultrasound image of right upper quadrant



Fig 2. Transverse ultrasound image of right upper quadrant

soundbite

Q. I am a *Student Member* and now qualified. How do I become an *Ordinary Member*?

A. You will need to provide an official transcript or certificate showing that you have completed your studies. This can be sent to our Membership Officer via email to members@a-s-a.com.au

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

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

Australia

ACT

3 May

ACT Branch education meeting, Canberra Hospital, Garran, *Women's health sonography*, presented by Jenny Parkes, Dr Meiri Robertson, Angela Belluomo and Amanda Engels, sponsored by Philips Healthcare

19 June

ACT Branch education meeting, Canberra Hospital, Garran, *Cranial ultrasound of the pre-term and term neonate*, presented by Glenda McLean

New South Wales

2 April

New South Wales Branch – Sydney Imaging group, Next Generation Club, Ryde, *Cardiac interesting cases evening*

18 June

Illawarra Sub-branch education meeting Woolloongong Hospital, Woolloongong, *Vascular Sonography* presented by Vicky Grayndler and Damien Persen

Northern Territory

15 April

Northern Territory Branch education meeting, Royal Darwin Hospital, Tiwi, *Sonography of the appendix*, presented by Kelly Gaskin

10 June

Northern Territory Branch education meeting, Royal Darwin Hospital, Tiwi, *The aboriginal birth cohort study* presented by Dr Sue Sayers

Queensland

29 April

Queensland Branch education meeting, Prince Charles Hospital, Chermside, *Student and new graduates case study evening*

30 April

Toowoomba/Darling Downs Sub-branch education meeting, Toowoomba Base Hospital, South Toowoomba, *Advances in ultrasound technology* presented by Gabriel Palangeanu, sponsored by Toshiba Australia Pty Ltd

13 June

Queensland Branch education meeting The Ship Inn, Southbank, *Interactive case study night*, sponsored by Philips Healthcare

19 June

Gold Coast Sub-branch education meeting, Paradise Ultrasound Specialists, Benowa, Group viewing of **asawebinar: Scanning injury free and maintaining health of sonographers** presented by Bernie Mason followed by group discussion

19 June

Moreton Bay Sub-branch education meeting, Redcliffe Hospital, Redcliffe, Group viewing of **asawebinar: Scanning injury free and maintaining health of sonographers** presented by Bernie Mason followed by group discussion

South Australia

1 April

South Australia Branch education meeting, University of SA, Adelaide, *An introduction to ultrasound simulators* presented by Brooke Osborne and Kerry Thoirs

22 May

Masterclass

Topics: *Translating research skills for sonography, Presentation skills, Team building and motivation, Patient interaction – delivering bad news and body language and Stress management*, presented by Professor Karen Grimmer, Brian Carroll and Joy Boyd

23–25 May

ASA2014 Adelaide, Adelaide Convention Centre, Adelaide *The 21st Annual National Conference of the ASA*

Tasmania

14 June

Tasmania Branch education meeting, Royal Hobart Hospital, Hobart, *Mixed bag* presentations by Dr Rob Jones, Fiona Thompson, Dr Jo Kippax, Dr Kristine Barnden, plus case studies

Victoria

1 April

Victoria Branch education meeting, St Vincents Hospital, Fitzroy, *All things renal Doppler* presented by Peter Coombs and Greg Curry, sponsored by GE Healthcare

5 April

Student Workshop St Vincent's Hospital, Fitzroy, *First semester with clinical placement* presented by Faye Temple

10 April

Clinical Supervision Workshop, Monash University, Clayton Campus, presented by A/Prof Elizabeth Molloy

11 April

Trainee sonographer workshop, Monash Medical Centre, Clayton, *Obstetrics sonography*, presented by Jenny Parkes, Michael Borg, Glenda McLean, Ilona Khaskin, Keith Van Haltren, Gina Pope, Lucy Josipovic and Peter Coombs

3 May

Trainee sonographer workshop, St John of God Hospital, Ballarat, *Foundation workshop* presented by Faye Temple

4 June

Clinical Supervision Workshop, St Vincent's Hospital, Fitzroy, presented by A/Prof Elizabeth Molloy

21 June

Victoria Branch education meeting St Vincent's Hospital, Fitzroy, *All things male – mens' ultrasound* presented by Jenny Parkes, Faye Temple, Tony Parmiter, Peter Russell and Frank D'Arcy

Western Australia**18 June**

Western Australia Branch education meeting, King Edward Memorial Hospital, Subiaco, *Obstetric Dopplers*, presented

by Fiona Spencer, sponsored by Philips Healthcare

New Zealand**Wellington****5 May**

Wellington Branch education meeting Pacific Radiology Wellington
The new NZMFM guidelines for 'small for dates' pregnancies presented by Dr Manisha Beck

21 June

Wellington Branch education meeting Wakefield Hospital, Wellington
Advancing knowledge of musculoskeletal and vascular sonography, presented by Stephen Bird and Gerry Hill, sponsored by Toshiba Australia Pty Ltd

Online**29 April**

asawebinar – *Left ventricular systolic function assessment*, presented by Diane Jackson

24 May

Webcast – ASA2014 Adelaide *Obstetrics and Gynaecology*, presentations by Dr Anthony Johnson, Dr Chris Wilkinson, Alison Galek, Kate Russo, Alison Lee-Tannock and Shavorn Stones

Musculoskeletal presentations by Dr David Connell, Sean McPeake, Dr Neil Simmons, Voula Kaidonis, Sue Farnan and Dr Malcolm Wicks

Vascular presentations by Deb Coghlan, Lisa Marks, Peter Russell, Jennifer Alphonse and Vanessa Pincham

Paediatrics presentations by Daniel White, Roger Gent, Jeff Siegmann and Cain Brockley

19 June

asawebinar – *Scanning injury free and maintaining health of sonographers*, presented by Bernie Mason



CPD activity for the quarter

person profile

Dr Stephen Duns, CEO



A short bio

Stephen is an experienced health and human services executive, consulting advisor, bioethicist and coach in the public, private and not-for-profit sectors. His experience includes several chief executive officer and general management roles in teaching hospitals, primary health care and social and community services in Australia and the UK. He has been involved in consulting assignments in the field of social justice and human rights in the UK, Europe, USA and Australasia.

Stephen holds a Doctorate in Business Leadership, Master of Business Administration, Bachelor of Letters (Psychology) and Bachelor of Arts (Philosophy). He is an Honorary Fellow of the School of Psychology at Deakin University, Fellow of the Australian Institute of Company Directors and Senior Fellow of the Australian Graduate School of Leadership.

Stephen is an active volunteer currently as President/Chair of annecto and his other recent roles include Director of Australian Graduate School of Leadership, Director/Chair of Merri Community Health Services, member of the Hub Melbourne Wisdom Council, Chair of Austin Health's Human Research Ethics Committee, Trustee of Save Sight Foundation, President and Chairman of the Board of Parkinson's Victoria and Parkinson's Australia and President of JOY 94.9 community radio station.

Have you seen a sonographer in action?

Yes. I have a dilated aorta and bicuspid valve that is checked every other year with an ultrasound so I get to experience a sonographer first hand every two years.

What are you passionate about?

This seems like a big question as I am passionate about many things. Perhaps one enduring thing I am passionate about is social justice. It has been part of my consciousness for a long time and I remember being passionately involved in the anti-apartheid movement as a student. I also remember going to the theatre many years ago, when the Arts Centre in Melbourne was fairly new, and seeing a production in which all the actors had a disability. It was such a moving experience seeing people, many of whom had been trapped in an institution for

most of their life, expressing themselves and their identity. It left an indelible impression on me and I still volunteer with an organisation that supports people with disabilities. I have also been active in gay rights and the HIV support field. When I was born, homosexuality was illegal. Society has come leaps and bounds in accepting diversity since then and I believe we are better for it.

What about life outside work?

Apart from my volunteering role, I have a small farm where I grow sheep for meat. They are a mixture of breeds that shed their wool so we don't have to shear them. I also have three dogs and they sometimes come to work with me.

My partner is a chef and so I eat really well and love food and wine. He's in the midst of a career change and studying now and so I get the advantage of superb food without feeling guilty about him having to 'work' at home. I used to own a fairly large vineyard but got bored with the pruning. I'm about to plant just enough vines to make my own wine for us and our family and friends.

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

I'm assuming the people still need to be alive; otherwise I'd choose Oscar Wilde, Aristotle and Alan Turing. Back to the living, I'd love to have dinner with Stephen Fry, Leonard Cohen and Aung San Suu Kyi.

Favourite movie?

Wow! It is so hard to single one out. If I had to choose, it would be *Torch Song Trilogy*. I originally saw it as a stage play in my formative years and I still find it funny and moving. And there are so many other wonderful movies that would come a very close equal second.

Currently reading? Favourite authors?

I'm slightly embarrassed to say that I'm currently reading a management book about the best organisation design for the times we live in, as opposed to the normal organisation design that is still based on the military model of early last century. But on to more interesting things: my favourite authors are Tom Robbins, Cormac McCarthy and Charles Dickens. My favourite novel of all time is definitely Dostoyevsky's *Crime and*

Punishment. I fear this list could go on for some time, but I'll stop there.

Favourite pastimes outside work?

Walking my dogs, especially in natural environments. I use my daily walks with my three dogs as a form of meditation. It is a practice for me to use the time to still my mind and focus on the beauty around me, the things for which I am grateful and the things that bring me joy. Nature is an energy source for me, restoring my soul and literally grounding me.

Favourite place you have travelled to?

I have three very clear favourites from my many and varied travels, and I can't decide which is a favourite between them. I did a trip up the Amazon River in Brazil and stayed in a hotel in the trees. The water level changes by up to several metres so the hotel was a series of tree houses all joined by wooden walkways. On the walkways there were monkeys,

toucans and other amazing creatures and the whole thing was simply wonderful. The next one I loved was my trip to Kakadu. Again, the dawn trip along the river where we saw crocodiles, dingoes and some spectacular birds was great fun in an awe-inspiring environment. We went on a flight over the national park and were hit by a massive storm and were forced to make an emergency landing, and that added to the excitement. Finally, is the wonderful Vietnam. The people are enchanting, the mountains are spectacular and the beaches glorious.

Who do you admire and why?

I admire the unsung heroes in our society, those who support and care for people who are experiencing disadvantage. So many of those people are unpaid carers whose courage and perseverance simply inspires me. Also, many people in those roles are able to respond with humanity and without judgement in a way that I find deeply humbling.

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Access evidence-based content from thousands of journals for free with your ASA membership
Visit www.a-s-a.com.au



New South Wales

Illawarra Sub-branch

Illawarra Sub-branch held its first education meeting for 2014 on 18 June 2014 with presentations on vascular sonography. Our thanks to Vicki Grayndler for presenting *Ovarian vein duplex* and Damian Persen for presenting *Arterial legs*.

Donna Prescott, who has been chairperson of the Illawarra Sub-branch since December 2011, also took the opportunity to let everyone know she is stepping down as she is moving later in the year. We are grateful to Donna for all the work she has done in providing education to local sonographers. Thank you to Lauren Dwight for volunteering to take over the reins.

Barbara Haseloff for Illawarra Sub-branch

Queensland

Our most recent event was held on Friday 13 June 2014 at the Ship Inn, South Bank in Brisbane and covered a variety of topics – obstetrics, general, musculoskeletal, vascular and paediatric ultrasound, to name a few. The format included interactive case studies with a few oddball questions thrown in for good measure. The focus of this night was getting information across in a fun, relaxed environment that encouraged members to collaborate, interact and socialise throughout the evening. The function room at Ship Inn was the perfect setting for this, with a private verandah and bar off the dining area.

As this was the first event of its kind for the Queensland Branch education

committee, we were thrilled at the large turnout and the positive comments we have received so far. A big thank you to Philips for sponsorship of the event and to those of you who provided feedback/answer surveys regarding the type of events and content you would like to see. This is a huge help when planning our education calendar and ensures we are delivering relevant topics in a format that members enjoy.

In keeping with the interactive theme of the night, a blank notebook was passed around the tables throughout the evening with the idea of creating a 'story', one sentence at a time. Each participant wrote one line per page, folding the previous page over so the next person would see only the last written sentence. As you can imagine, the story took some unexpected twists and turns. The finished product can be found below, proving that although most of our images are obtained in blacks, whites and greys, sonographers have a very colourful imagination:

'There once was a sonographer who ... got sick of being covered in goo ... so she decided to take action ... and poured a really big glass of wine ... before she opened the door and saw ... a big hairy man ... shaved all his hair off and lost a lot of weight ... and he impressed all the ... beekeepers with his smoking hot ... sweaty and dirty palms which he put on my ... ultrasound machine – 'Don't put your hands there! Put them ... in the air and wave them like you just don't care!' ... but if push comes to shove, it's important to remember that what goes up, must come down ... so, the sonographer waited and waited for that chewing gum to fall down off the ceiling of her ultrasound room ... when, suddenly, the patient commented 'What is that on the



Presenter Heather Allen



Heather Allen was the presenter for the evening and Nicole Ennis the (sponsor) Philips representative



Delegates at the interactive case study evening at the Ship Inn

ceiling of this room? ... I froze ...
O ... M ... G! ... did I forget to take
down my frilly knickers from ...
the line before I ... feel that all
sonographers should have their own
special day ... a day like no other
day ... we went to the emergency
department to see ... the emergency
consultant dressed like a ... Superman
at a birthday party ... Superman dating
Charlie's Angels ... got undressed and
asked Wonderwoman to ... give him
a full body massage with oil and all ...
and kick him out the door ... you go
girl! ... She picked up her handbag and
said 'It's time' ... jump in the combi van
and travel the road ... travel the road to
Bondi ... grabbed my surfboard and hit
the waves ... and encountered a shark
swimming nearby ... so I stabbed it
and ate it ... I then proceeded to clean
up the bloody mess to ensure no
evidence was left behind ... but then
my radiologist started screaming at me
and I was like 'Chill out, Medicare will
still pay' ... Medicare did NOT pay, but
they all lived happily ever after ...'

THE END.

Heather Allen
Queensland Branch Committee

Gold Coast Sub-branch

*Apologies from the editorial team who
omitted this report from the last issue.*

Once again the Gold Coast Sub-branch
education meeting was a huge success.
It was held at Paradise Ultrasound
on Thursday 20 March 2014 and GE
Healthcare was the sponsor. Over 30
sonographers were in attendance.

Paula Kinnane spoke about new obstetric
imaging protocols for patients with a
body mass index (BMI) greater than 40.
There is a high incidence of work-
related injuries for sonographers due
to sustained twisting of the neck and
trunk along with downward transducer
pressure needed for scanning these
patients. These protocols have been
implemented at the Royal Brisbane

Women's Hospital with great success
and have reduced sonographer shoulder
fatigue/injury.

Dr Justin Nasser spoke on non-invasive
prenatal testing (NIPT). This is a maternal
blood test that is capable of screening
for cell-free fetal DNA fragments,
testing for T21, T18 and T13, as well as
evaluating the X and Y chromosome.
As this is a relatively new screening test
within Australia, it was very interesting
to hear where this testing may take us
in the future and its possible impact on
ultrasound screening procedures. The
overall take home message was that the
NIPT is a great screening tool that can be
used in conjunction with combined first
trimester screening (CFTS).

If any members wish to present an
interesting case study/pathology, this
is a great way to earn CPD points. We
encourage you to contact us and we can
organise the presentation for one of our
upcoming meetings. Or if any members
know of any medical or allied health
professionals that would be interested,
also let us know by contacting us via
email at: goldcoast@a-s-a.com.au.

We are currently working on our
upcoming education meetings and
we have some interesting speakers
lined up, including Dr Alwyn Dunn
(obstetrician), Dr Harry Singh (paediatric
neurologist) and Dr Marcelo Nascimento
(gynaecologist oncologist).

18 Sept Obstetrics/gynaecology
18 Dec TBA

On behalf of the Gold Coast Sub-branch,
thank you for your support and we
look forward to seeing you at our next
education meeting.

Julie Cahill
Gold Coast Sub-branch Committee

Tasmania

Tasmania Branch had a very successful
and informative education meeting in June.
Twenty-eight sonographers attended –
a great turnout for a small state.

Dr Rob Jones, a radiologist with Regional
Imaging, spoke on *Tendinopathy and
ultrasound guided treatments*. Dr Jones
has had a longstanding interest in
musculoskeletal sonography and gave a
detailed report on current treatments and
their various success rates.

Fiona Thompson, a sonographer who
works for a group of vascular surgeons,
spoke on *Scanning and treatment of
varicose veins*. She detailed her scanning
technique and methods of treatment
used by the surgeons with whom she
works.

Dr Jo Kippax, an emergency physician,
spoke on *The use of ultrasound in
emergency departments*. Dr Kippax
has worked in extreme emergencies in
Australia and overseas and told how
he has used ultrasound to make life-
saving decisions for patients where other
modalities were unavailable.

Dr Kristine Barnden, an obstetrician
working in both public and private
sectors, spoke on *Intrauterine growth
restriction and cervical length*. She
discussed cervical length measurements
at various stages of pregnancy and
treatments used where there is a
problem. She gave causes and outcomes
of IUGR and discussed the relevance and
importance of Doppler.

We really appreciated all speakers giving
up their time, and lunch proved to be
a good time for sonographers from
all around the state to catch up with
each other.

Kathy Fenton
Tasmania Branch Committee

Victoria

The Victoria Branch held a cracker of
an education session in June when we
offered a Saturday full-day meeting on
All things male. Tony Parmiter gave us an
update on *Male infertility*, Jenny Parkes
presented on the *Male breast*, Peter
Russell on *Penile ultrasound techniques*,
Faye Temple spoke on *Scrotal ultrasound*

and urologist Dr Frank D'Arcy offered his knowledge on *The prostate*.

Again, we have to thank all our speakers for their time and effort in presenting for us – it is all done voluntarily and for the benefit of the Victorian sonographic community. I sincerely want to express our gratitude to them from the Victorian Branch education committee.

Much preparation is being done behind the scenes to bring you the next quarter's program.

Tuesday 29 July 2014 will be a *Paediatric update* evening – neonatal heads and spines will be discussed, along with a paediatric radiologist who will give us the clinician's perspective. A detailed update will be provided to you in the next issue of *soundeffects* news about July and August educational meetings.

Saturday 16 August 2014 will be our next full-day live scanning workshop – *Vascular galore* ... upper limb DVT, thoracic outlet, varicose veins, post-surgical arterial grafts, fistulas.

That's all for now. Don't let the cold keep you away from the upcoming program – it's worth the effort!

Sara Kernick
Victoria Branch Committee

Western Australia

Our grateful thanks to Fyona Thomson, tutor sonographer at King Edward Memorial Hospital, who presented the very informative *Obstetric Doppler: Why and when at a tertiary centre?* on Wednesday 18 June 2014. She provided a detailed account of the indications for performing obstetric Doppler – umbilical artery SD ratios, middle cerebral arteries PI & PSV, ductus venosus and uterine arteries was presented, along with how to perform them. Examples of normal results, abnormal results, what the abnormal results indicate and

what should happen next were also presented.

We were also given some handy hints during the talk, including maternal position during the acquisition of umbilical artery SD ratios – by turning the mother on to her left side and trying again – a falsely high SD ratio will return to normal. You cannot, however, make an abnormal Doppler normal!

Fyona had some fantastic case studies that highlighted the importance of accurate and timely obstetric Doppler studies. The real take-home message was to make sure you document your results and communicate any abnormal results immediately to the sonologist in session and the referring team.

Thanks also to all our amazing committee members who work so well together – you all make it so easy and enjoyable to help keep the Western Australia Branch education meetings running so smoothly!

Nicole Cammack
Western Australia Branch Committee

New Zealand

Wellington

Maybe it is just the growing pains of a newly born branch, but here in Wellington we are finding that what we plan for doesn't always eventuate and sometimes fantastic opportunities present themselves that cause massive headaches to the ASA Office.

So it was when Wayne McShane, the local Toshiba sales representative offered to help bring Stephen Bird over from Adelaide and Gerry Hill up from Dunedin for a combined MSK and vascular ultrasound workshop.

It was a fantastic day, full of pearls of wisdom, funny anecdotes and inspirational displays of expertise. Around 30 people came from all across



Stephen Bird presents a workshop in Wellington

New Zealand to hear lectures and see live scanning on topics such as hip ultrasound, Doppler ultrasound for arm DVT and ultrasound of the wrist and hand (to name just a few).

Whilst a catering mistake saw some stomachs a little less than full, there was no room left in the old grey matter by the end of the six-hour session! So, many thanks to Toshiba for sponsoring the workshop and to those wonderful staff at the ASA Office, who in the midst of packing for Annual Conference managed to put together flyers and packages for our meeting.

Steve Mackintosh
Wellington Branch Committee

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considered presenting a case study?

Case study education meetings are a great opportunity to earn valuable CPD points. Presentations will earn you 10 PD-**asa** points/10 ASAR/NZMRTB credits. You can be sure that if you found a case interesting, your colleagues will too. Presenting your case study is an excellent way to enhance your presentation skills in a supportive environment.

When presenting a case study you should try to include:

- a statement of why the case is worth telling others about
- an account of the case with any relevant data presented
- any follow-up, including other imaging or pathology findings
- some discussion of the evidence that the case is unique or unexpected
- possible alternative explanations for any features
- any learning outcome for sonographers
- conclusion with implications.

Start collecting your interesting cases now and check out the following

upcoming case study education meetings:

Far North Queensland Sub-branch interesting cases evening – 17 October 2014 – Contact your FNQ Sub-branch at fnq@a-s-a.com.au

North Queensland/Townsville Sub-branch case study evening – October 2014 – Contact your North Queensland Sub-branch at townsville@a-s-a.com.au

Queensland Branch gynaecology case study evening – 5 November 2014 – Contact your Queensland Branch at qld@a-s-a.com.au

Gippsland Sub-branch case study presentation morning – 22 November 2014 – Contact your Gippsland Sub-branch at gippsland@a-s-a.com.au

Darling Downs/Toowoomba Sub-branch gynaecology case study evening – November 2014 – Contact your Darling Downs Sub-branch at toowoomba@a-s-a.com.au

ACT Branch students and new graduates case study evening – November 2014 – Contact your ACT Branch at act@a-s-a.com.au

Tasmania Branch interesting cases evening – November 2014 – Contact your Tasmania Branch at tas@a-s-a.com.au

Victoria Branch Christmas case study evening – 2 December 2014 – Contact your Victoria Branch at vic@a-s-a.com.au

Western Australia Branch case study evening – early December 2014 – Contact your WA Branch at wa@a-s-a.com.au

For more information, contact Barbara Haseloff, Education Meeting Coordinator

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Sharing your case at an *Interesting Case Evening* with your colleagues can earn you 10 CPD points/ASAR credits and educate your peers



The 2014 ASA workplace health and safety survey results

Bernadette Mason, Catherine Robinson, Samantha Brinsmead, Lynette Hassall, Sandra Chamberlin, Sonographer Health and Wellbeing Committee

There is a high potential for workplace injuries to affect sonographers in Australia. Injuries to sonographers are commonly caused by twisting the neck and trunk during examinations, a static posture, or the downward application of transducer pressure [1].

A targeted audience of sonographer members was surveyed through the ASA in 2013. The aim of the survey was to ascertain aspects of sonographer health and wellbeing in the workplace and the level of compliance with the *Guidelines for Reducing Injuries* [1] – a document developed in collaboration with the

Australian Society for Ultrasound in Medicine (ASUM) and available from the ASA website.

The survey was conducted online and participation was voluntary, with 102 questions aimed at gathering information on awareness of the safety guidelines and the implementation of safe work practice in the workplace in Australia. Correlation of the results was done by an external survey company.

There are 5000 registered sonographers in Australia according to the Australian Sonographers Accreditation Registry

(ASAR, 2014), and of those, 3980 were members of the ASA at the time of the survey. Of those members, approximately 360 took part in the survey. Comparison of the returned statistics was made with a similar, smaller targeted survey conducted in 1999, and a revised survey conducted in 2006.

The previous survey in 1998 [2] of a smaller sample of volunteers (197 completed surveys) revealed that 95% of respondents were carrying between one and five injuries each. These ranged from fatigued muscles to career-ending injuries for 25% of surveyed

Q76 Where have you had pain/discomfort? What was the degree of painand/or discomfort? Multiple answers required.
Scanning side refers to your dominant scanning arm.

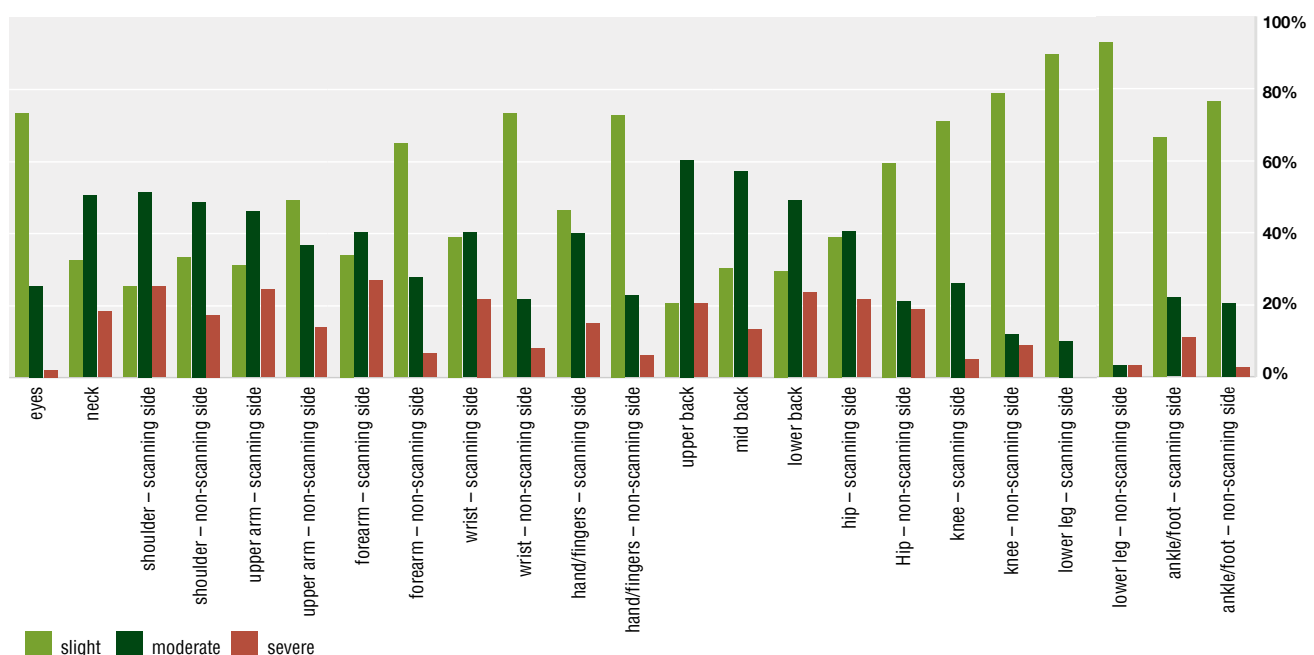


Fig 1. Question 76, page 77 of survey results

sonographers. Fifty per cent (50%) of sonographers surveyed stated that they exercised between one and five times per week to maintain fitness and 67% stated they were at a good level of fitness. The 2006 survey had 93% of sonographers experiencing some degree of pain since commencing their career (427 completed surveys) [3].

The 2014 survey has revealed that of the 325-sonographer respondents, 54% have read the guidelines for safe scanning techniques to reduce injuries in sonographers. Of these 325 sonographers, 290 (89%) have suffered pain or discomfort since commencing scanning. This can be interpreted as a slight decrease in the rate of injury to sonographers since the earlier surveys. A pain and discomfort rate of almost 90% is still an unacceptably high level of injury for any profession, particularly given that 93% of respondents who had read the guidelines stated that they had taken measures to prevent workplace injury. With regard to the severity of injuries, 24% had taken longer than 4 weeks off scanning duties and 5% moved to non-scanning roles or light duties.

An interesting point of note was the non-scanning arm injury rate (fig 1). Of the 45 sonographers reporting injury to the non-scanning arm, 50% reported slight pain, 37% moderate and 14% severe pain. Fifty per cent (50%) of respondents reported hand and finger problems on the non-scanning side (cf. 44% in 2006); 216 respondents confirming an injury of the shoulder on the non-scanning side, with 26% slight, 51% moderate and 26% severe.

The degree of pain reported varied (fig 2) with 58% of respondents reporting slight out-of-work interference of activity, 58% limiting interference of out-of-work activities, and 56% experiencing sleep disruption due to their pain. Of greatest concern were the 23% of respondents who experienced a severe disruption or career-ending injury across all the areas reported.

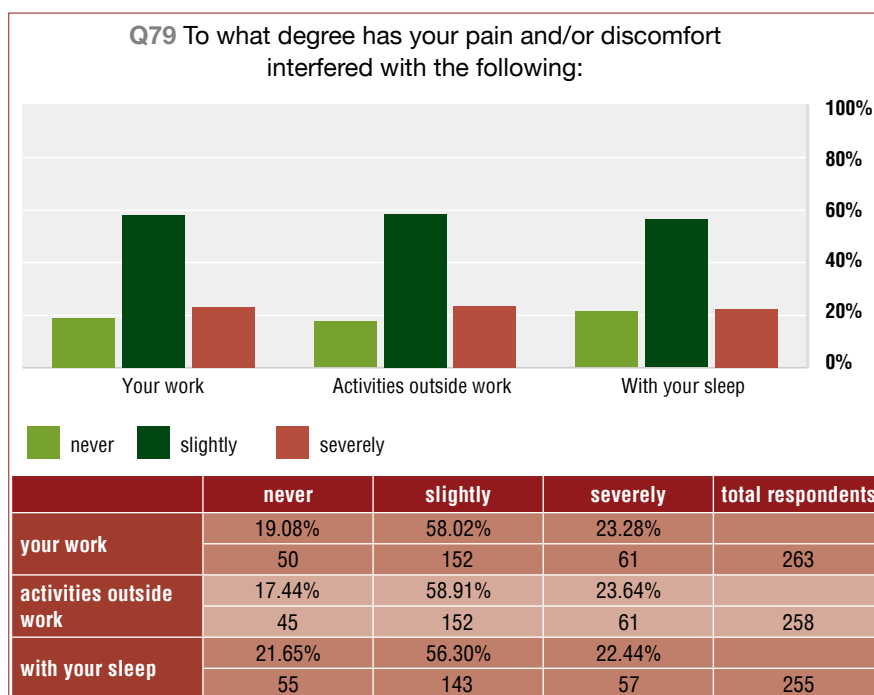


Fig 2. Question 79, page 82 of survey results

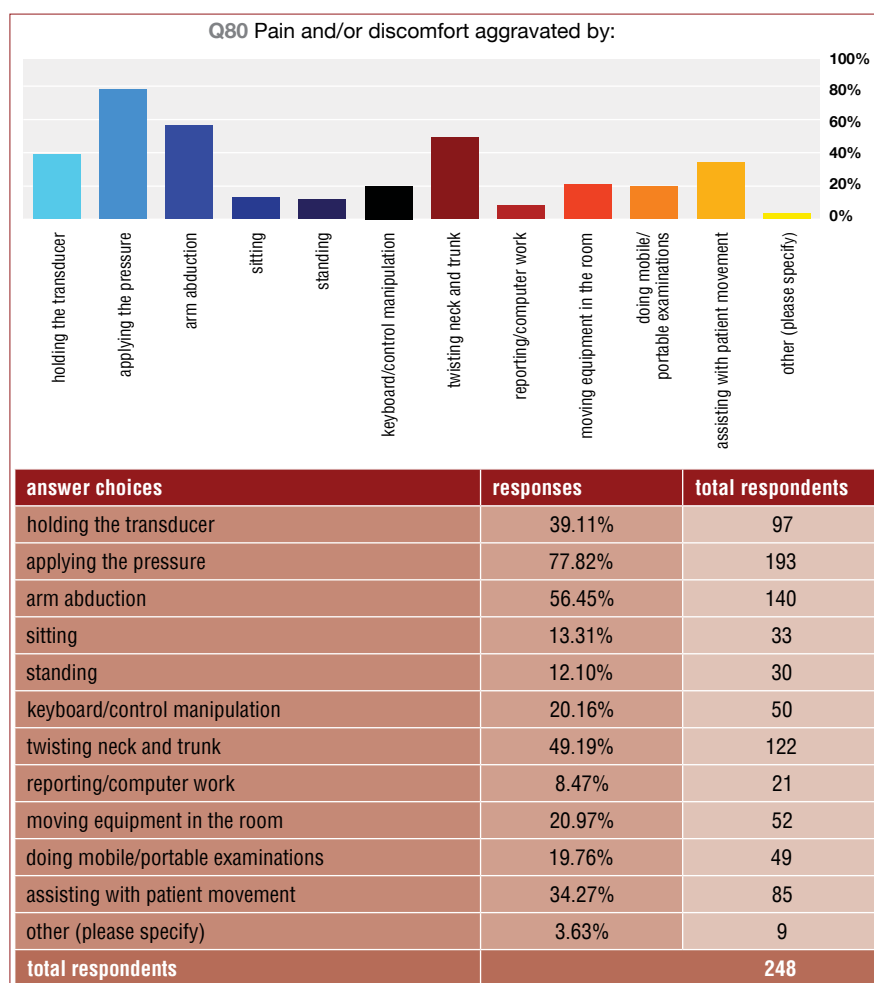


Fig 3. Question 80, page 83 of survey results

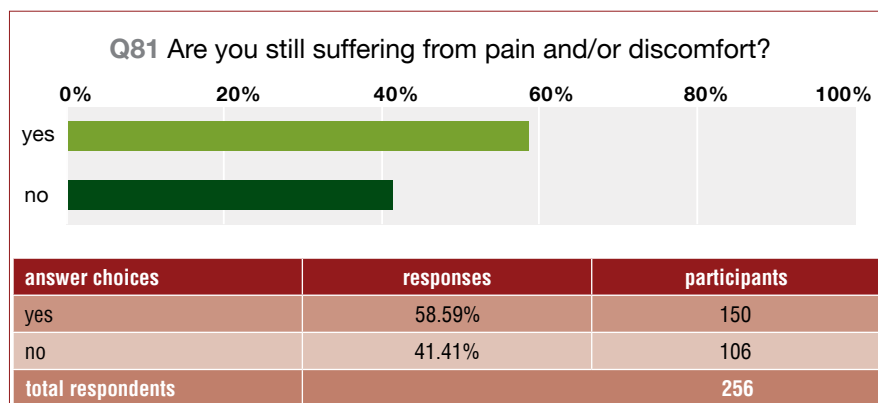


Fig 4. Question 81, page 84 of survey results

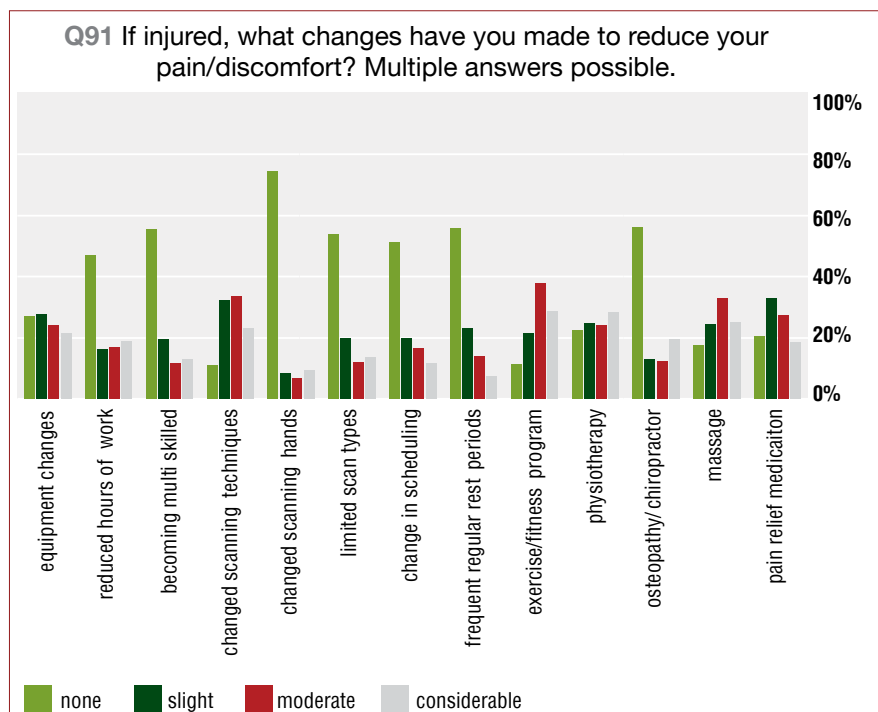


Fig 5. Question 91, page 103 of survey results

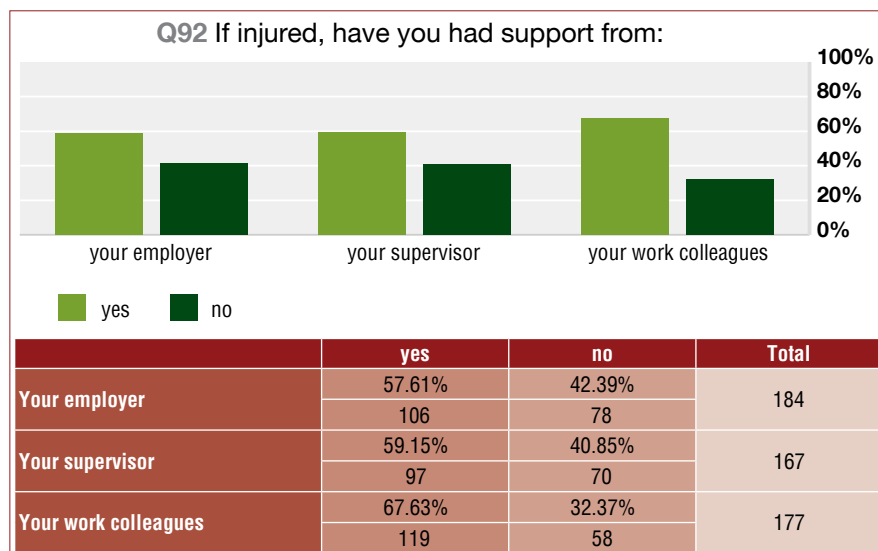


Fig 6. Question 92, page 105 of survey results

In response to questions about symptom aggravation, 78% of respondents reported an increase in pain when applying downward pressure whilst scanning; 50% had pain when turning or twisting their neck or trunk; and 58% experienced continuous pain (figs 3 and 4).

It was encouraging to note that a number of sonographers (25%) had sought medical or paramedical advice to minimise symptoms and to formulate a program that would minimise or relieve symptoms of pain or discomfort completely. However, of these, 75% reported having no alleviation of symptoms at all after seeking assistance (fig 5).

Of grave concern were responses to Question 92, 'If injured have you had any support from ...?'

A large proportion of sonographers reported there was good support from employers, supervisors and colleagues, but of the 193 respondents to this question, 33–42% stated they had little or no support at all. Almost 3/4 of respondents (74%) felt pressured to return to work duties and two (2) sonographers reported that the pressure was of their own making (fig 6).

The need for further education of sonographers is apparent because 38% of respondents felt that they didn't have an understanding or sympathetic attitude from their workers compensation consultant (question 97, page 110 of survey results).

Question 102 welcomed comments from sonographers who have suffered any form of pain or injury in the past, and from those currently suffering acute, acute on chronic, or chronic injury. Most respondents expressed the view that most of the pressure to perform or return to work had come from employers. Many also noted expressions of support, but when it came to the daily running of a department, there was pressure to perform the work whatever the cost. Many sonographers stated that they had very little say as to how their work was

structured or whether rest breaks were implemented.

The response of one sonographer sums up why we felt it was important to survey sonographers again in 2014:

'This survey is a good step towards promoting awareness about safe working conditions. Thank you very much for the time invested to produce it.'

Our thanks, in turn, go to all of those time-poor sonographers who took part in the survey.

The results of this survey show that whilst there has been a slight increase in the reported rate of injury to sonographers in the workplace (80% in 1999, 94% in 2006 and 89% in 2014), the repetitive nature of the industry has been a contributing factor. Only 11% of respondents reported scanning for any length of time pain free. This is an unacceptable and unsustainable rate of risk of injury in our profession. Much

has been achieved in recent years with attention to ergonomics in sonography, but it is clear from these results that our profession needs to be more proactive in the education of employers and sonographers in order to improve workplace safety for the health and wellbeing of all sonographers.

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soundbite

Q. Why has the cost of insurance increased this year?

A. The ASA professional indemnity insurance is the only scheme specifically designed for sonographers and is provided through CGU Insurance, one of the most reputable and experienced insurance companies in Australia.

ASA insurance premiums have increased this year due to the change in how complaints can now be made to Health Complaints Entities in all states and territories. This has resulted in a significant rise in the number of claims lodged.

For ASA members who select our ASA Insurance premiums, rest assured that we are confident that our rates still ensure a high quality policy at competitive rates. Please read our ASA Professional Indemnity Insurance Fast Facts for further information or download CGU's professional indemnity policy.

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meet the asa board

The Board of Directors works on behalf of all members and has responsibility for developing and monitoring the implementation of the Strategic Plan in collaboration with association staff, led by the new CEO, Dr Stephen Duns.

Following the recent postal ballot for ASA General Directors, we are pleased to introduce the ASA Board of Directors 2014/16:



Dr Ann Quinton – President

Dr Ann Quinton is a Research Fellow with the University of Sydney and a Senior Research Sonographer at the Nepean Centre for Perinatal Care (Nepean Hospital, Penrith, NSW) and

has worked in maternal fetal medicine units for 15 years. Ann joined the board as a Director and member of the Finance and Risk Committee in mid-2012 and was appointed President in 2014.



Sarah Colley – Vice-President

Sarah was appointed as a Director in September 2013 and Vice-President in 2014. She gained her DMU in the 1980s and entered the world of private radiology in Sydney. Sarah was

involved in the establishment of the ultrasound post graduate qualification at Sydney University. She then worked with Toshiba for 19 years and later at Sydney University and now holds an Honorary Associate position currently for ultrasound teaching of medical students.



Erika Cavanagh – Director

Erika was appointed as a Director in 2014. She has been the Chief Sonographer at the Royal Prince Alfred Hospital in Sydney for the last 8 years. Erika has been an active

member of the ASA since 2002, volunteering on several committees including the NSW Branch education committee and the Sonographer Advancement Working Party. Erika has a very keen interest in sonographer education and advanced practice, and spends much of her time training sonographers, registrars and fellows.



Tony Forshaw – Director

Tony was appointed as Director in 2014. He is the course coordinator for the Graduate Diploma in Cardiac Ultrasound at Queensland University of Technology and maintains a clinical

role at Hearts 1st Cardiology in Brisbane. Tony is an active member who volunteers for the ASA on the Cardiac SIG and the Sonographer Advancement Working Party (SAWP). Tony is a regular speaker at ASA education events.



Steve Mackintosh – Director

Steve currently works for Pacific Radiology in Wellington where he mentors five students with his in-house training program. Steve is the first

New Zealand member to be appointed as a Director to the ASA Board in 2014. Steve has strongly supported the ASA's expansion into New Zealand and is keen to provide a Kiwi voice on the ASA Board of Directors.



Tony Parmiter – Director

Tony Parmiter was appointed as a Director in May 2013. Tony is presently the Senior Specialist Sonographer at Repat Radiology, Repatriation General

Hospital in Adelaide and has spent time volunteering previously for the ASA as a sub-editor on the *soundeffects* committee.



Lars Schiphorst – External Director

Lars Schiphorst was appointed in early 2011 as the ASA's first External Director. Lars is a member of the Finance and Risk Committee and is a Director of Building4Business Pty Ltd.



Simon Stanton – Director

Simon Stanton was appointed as a Director of the ASA in late 2010. Simon is a member of both the Sonographer Advancement Working Party and the

Finance Committee. Simon currently works for Alfred Medical Imaging, NSW.

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Secretary – Michelle Wilson
Treasurer – Madonna Burnett
Trade liaison – Tristan Reddan
soundeffects reporter – Heather Allen
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Secretary – Jennifer Jepson
Treasurer – Bonnie LeFevre

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Secretary – Kerrie Child
soundeffects reporter – Julie Heaney
Committee – Olwen Clarke, Andrea Gibb, Sheree Lloyd, Rima Al-Odeh, Marion Raeffaelli, Yvonne Taylor

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Chairperson – Steve Mackintosh
soundeffects reporter and Student Member – Samantha Buchanan
Committee – Christine Birchall, Sally Brock, Deb Mackintosh, Lynn McSweeney

As the peak body and leading voice for sonographers, the ASA guides the advancement of our profession to ensure the community has access to quality sonographic services.

Our core objectives are to:

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

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29–31 May 2015, Perth Convention & Exhibition Centre
The 22nd Annual Conference of the
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